219-202-016-432

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No ____, ____ St.

Registration District No 31 File No. 2883

Hospital ____ Primary Registration District No. 216 Registered No. 1

FULL NAME OF CHILD Kathryn Norma Barrus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X		X	yes	Jan 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ezra M. Barrus	Annie Eliza McBride
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Clark M.D.

(Physician or Midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 6 1913 L. A. Strickland

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 9 1967

155-204-016-735

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No ____, ____ St.

Registration District No 31 File No. 2885

Primary Registration District No. 212 Registered No. 2

Hospital ____

FULL NAME OF CHILD Veniece Jusen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	Jan. 4 1917

FATHER	MOTHER
FULL NAME Henry Hubby M. Jusen	FULL MAIDEN NAME Annie Glad J—
RESIDENCE Oakley	RESIDENCE Oakley
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Hawkins MD

(Physician or Midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 6 19 17 L. Boehringer

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

432-106-016-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Malta Albion

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 2886

Primary Registration District No. 22121 Registered No. 7

FULL NAME OF CHILD ..... RAY BAKER McBAIN ..... Ray Baker

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	Jan 6, 1917

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Jas McBain	FULL MAIDEN NAME Jessie G Landers
RESIDENCE	Albion	RESIDENCE Malta
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	40	31
BIRTHPLACE	Bay City Mich	California
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 8 1917 L B Stackelagen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

NOV 2 1948

APR 17 1972

418-104-022-767 Child's name added, county & DOB amended 3-8-89 MCM

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of JEFFERSON

City of Lewisville

No _____, _____ St.

Hospital _____

Registration District No. Jan 7 File No. 3195

Primary Registration District No. 2040 Registered No. 3

FULL NAME OF CHILD CECIL JAMES MAYNARD

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)			Yes.	Jan 5th, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. W. Maynard.	Luella Cope.
RESIDENCE	Lewisville.	Lewisville.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Tennessee.	Tennessee.
OCCUPATION	Farmer & Blacksmith	Farmer.

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellon,

(Physician or Midwife)

Address Lewisville.

Given names added from a supplemental report

....., 19.....

Filed Jan 9 1917 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 20 1972

2-14-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

RECEIVED

FEB 23 1989

VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Wyoming
County of Freemont } ss.

Certificate No. 12-3195
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Maynard (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 4, 1912 (Date of Event)

in Lewisville (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Maynard	Cecil James Maynard
Date of birth	Jan 4, 1912	Jan 5, 1912
County	Fremont	Jefferson

Subscribed and sworn to before me this 17th day of Feb, 1989

JO ANNE E. SITTRE - NOTARY PUBLIC - County of Fremont - State of Wyoming - My Commission Expires Sept. 12, 1991

Notary Public at Lander, Wyoming
My commission expires Sept. 12, 1991

X Signature of Applicant

1070 Black Blvd. Lander Wy. 82520
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Bankers Life Co in Des Moines, IO shows Cecil James Maynard born Jan 5, 1912 in Lewisville and signed Aug 1927. Viewed by VS.

MAR 8 1989

LDS Membership record shows Cecil James Maynard born Jan 5, 1912 in Lewisville, Jefferson Co. to William Harvey Maynard & Luella Lawson Cope and blessed Apr 6, 1912 by Harvey W Maynard. Viewed by VS.

864-105-022-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Menan

Registration District No. 9 **File No.** 3196

No. ..... *St.*

Primary Registration District No. 2040 **Registered No.** 2

Hospital .....

FULL NAME OF CHILD No name Monroe Bertha

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Jan 5, 191..

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Enos Youngstrom	Mary Johnson
RESIDENCE	Menan,	Menan
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	18
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 10 1912 Ray H. Fisk

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

712-1061037-313

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No ....., ... St.

Registration District No. 30 File No. 1 3212

Primary Registration District No. 2120 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jesus Gabiola, Eguenio

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	January 6, 1912

FATHER	MOTHER
FULL NAME: John Eguenio Gabiola	FULL MAIDEN NAME: Maria Lacca
RESIDENCE: Silver City, Idaho	RESIDENCE: Silver City, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Amoto Spain	BIRTHPLACE: Medeya Spain
OCCUPATION: Miner	OCCUPATION: House wife.

Number of child of this mother, including present birth: First.

Number of children, of this mother, now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilfrid H. Schuyler, M.D.

Physician

(Physician or Midwife)

Address Silver City, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 15 19 12 T. L. Farmer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 22 1959

APR 22 1976

613-101 892

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Dempsey

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 3226

Primary Registration District No. 2048 7 Registered No. 10

FULL NAME OF CHILD Lynn Waters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth
Male.		yes.	Jan. 1st (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Rueben Freeman Waters.	FULL MAIDEN NAME Luzetta Fisher
RESIDENCE Dempsey Ida.	RESIDENCE Dempsey
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mill Creek, Utah	BIRTHPLACE Scipio. Utah
OCCUPATION Laborer.	OCCUPATION Domestic - Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Casey Registrar

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Address Inkom Idaho

Filed Jan 8 1912 Ellis Casey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OF BIRTH

SEP 2 4 1976

249-104-003 815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 3236

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 5

Hospital ____

FULL NAME OF CHILD Albert Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Jan 4, 1912

FATHER		MOTHER	
FULL NAME	Nathan Smith	FULL MAIDEN NAME	Hanah Hansen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Smithfield	BIRTHPLACE	Erslew Fyen Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 11 15' on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Treasureton Idaho

Filed Jan 8, 19 12

Elis Kanely Registrar

S-Y CO., 16670

Elis Kanely Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

466-239.009-243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bonner

City of Priest River — Registration District No. 8 — File No. 3241

No. ____, ____ St. — Primary Registration District No. 2036 — Registered No. 104

Hospital ____

FULL NAME OF CHILD Fern Genevieve Doolittle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Jan 29, 191[illegible]

FATHER		MOTHER	
FULL NAME	Wallace Orville Doolittle	FULL MAIDEN NAME	Jennie Kulander
RESIDENCE	Bonner County (Priest River Valley)	RESIDENCE	Bonner County, Pris R. Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth ... one

Number of children, of this mother, now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician (Physician or Midwife)

Address Priest River Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan 31 1912 E. Denton McCarty Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 3241

JUN 8 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Fern Genevieve Doolittle (Name on Original Certificate) who born (Was Born or Died) on January 29, 1912 (Date of Event)
in Priest River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Doolittle	Fern Genevieve Doolittle

Subscribed and sworn to before me this 1st day of June, 19 45

Lottie V. Doolittle
Notary Public, residing at Seattle, Wash.
My commission expires May 18, 1947
(Seal)

Signed Mrs Wallace Doolittle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
11752-21 Ave N.E Seattle Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 19 45

Lottie V. Doolittle
Notary Public, residing at Seattle, Wash.
My commission expires May 18, 1947
(Seal)

Signed Wallace O Doolittle.
(Signature of Any Credible Person)
11752-21 St Ave NE Seattle Wash.
(Street Address, City, State)

JUN 12 1945

OCT 22 1971

FEB 15 1972

239-212-109-365

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Registration District No. 8 File No. 3242

No. ____, ____ St. Primary Registration District No. 2026 Registered No. 156

Hospital ____

FULL NAME OF CHILD Marion Mattie ~~Estel~~ Stilwell

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	yes	Jan 12, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Dillon Stilwell	Ethel May Long
RESIDENCE	Priest River	Priest River
COLOR / AGE AT LAST BIRTHDAY	White / 33 (Years)	White / 20 (Years)
BIRTHPLACE	Ohio	Michigan
OCCUPATION	Telegraph Operator	Housewife

Number of child of this mother, including present birth first

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1899 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician

(Physician or Midwife)

Address Priest River Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 16 1912 E. Denton McCarty
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

)RD

954-221-009-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 8

File No. 3243

No. ____, ____ St.

Primary Registration District No. 2036

Registered No. 105

Hospital ____

FULL NAME OF CHILD Francis Redmond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Jan. 21, 1912

FATHER	MOTHER
FULL NAME: Paul Homer Redmond	FULL MAIDEN NAME: Temple Johnson
RESIDENCE: Priest River Idaho	RESIDENCE: Priest River Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Barber	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician (Physician or Midwife)

Address Priest River Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 28 19 12 E. Denton McCarty Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 5 1967

865-103-009-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Naples

No ....., ... St.

Registration District No 8 File No. 3244

Hospital .....

Primary Registration District No. 203 Registered No. 111

FULL NAME OF CHILD Richard Nelson Honsinger.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes.	Feb. 3rd. 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. E. Honsinger	Mabel Richardson
RESIDENCE	Naples, Ida.	Naples, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Pennsylvania	Ontario.
OCCUPATION	Railway agent.	Housewife

Number of child of this mother, including present birth ..... 2.

Number of children, of this mother, now living, including present birth ..... 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fox

Physician

(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 3rd 1912. E. E. Fox

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-301483

545-230-009-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 3245

Primary Registration District No. 2037 Registered No. ____

FULL NAME OF CHILD Lorene Elaine Emery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 30 1912

FATHER		MOTHER	
FULL NAME	William H. Emery	FULL MAIDEN NAME	Harriet L. Causton
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Barber	OCCUPATION	House-work

Number of child of this mother, including present birth ... III

Number of children, of this mother, now living, including present birth ... III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

..... 19....

Filed Jan. 31st 1912 E. E. Fry

Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

219-229:009-957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of

No. ____, ____ St.

Hospital

Registration District No. 8 File No. 3246

Primary Registration District No. 23 Registered No. 1

FULL NAME OF CHILD Barto — Florence Irene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 29 1912

FATHER		MOTHER	
FULL NAME	Jos. C. Barto	FULL MAIDEN NAME	Helen L. Ingraham
RESIDENCE	Bonner County	RESIDENCE	Bonner County
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	House-work

Number of child of this mother, including present birth: III

Number of children, of this mother, now living, including present birth: II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

(Physician or Midwife)

Address Bonners Ferry - Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 30th 1912 E. E. Fry

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 9 1943

SEP 23 1968

255·214·009-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. The Island St

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 3247

Primary Registration District No. _____ Registered No. 108

FULL NAME OF CHILD Benson Hilda Ingeborg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Jan 14 1912

FATHER		MOTHER	
FULL NAME	Olaf Victor Benson	FULL MAIDEN NAME	Ellen Mary Johnson
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry,
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) L J Stauffer, M.D.

(Physician or Midwife)

Address Bonners Ferry Idaho

Filed Jan. 15th. 1912.

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 7 1968

418-213-009-294

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 8 File No. 3248

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 107

Hospital ____

FULL NAME OF CHILD Patricia Eileen Mahoney

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Jan. 13th 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm P. Mahoney	Harriet C. Kimball
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR		white
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Wisconsin.	Minn.
OCCUPATION	Banker	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Bonners Ferry, Ida.

Filed Feb. 2, 1912 E. E. Fry

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 2/26/41 rmf

APR 12 1940

655:130:009-454

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 3249

No. ——, ——— St.

Primary Registration District No. 2033 Registered No. 103

Hospital ———

FULL NAME OF CHILD Charles Wendt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	~	1	yes	Jan. 30, 1912

FATHER		MOTHER	
FULL NAME	Charles Wendt	FULL MAIDEN NAME	Lena Lemar
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan 30, 12 at ——— M. on the date above stated.

(Signature) Mary Lemon

(Physician or Midwife)

Address Sandpoint, Ida

Filed Feb 1 1912 Mary Lemon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

———, 19——

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

849-229-009-312

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 3250

No. —, —— St.

Primary Registration District No. 2033 Registered No. 102

Hospital —

FULL NAME OF CHILD Quigley, Margaret Barbara

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	3	yes	Jan. 29 191—

FATHER		MOTHER	
FULL NAME	J. R. Quigley	FULL MAIDEN NAME	Catherine Cash
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	38
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	New York
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan. 29 19— at —— M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Cannon

(Physician or Midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 1 19— Mary Cannon

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 15 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

795-226-009-247

County of Bonner

City of Elmira

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

11/28/45

Registration District No. 8 File No. 3251

Primary Registration District No. 2033 Registered No. 99

FULL NAME OF CHILD Clara Rosella Gregory
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	Single	5	Yes	Jan. 26, x12
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME John Gregory	FULL MAIDEN NAME Helen Kugi
RESIDENCE Elmira	RESIDENCE Elmira
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Austria	BIRTHPLACE Germany
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at Jan. 26, 1912 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 192....

.... Registrar.

(Signature) M McKinnon

(Physician or midwife)

Address Sandpoint, Idaho

Filed Feb. 1, 192x12 M. McKinnon

Registrar.

Amended 1-28/45

PLACE OF BIRTH

795-226-009-365

County of Bonner

City of Elmira

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 — File No. 3251

Primary Registration District No. 2033 — Registered No. 99

FULL NAME OF CHILD Anna Mary Gregory

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	5	yes	Jan. 26, 1912

FATHER		MOTHER	
FULL NAME	John Gregory	FULL MAIDEN NAME	Lena Cowley
RESIDENCE	Elmira	RESIDENCE	Elmira
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan. 26, 1912, at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Emmons

(Physician or Midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

...., 19....

Filed Feb 1 19 12 Mrs. Emmons

S-Y CO., 16670 — Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Spokane } ss.

Certificate No. 3251

NOV 2 2 1945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who Born (Was Born or Died) on Jan 26, 1912 (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Anna Mary Gregory	Clara Rosella Gregory

Subscribed and sworn to before me this 21st day of November 1945

_____
Notary Public, residing at Spokane Wash

My commission expires 3/27/45

(Seal)

Signed Helen Gregory.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Nov 1945

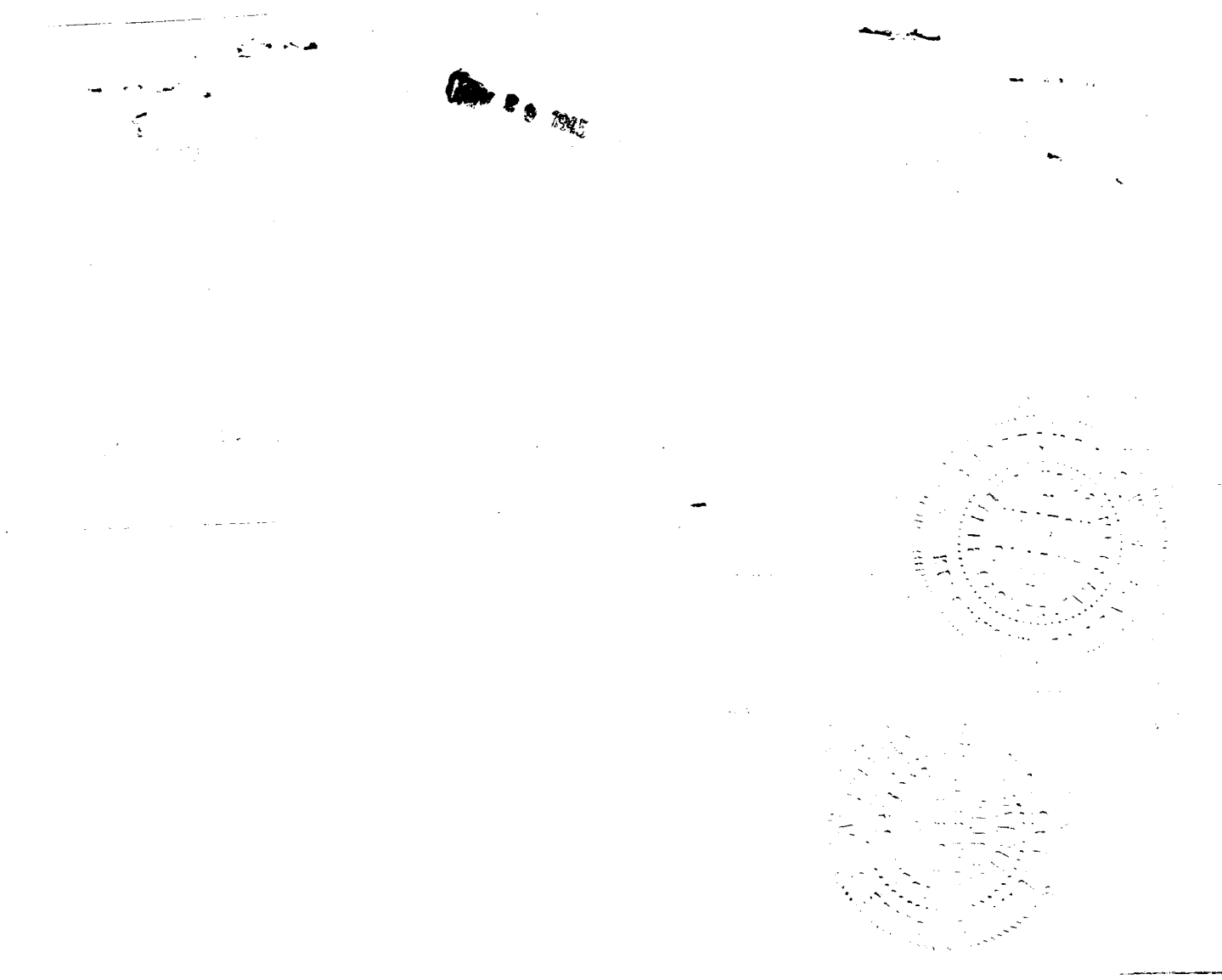
_____
Notary Public residing at Spokane

My commission expires April 28/48

(Seal)

Signed T J Jordan
(Signature of Any Credible Person)

_____
(Street Address, City, State)



Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

289-111-009-445

County of Bonner

City of Cabinet

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 3252

Primary Registration District No. 203 Registered No. 93

FULL NAME OF CHILD Shields, Joseph Harrold

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 11, 1912

FATHER		MOTHER	
FULL NAME	Joseph Ray Shields	FULL MAIDEN NAME	Margaret Munroe
RESIDENCE	Cabinet, Idaho.	RESIDENCE	Cabinet, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Dixon, N.Dakota.
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at I. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Payn M.D.

(Physician or Midwife)

Address Sandpoint, Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan. 15, 1912. W. M. Kinnaird Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH
815-128-009-632

County of Bonner

City of Sandpoint Registration District No. 8 File No. 3253

No. ____, ____ St.

Primary Registration District No. 2033 Registered No. 101

Hospital ____

Form Vs.S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

FULL NAME OF CHILD Henry Melvin S. Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~	1	Yes	Jan. 28, 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Hansen	Clara Olson
RESIDENCE	Sandpoint Ida	Sandpoint Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Norway	Norway
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan. 29, 1?? at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mina Kinman

(Physician or Midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....., 19....

Filed Feb 1 19?? Mina Kinman
Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 3253
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Henry Sigard Melvin Hansen (Name on original certificate) who (Was born or died) on 28th January 1912 (Date of event)
in Sandpoint Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ~~Insurance Policy~~ Baptismal Certificate (Birth record, insurance policy, etc.) prepared on June 5th 1929 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Hanson	Hansen
Name of child	Unnamed Hanson	Henry Melvin S. Hansen

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at Sandpoint.
My commission expires
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 and
day of October, 19 41
Francis J Eng. Probate Judge
~~Notary Public~~, residing at Sandpoint Idaho
My commission expires January 1943
[SEAL]

Signed Mrs. Henry Hansen
(Signature of any credible person other than the previous affiant.)

Larch St. Sandpoint, Ida
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MAY 5 1976

652-117-029-236

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 3254

No. ....., ... St.

Primary Registration District No. 2033 Registered No. 94

Hospital .....

FULL NAME OF CHILD Fred Webster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	single	2nd	yes	Jan 17, 1912

FATHER		MOTHER	
FULL NAME	Herbert Webster	FULL MAIDEN NAME	Grace Stockbridge
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Neb	BIRTHPLACE	Ill.
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 17, 1912 at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKinnon

Sandpoint Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 29, 19 M. M. McKinnon

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 28 1942

635-12-002819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 6 File No. 3255

No. ....., ... St. Primary Registration District No. 203 Registered No. 93

Hospital .....

FULL NAME OF CHILD Howard Hazen Fleetwood

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	One		Yes	Jan 21 (Month) (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur J Fleetwood	FULL MAIDEN NAME	Rose Hazen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 21 19 at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Markham

(Physician or ~~Midwife~~)

Address Sandpoint Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 23 19 2a M. Markham

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 0 1975

319-11-4:008 216

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 7 File No. 3256

No. ....., ... St.

Primary Registration District No. 2013 Registered No. 96

Hospital .....

FULL NAME OF CHILD Larson, Harold Kenneth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Sing	1st	yes	June 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christ Larson	Pauline Kaffler
RESIDENCE	Sandpoint Ida	Sandpoint Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	19
BIRTHPLACE	Norway	Minn
OCCUPATION	Merchant (Retail)	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 17, at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Kinnon

(Physician or Midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....., 19.....

Filed June 20, 1912 M. M. Kinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

666-113-009-355

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Sandpoint Registration District No. 8 File No. 3257

No. ....., ... St.

Primary Registration District No. 2033 Registered No. 97

Hospital .....

FULL NAME OF CHILD Waldo Perry Grant

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	2	yes	Jan 13, 1912

FATHER		MOTHER	
FULL NAME	Grant Grant	FULL MAIDEN NAME	Ida May Lee
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	w hite	COLOR	w hite
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	N. Y.	BIRTHPLACE	Mo
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 13, 12 at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKenna

(Physician or Midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 20 1912 M. M. McKenna

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

753-20-009-766

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 3259

Primary Registration District No. 2033 Registered No. 98

FULL NAME OF CHILD Rachel Jane Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	one	yes	Jan 1, 1912

FATHER		MOTHER	
FULL NAME	E. Peterson	FULL MAIDEN NAME	Belle Goff
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

(Signature) Mona Kuccuon

(Physician or Midwife)

Address Sandpoint Idaho

Filed Jan 20 19 12 Mary Lawson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1941

954-21-025-532

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Pharp

No. ____, ____ St.

Hospital ____

Registration District No. 2042 File No. 3260

Primary Registration District No. 10 Registered No. 14

FULL NAME OF CHILD Hedwig Marie Reuter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 14, 1912

FATHER		MOTHER	
FULL NAME	Carl William Reuter	FULL MAIDEN NAME	Johanna Helene Eckermann
RESIDENCE	Pharp, Idaho	RESIDENCE	Pharp, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-20 P. M. on the date above stated.

(Signature) J. W. Turner

(Physician or ~~Midwife~~)

Address Cottonwood, Idaho

Filed Jany 23rd 1912 G S Stockton Registrar

per H Booker Sub Reg.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 13 1967

OCT 3 1944

619-279(025-915

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of 3 miles S W of Kentonville Idaho

Registration District No. 2042

File No. 3261

No. ..... St.

Primary Registration District No. 10

Registered No. 12

Hospital .....

FULL NAME OF CHILD Melissa Jane Jain

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 29 1912

FATHER		MOTHER	
FULL NAME	John W Jain	FULL MAIDEN NAME	Ida M Randolph
RESIDENCE	Kentonville Idaho	RESIDENCE	Kentonville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	None remunerative

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or Midwife)

Address Kentonville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jany 30 19 12 G S Stockton Registrar

per H Bowker Sub Reg.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 10 1942

DEC 1 1971

-669-219-025-365

Amended 4-30-62

(Be sure the information is complete and accurate)

State File No. 3262
Local Reg. No. 12
Reg. Dist. No. 2042

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Doris
b. (Middle): Ethelyn
c. (Last): Fortin

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Jan. (Day) 19, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): H.
c. (Last): Fortin

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Oregon

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Addie
b. (Middle): M.
c. (Last): Lovelace

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 0
b. How many OTHER children were born alive but are now dead?: 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Russell Truitt, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Cottonwood, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan. 29, 1912

20. REGISTRAR'S SIGNATURE: G. S. Stockton

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY (WEEKS):

22b. WEIGHT AT BIRTH (LBS. OZS.):

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district which issued the birth certificate will furnish free information and correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner o the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Form V. S. No. 11. C. Jan. 6 20 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ——, —— St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2043

Primary Registration District No. 10

File No. 3262

Registered No. 12

FULL NAME OF CHILD Not named Dorris Ethelyne Fortin

Sex of Child	~~Twin, Triplet,~~ or other?	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)	one	Yes	Jan 19 (Month) (Day), 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William H. Fortin	Addie M. Lovelace
RESIDENCE	P O Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Russell Smith M.D.

Phys
(Physician or Midwife)

Address Cottonwood Ida

Filed Jany 29 1912 G. S. Stockton Local Registrar

Received Jan 29 1912 Per H. M. Mc Sparks

S-Y CO., 16670

MAY 1 1962

Own Child's Birth Cert. on file: (Idaho Birth) #398948 gives full maiden name of mother as Doris Ethelyn Fortin - viewed by V.S. other document listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Idaho } ss.

Certificate No. 3262

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorris Ethelyne Fortin (Name on Original Certificate) who was born (Was Born or Died) on Jan. 19, 1912 (Date of Event)
in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorris Ethelyne Fortin	Doris Ethelyn Fortin

Subscribed and sworn to before me this 9 day of April, 19[illegible]

D. L. Eggers

Notary Public, residing at Grangeville Idaho
My commission expires 10-20-[illegible]
(Seal)

Signed A. F. Fortin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

113 South A St Grangeville Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60. 155 CL 2-8-62. ~~mm~~ one copy pd. rec. #9818.

Baptismal Certificate, Methodist Episcopal Church, Cottonwood, Idaho, Philip S. Clapp, pastor - baptized May 4, 1930 gives full name as Doris Ethelyn Fortin, daughter of William Henry Fortin and Addie Melinda Fortin, born at Fenn Precinct, Idaho on the 19th day of January, 1912. - orr. cert. viewed by V.S.

395-1261025-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 3263

Primary Registration District No. 1001 Registered No. 11

FULL NAME OF CHILD Raymond Lieske

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 26, 1912

FATHER		MOTHER	
FULL NAME	Wm A Lieske	FULL MAIDEN NAME	Ida A Schwanke
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Sloan

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

3-25-12, 19..

J.M.S. Deputy

Registrar

Filed Feb 3 1912 G S Sloan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

75/-130-025-555

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird — Registration District No. 10 — File No. 3264

No. ____, ____ St. — Primary Registration District No. 2041 — Registered No. 10

Hospital ____

FULL NAME OF CHILD Stanley Ray Pearson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	1	yes	Jan. 30, 1912

FATHER		MOTHER	
FULL NAME	Ray Pearson	FULL MAIDEN NAME	Clara Everest
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 3 1912 G S Stricklin Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 7 1942

284/18:625-625

PLACE OF BIRTH

County of Idaho

City of White Bird

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10 File No. 3265

Primary Registration District No. 2041 Registered No. 9

FULL NAME OF CHILD Vincent Shuck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Jan 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William A. Shuck	Lizzie Oberland
RESIDENCE	White Bird Ida.	Whitebird
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 44	White / 34
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician

(Physician or Midwife)

Address Whitebird Ida

Filed Feb 3 1912 G S Sloeckum

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 5 1942

753-212-025-814

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10 File No. 3266

Primary Registration District No. 2041 Registered No. 8

FULL NAME OF CHILD Gladys Lee Peters

Sex of Child	Twin; Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 12, 1912

FATHER		MOTHER	
FULL NAME	Henry Peters	FULL MAIDEN NAME	Bertha Bell Hamilton
RESIDENCE	Joseph Ida	RESIDENCE	Joseph Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or Midwife)

Address Whitebird

Filed Feb 3 1912 G. S. Sloeddon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

141-217-025666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 3267

Primary Registration District No. 1001 Registered No. 7

FULL NAME OF CHILD Esther Louise Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 17, 1912

FATHER		MOTHER	
FULL NAME	Harvey E Adams	FULL MAIDEN NAME	Janette Woods
RESIDENCE	Pollock Idaho	RESIDENCE	Pollock Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 22 1912 G. S. Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

299-115-025-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 3269

County of Idaho

City of Grangeville

Registration District No. 10 File No.

No. ....., ... St.

Primary Registration District No. 2044 Registered No. 5

Hospital .....

FULL NAME OF CHILD Chester Ray Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 15 1912

FATHER		MOTHER	
FULL NAME	Clifford Briggs	FULL MAIDEN NAME	Jennie Hess
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Scotland
		OCCUPATION	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 22 1912 G S Stockton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

DUP OF 12-357281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613-114-025-695

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 10

File No. 3270

No. ____, ____ St.

Primary Registration District No. 2101

Registered No. 4

Hospital ____

FULL NAME OF CHILD Quintus Claude Watson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude H. Watson	Ruth Marion Brinker
RESIDENCE	Kooskia - Idaho	Kooskia - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Kentucky	Pennsylvania
OCCUPATION	Actor	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Herbert M.D.

(Physician or Midwife)

Address Kooskia - Idaho.

Given names added from a supplemental report

....., 19....

Filed Jan 22 1912 G. S. Stockton

Registrar

S-Y CO., 16670

Registrar

DEC 3 0 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4134-113-025-763

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Registration District No. 10 File No. 3271

No. ——, ——St.

Primary Registration District No. 2042 Registered No. 3

Hospital ——

FULL NAME OF CHILD Leonard Clyde McMahan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan. 13, 1912

FATHER		MOTHER	
FULL NAME	Leonard C. McMahan	FULL MAIDEN NAME	Claribel Poler
RESIDENCE	Nez Perce	RESIDENCE	Nez Perce
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	COLOR	W
OCCUPATION	Teacher	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Minn.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Bruce MD

(Physician or Midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

....., 19....

Filed Jan 22 1912 G S Stockton

Registrar

S-Y CO., 16670

Registrar

8/6-202.025-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 3272

No. ____, ____ St.

Primary Registration District No. 1001 Registered No. 9

Hospital ____

FULL NAME OF CHILD Francis Clara Hawkes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy W Hawkes	Clara M Henault
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Michigan	Montana
OCCUPATION	Plumber	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or Midwife)

Address Grangeville Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 5 1912 G S Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 20 1951

Amended 5/23/73

433-1D1-025-3/2

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3273
Local Reg. No.
Reg. Dist. No. 10

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Coy b. (Middle): Isaac c. (Last): McLaughlin

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 1, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Winstead b. (Middle): A. c. (Last): McLaughlin

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Arkansas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Della b. (Middle): c. (Last): Case

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): N. Carolina

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. S. Stockton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Grangeville, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 5, 1912

22. REGISTRAR'S SIGNATURE: G. S. Stockton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 5:30 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 11 38 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Asotin }

Certificate No. 3273

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Glenn Isaac McLaughlin (Name on Original Certificate) who was born (Was Born or Died) on Jan. 1, 1912 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Glenn Isaac McLaughlin	Coy Isaac McLaughlin

Subscribed and sworn to before me this 30th day of April, 1973

Notary Public, residing at Clarkston

My commission expires 12-22-75

(Seal)

Signed: Della McLaughlin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

911 12th street Clarkston Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 1973

Notary Public, residing at Clarkston

My commission expires 12-22-75

(Seal)

Signed: Flossie Moody
(Signature of Any Credible Person)

911 - 8 St. Clarkston Washington 99403
(Street Address, City, State)

FORM DH 60-155 CL 4-6 73

Family Bible record of Winsted A. McLaughlin and Della McLaughlin gives name as Coy Issac McLaughlin born Jan. 1, 1912. Viewed by V. S.

Honorable Discharge from the Army gives name as Coy I. McLaughlin born Jan. 1, 1912 gives place of birth as Grangeville, Idaho. Date of Separation as Nov. 20, 1945. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 3273

Primary Registration District No. 2044 Registered No. 1

FULL NAME OF CHILD Glenn Isaac McLaughlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Winstead a McLaughlin	Della Case
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Arkansas	N. Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 a, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or [redacted])

Address Grangeville Idaho

Given names added from a supplemental report

____, 19____

Filed Jan 5 1912 G S Stockton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

APR 9 1973
MAY 23 1973

165-112001-695

[redacted] OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. Railroad & Elmore Sts. Registration District No. 2

Hospital Primary Registration District No. 1004

File No. 3274

Registered No. 35

FULL NAME OF CHILD Milton Henry Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan. 12 1912

	FATHER	MOTHER
FULL NAME	Warren William Jones	Charlotte Freeman
RESIDENCE	Boise, Ida	Boise Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	28 (Years)
BIRTHPLACE	Elmont, Mich	England
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or ~~Midwife~~)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 27 1912 W. E. Hopkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

812-126-001-519

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 628, Fort St. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2

File No. 3275

Primary Registration District No 1004

Registered No. 34

FULL NAME OF CHILD Henri Paul Hassing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 (Year)
M		Yes	1 26 12

FATHER		MOTHER	
FULL NAME	Fred W Hassing	FULL MAIDEN NAME	Gladys Naisatt
RESIDENCE	628 Fort St.	RESIDENCE	628 Fort St.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Tillery Jr (Physician or Midwife)

Address Meridian Idaho

Given names added from a supplemental report

....., 19.....

Filed 1/26 19 12 M E Hopkins Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326 Registrar

APR 28 1942

231-125-001-689

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

V

County of Ada

City of Boise

No. 1200, No. 20th St.

Hospital

Registration District No.

Primary Registration District No. 1004

File No. 3276

Registered No. 33

FULL NAME OF CHILD Everett Slater

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 25 1912

FATHER	MOTHER
FULL NAME R. F. Slater.	FULL MAIDEN NAME L. M. Whipple
RESIDENCE 1200 North 20th St.	RESIDENCE 1200 No 20th St.
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/26 1912 W. McKellus

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-21-41

NOV 27 1974

043.217.001.619

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 4

File No. 3277

No. 607, So 16th St.

Primary Registration District No. 1004

Registered No. 32

Hospital

FULL NAME OF CHILD Vera Clarissa Mullen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	June 14th 1912

FATHER		MOTHER	
FULL NAME	Thos. Mullen	FULL MAIDEN NAME	Ruth Della Wering
RESIDENCE	Boise	RESIDENCE	607 So. 16th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Living with parents.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 1/26 19.12 M E Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

437-119-001-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1618, No. 5th St.

Hospital

Registration District No. 2

File No. 3278

Primary Registration District No. 1004

Registered No. 31

FULL NAME OF CHILD James Francis McGuire

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Jan 19th 1912

FATHER		MOTHER	
FULL NAME	Jos McGuire	FULL MAIDEN NAME	Lena Miller
RESIDENCE	1618 No. 5th St.	RESIDENCE	1618 No. 5th St.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Minnesota
OCCUPATION	Stonecutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th (VI Para) Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D. (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 1/26 1912 M C Hopkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793.124.001-268

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 3279

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 30

Hospital ____

FULL NAME OF CHILD JAMES William Boyenger Pickrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 24, 1912

FATHER		MOTHER	
FULL NAME	William Pickrell	FULL MAIDEN NAME	Ora Boyenger
RESIDENCE	Smith Boise	RESIDENCE	Smith Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	California	BIRTHPLACE	South Dakota
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St Boise Ida.

Given names added from a supplemental report

....., 19....

Filed 1/26 19 12 M. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 3279
Date Filed July

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for William Boyenger Pickerell (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 24, 1942 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wm. Boyenger Pickerell	James William Pickerell

Subscribed and sworn to before me this 2nd day of February, 19 42
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed William Pickerell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 23 1962

399-221-001-741

PLACE OF BIRTH

County of Ada

City of Boise

No. 409, 5 2nd St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 3282

Primary Registration District No. 1004 Registered No. 47

FULL NAME OF CHILD Crippen Margaret Florence

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	3	Yes	July 7, 1912

FATHER		MOTHER	
FULL NAME	C. F. Crippen	FULL MAIDEN NAME	Annie Graney
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Chris

Physician (Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

5-7-12, 19

J.M.S. Deputy Registrar

Filed 1/25 19 12 W. E. Colpitts Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

553-219-001-753

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1499 W. S. A. St.

Hospital

Registration District No. 7

File No. 3283

Primary Registration District No. 1004

Registered No. 26

FULL NAME OF CHILD Grace Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	1 19, 1912

FATHER	MOTHER
FULL NAME Chas. F. Nelson	FULL MAIDEN NAME Florance Peters.
RESIDENCE 1499 W. S. A.	RESIDENCE 1433 W. S. A.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Kansas
OCCUPATION Construction foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brock

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/26 19 12 W. E. Tippett

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 9 1942

255·118100-663

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7

File No. 3284

No. 1617, Wash St.

Primary Registration District No. 1004

Registered No. 24

Hospital

FULL NAME OF CHILD James R. Kenny Blair

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1 18 1912

FATHER		MOTHER	
FULL NAME	Joseph R. Kenny	FULL MAIDEN NAME	Ella C. Foltz
RESIDENCE	1617 Wash St.	RESIDENCE	1617 Wash St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Wis
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burch

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 1/25 19 12 W. R. Wilson

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued 2-20-1941. dp

AUG 6 1974

FEB 2 9 1944

625-217-001-234

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 263, W. S. Ave.

Registration District No. 7 File No. 3285

Primary Registration District No. 1004 Registered No. 43

Hospital Goldie

FULL NAME OF CHILD Elaine Oberbillig

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	1 17 1912

FATHER	MOTHER
FULL NAME: Ira M. Oberbillig	FULL MAIDEN NAME: Sylvia Stumpf
RESIDENCE: 263 W. S. Ave	RESIDENCE: 263 W. S. Ave.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Kan.
OCCUPATION: Stone cutter	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 7:45 P M.

(Signature) John Brock

(Physician or ~~Midwife~~)

Address Boise

Filed 1/25 19 12 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

5-7-12 19

J.M.S. Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

689-217001-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 7th & Myrtle St.

Hospital

Registration District No. 2 File No. 3286

Primary Registration District No. 1004 Registered No. 24

FULL NAME OF CHILD ~~Mildred Ann~~ KATHERINE FRANCES WHITNEY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			yes	1 17 1912

FATHER	MOTHER
FULL NAME Howard Whitney	FULL MAIDEN NAME Mable Burnside
RESIDENCE 7th & Myrtle St.	RESIDENCE 7th & Myrtle St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouch

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 12 19 14 McHaffie

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JAN 22 1974

OCT 10 1951

454-114-001-336

PLACE OF BIRTH

Form V. S. No. H-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of ~~Arrow Rock~~ BOISE

Registration District No. 2 File No. 3287

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 21

Hospital St Alphonsus

FULL NAME OF CHILD ARTHUR WAYNE XXXXXXXXXX Underwood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1 / 14 / 1912

FATHER	MOTHER
FULL NAME: Clemson Underwood	FULL MAIDEN NAME: May Lloyd
RESIDENCE: Arrow Rock.	RESIDENCE: Arrow Rock
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Utah.
OCCUPATION: Plumber	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boucher

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/25 19 12 W. H. Hall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 3287
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Underwood (Name on original certificate) who Born (Was born or died) on Jan. 14th 1912 (Date of event)
in Boise Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Underwood	Arthur Wayne Underwood

Subscribed and sworn to before me this 6th day of January, 1944

Notary Public, residing at Portland Ore.
My commission expires Oct 29 1944
[SEAL]

Signed Nettie M. Underwood (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mail 5803 N.E. 10 Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1944

Notary Public, residing at Portland Ore.
My commission expires Oct 29 1944
[SEAL]

Signed Lloyd Underwood (OLDER BROTHER)
(Signature of any credible person other than the previous affiant.)
2158 NE Multnomah Street
(Street Address, City, State) Portland Oregon

Received for filing on By
(Registrar's signature)

JAN 14 1942

SEP 9 1942

255-104-00-395

PLACE OF BIRTH

Form V. S. No. 16C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 7 — File No. 3288

No. 1515 N-19 St. — Primary Registration District No. 1004 — Registered No. 40

Hospital

FULL NAME OF CHILD William S. Bennett Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1 4 1912

FATHER	MOTHER
FULL NAME: William S. Bennett Sr.	FULL MAIDEN NAME: Jessie Trafsey
RESIDENCE: 1515 N. 9th.	RESIDENCE: 1515 N. 9th.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ontario	BIRTHPLACE: So Dakota
OCCUPATION: Creamery Merchant.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barnes

(Physician or ~~Midwife~~)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/20 19 12 W. A. Hopkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1966

155-215-004-238

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St Lukes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 3289

Primary Registration District No. 1004 Registered No. 19

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	1 14 1912

FATHER	MOTHER
FULL NAME: Clifford K. Denman	FULL MAIDEN NAME: Lilian Schultz
RESIDENCE: Ustick School District	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Nebr.	BIRTHPLACE: Wisc
OCCUPATION: Architect	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 8:15 P. M. on the date above stated.

(Signature) John Buck

(Physician or Midwife)

Address Boise Ida

Filed 1/25 1912 W. E. Hopkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 14 1973
AUG 31 1973

296-118-00-238

PLACE OF BIRTH

Form V. S. No. 11C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

3291

County of Ada

City of Boise

No. 219, N. 5th St.

Hospital

Registration District No. 7

Primary Registration District No. 1004

File No.

Registered No. 17

FULL NAME OF CHILD Devee Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	1 18 1912

FATHER	MOTHER
FULL NAME John J. Brown	FULL MAIDEN NAME Mignit Schroeder
RESIDENCE Grand View	RESIDENCE Grand View
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28. (Years)
BIRTHPLACE Ontario Canada.	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tillery Dr.

(Physician or Midwife)

Address Model Bldg

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/20 19 11 M. E. Hopkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

[redacted] 14 1942

Certificate No. 3291

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (BIRTH OR DEATH)
for no name given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan. 18, 1912 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	omitted	Devee Brown

Subscribed and sworn to before me this 14th
day of January, 19 42
[illegible]
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
(SEAL)

Signed Minnie J. Brown
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on JAN 14 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 6 1952

23+214-001.113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11[illegible]—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 413, Fort St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. V

File No. 3292

Primary Registration District No. 1004

Registered No. 16

FULL NAME OF CHILD Thelma Frances Slattery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	——	——	yes	Jan. 14, 1912

FATHER		MOTHER	
FULL NAME	Patrick J. Slattery	FULL MAIDEN NAME	Elizabeth Jackson
RESIDENCE	413 Fort St. Boise	RESIDENCE	413 Fort St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	New York, State	BIRTHPLACE	California
OCCUPATION	Corpl. M. Troop, 1st Cav. N.G.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at term (Born alive or stillborn) at 3.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Jan. 16, 1912

(Signature) J. M. Wheate, M. D.
1st Lieut. Med. Reserve Corps.
(Physician or Midwife)

Address Boise Barracks, Idaho

Filed 1/18 1911

M. E. Hobbee
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

FEB 8 6 1944

843-206-001-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1112, Pueblo St.

Hospital M

Registration District No. 2

File No. 3293

Primary Registration District No. 1004

Registered No. 105

FULL NAME OF CHILD Margaret Hulser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	1 — 6 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward N. Hulser	Ada Hart
RESIDENCE	1112 Pueblo St	1112 Pueblo St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Iowa	Wisconsin
OCCUPATION	Lawyer	Housewife.

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm F. Smith M.D.

(Physician or Midwife)

Address 410 Overland Bldg.

Given names added from a supplemental report

1 — 13 — 1912

Filed 1/13 1912

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6 1954

296/07:00-358

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 3294

Primary Registration District No. 1004 Registered No. 14

FULL NAME OF CHILD Robert Lehew Brown Largest one

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	Second	yes	1 - 7 - 1912

FATHER	MOTHER
FULL NAME: Fred Brown	FULL MAIDEN NAME: Mary Lehew
RESIDENCE: 712 Hays St	RESIDENCE: 712 Hays St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Iowa
OCCUPATION: Bank Examiner	OCCUPATION: Housewife

Number of child of this mother, including present birth: Three

Number of children, of this mother, now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4-43 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James S Stewart M.D (Physician or Midwife)

Address 410 Overland Bldg

Given names added from a supplemental report

1 - 16 - 1912

J.M.S. Deputy Registrar

Filed 1/16 1912 W E Hopkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/21/41 L. B.

296107-004-358

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 712 Hays St.

Hospital No

Registration District No. 2 File No. 3295

Primary Registration District No. 1004 Registered No. 13

FULL NAME OF CHILD George Hawley Brown Smaller one

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twins	2nd	yes	Jan 7, 1912

FATHER	MOTHER
FULL NAME: Fred Brown	FULL MAIDEN NAME: Mary Lehew
RESIDENCE: 712 Hays St	RESIDENCE: 712 Hays St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Iowa
OCCUPATION: Bank Examiner	OCCUPATION: Housewife

Number of child of this mother, including present birth: Three

Number of children, of this mother, now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

1-16, 1912

J.M.S. Deputy
Registrar

(Signature) James S. Stewart M.D.
(Physician or Midwife)

Address 410 Overland Bldg.

Filed 1/16 1912 Matthew Ross
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/21/41 L. B.

258-10-001-245

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 3296

No. no 9 St.

Primary Registration District No. 1004

Registered No. 12

Hospital —

FULL NAME OF CHILD Harold Arthur Snyder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	Jan. 1st, 1912

FATHER		MOTHER	
FULL NAME	C. A Snyder	FULL MAIDEN NAME	Mary Swinfield
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Elec. Eng	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 12 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Bowers

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 1/12 1912 W. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Clara }

Certificate No. 3296

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harold Arthur Snyder (Name on Original Certificate) who was born (Was Born or Died) on Jan. 1, 1912 (Date of Event)
in Boise, Idaho - Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by — (Bible Record, Insurance Policy, Etc.) prepared on — (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Chester	Harold Arthur Snyder

Subscribed and sworn to before me this 27th day of July, 1942

Isabel Harville

Notary Public, residing at Palo Alto, Calif.

My commission expires April 30, 1945
(Seal)

Mrs Madie Julia Snyder (Mother)
Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1975 Bryant - Palo Alto Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July, 19 42

Isabel Harville

Notary Public, residing at Palo Alto, Calif.

My commission expires April 30, 1945
(Seal)

Mrs C W Hotaling
Signed
(Signature of Any Credible Person Other Than Previous Year)

241 Everett Ave.
Palo Alto Calif.
(Street Address, City, State)

AUG 14 1942

AUG 17 1942

533-207-001-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3297

County of Ada

City of Boise

Registration District No. 2

No. 432 Lovers Lane St.

Primary Registration District No. 1004

Registered No. 11

Hospital

FULL NAME OF CHILD Ellen Verena Elliott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	1 7 191

FATHER		MOTHER	
FULL NAME	John B Elliott	FULL MAIDEN NAME	Katie V Farrell
RESIDENCE	432 Lovers Lane	RESIDENCE	432 Lovers Lane
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Boise	BIRTHPLACE	Hailey Idaho
OCCUPATION	Mechanical	OCCUPATION	At Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Allen

Physician

(Physician or Midwife)

Address 257 Jorden Blk Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/11/17 W. E. Hoffman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-26-001-304

PLACE OF BIRTH

County of Ada

City of Boise

No. 909 Ellis St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-30-11

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 3300

Primary Registration District No. 1004 Registered No. 8

FULL NAME OF CHILD Della Elizabeth Davis

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of birth 1 (Month) 6 (Day) 1942 (Year)

FATHER		MOTHER	
FULL NAME	Geo H Davis	FULL MAIDEN NAME	Daisy Young
RESIDENCE	909 Ellis	RESIDENCE	909 Ellis
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Maine	COLOR	White
OCCUPATION	Electrical Engineer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Maine
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengill

(Physician or Midwife)

Address Meade Bldg.

Given names added from a supplemental report

....., 19.....

Filed 1/8/43 19 W. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1971

599-10-001-893

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3301

County of Ada

City of Boise

Registration District No. 7

File No.

No. ; St.

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 7

FULL NAME OF CHILD Richard Erickson (Erickson)

Sex of Child M

Twin, Triplet, or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth 1 (Month) 1 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Richard Erickson	FULL MAIDEN NAME Effie Hileman
RESIDENCE Boise	RESIDENCE Boise
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Paterson

(Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/6/12 19 116 Hoopman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the numbe of each, in order of birth stated

N. B. In case of more

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

75-205.001-415

PLACE OF BIRTH

Form V. S. No. 11-C—1b.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 11 Bannock St.

Hospital

Registration District No. 7

File No. 3302

Primary Registration District No. 1004

Registered No. 6

FULL NAME OF CHILD Alice Rosetta Pearson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 5, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Pearson	Mary Davis
RESIDENCE	1024 Bannock	Iowa
COLOR / AGE AT LAST BIRTHDAY	white / 40 (Years)	white / 37 (Years)
BIRTHPLACE	Lucas Co Iowa	Iowa
OCCUPATION	Laborer at Driving	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:10 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Kingsbury M.D.

(Physician or Midwife)

Address 1024 Idaho Boise

Given names added from a supplemental report

5-7-12, 19

J.M.S. Deputy

Registrar

Filed 1/8, 19 14

Registrar

S-Y CO., 16670

APR 1 0 1974

315-101-001-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Ida

Registration District No. 7 File No. 3305

No. 1116 Lee St.

Primary Registration District No. 1004 Registered No. 3

Hospital

FULL NAME OF CHILD Eugene George Lane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		Yes	Jan 1st, 1912

FATHER	MOTHER
FULL NAME Charles Edward Lane	FULL MAIDEN NAME Clarissa Bark
RESIDENCE Boise Ida	RESIDENCE Boise Ida
COLOR W. AGE AT LAST BIRTHDAY 37 yrs. (Years)	COLOR W. AGE AT LAST BIRTHDAY 24 yrs. (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Physician	OCCUPATION Nurse

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl Weil

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 1/5 19 12

W. A. Hollis

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12-XS-41

JUL 19 1973

992-102-001-238

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1008 N 6th St.

Registration District No. 2

File No. 3307

Primary Registration District No. 1004

Registered No. 1

Hospital —

FULL NAME OF CHILD Richard Frederic Risser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thor Sumner Risser	Sara Carol Schrock
RESIDENCE	1008 North 6th	1008 N 6 Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Summerfield, Ills.	Millbank S. Dak.
OCCUPATION	Attorney	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Glasse

Physician (Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 1/3 19 12 W. E. Hopkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

APR 29 1959

FEB 19 1964

612-119-004791

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 3308

No. ____, ____ St.

Primary Registration District No. 004

Registered No. 25

Hospital St. Lukes

FULL NAME OF CHILD Died next day!

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1, 19, 1912

FATHER	MOTHER
FULL NAME John L Wakeman	FULL MAIDEN NAME Amanda Gray.
RESIDENCE	RESIDENCE
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Electrical Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) on the date above stated. at 12:30 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Address Boise St Lukes

____, 19____

Filed 1/25 19 12

____ Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

389.119.OD-957

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3309

County of Bonneville

City of Lincoln

Registration District No. 7

File No.

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 11

Hospital

FULL NAME OF CHILD Cecil Heber Christopherson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 19, 191[illegible]

FATHER		MOTHER	
FULL NAME	Heber Christopherson	FULL MAIDEN NAME	Florence L. Ingram
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Miller M.D.

Physician (Physician or Midwife)

Address Idaho Falls - R. 1

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 27 19 12 C. A. Hammond

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 23 1 51 PM 73

Certificate No. 3309

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Heber Christopherson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 19, 1912 (Date of Event)
in Lincoln, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child'sname	Heber Christopherson	Cecil Heber Christopherson

Subscribed and sworn to before me this 19th day of
Dec., 19 73
Daniel E. Shattuck
Notary Public, residing at Federal Way
My commission expires May 20, 1976
(Seal)

Signed Cecil Heber Christopherson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2-24 day of
April, 19 73.

Notary Public, residing at Pocatello, Ida.
My commission expires May 24, 1974
(Seal)

Signed Edna Russell Christopherson
(Signature of Any Credible Person)

So. Main Downey Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/20/73 nm

Certificate of Baptism and Confirmation from LDS Church gives name as Cecil Heber Christopherson son od Heber ~~XXXXX~~ Christopherson and Florence Ingham. Bonr Jan 19, 1912. Was Baptized Aug. 6, 1921. Viewed by V. S.

AUG 3 0 1973

Certificate of Membership to the Amalgamated Association of Streer, Electric Railway and motor Coach Employes of American gives name as Cecil Heber Christopherso . Dated Aug. 1, 1945. Div. No. 1055.of Portland, Oregon, Viewed by V. S.

389-119-010-251

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 7 File No. 3310

No. ____, ____ St. Primary Registration District No. 2027 Registered No. 10

Hospital Lawrence Christenson

FULL NAME OF CHILD Wendell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan. 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawrence N. Christenson	Ruth Beach
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Huntsville, Ut.	Iona, Idaho
OCCUPATION	Tailor	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millar MD

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 27 19 12 Lee Cummard

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued 2-17-1941. dp

465-112-00-493

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 3312

Primary Registration District No. 2027 Registered No. 4

FULL NAME OF CHILD Carl William Moeller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan. 13, 1912

	FATHER	MOTHER
FULL NAME	W. E. Moeller	Louise Dittmar
RESIDENCE	Lincoln	Lincoln
COLOR	W.	White
AGE AT LAST BIRTHDAY	38 (Years)	23 (Years)
BIRTHPLACE	Kansas City, Kansas	Burlington, Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

(Physician or Midwife)

Address Lincoln Idaho

Filed Jan 27 19 12 [illegible] Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

APR 2 1974

261-113-010-921

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls.

No. —, —— St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7 File No. 3314

Primary Registration District No. 2027 Registered No. 6

FULL NAME OF CHILD Robert Samuel Swanson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 / 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Swanson	Hilma Isaksson
RESIDENCE	Idaho Falls Ida	Idaho Falls - Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 13-12 at 12 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 15 1912 W. Hinman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 10 1942

MAY 3 1955

599-114-010-349

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3316

County of Bonneville

City of Idaho Falls

Registration District No. 7

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 4

Hospital

FULL NAME OF CHILD George Herman Erickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan. 14 (Month) (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME: Godfrey Erickson	FULL MAIDEN NAME: Ellen Turnquist
RESIDENCE: Idaho Falls R.F.D.4	RESIDENCE: Idaho Falls R.F.D. 4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kunard

Physician (Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

5-7-12, 19....

J.M.S. Deputy Registrar

Filed Jan. 14 1912 Wm Kunard Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

381-101-010-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 310 So. Capitol Ave

Registration District No. 1

File No. 3318

Primary Registration District No. 1027

Registered No. 2

Hospital

FULL NAME OF CHILD Alden Eugene Chase

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single		One	Yes	Jan 1st, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles E. Chase	Musa Robinson
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Huntington, Utah,	Nebraska
OCCUPATION	Commercial traveler	Housewife

Number of child of this mother, including present birth... One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 6 1912

.....
Registrar

S-Y CO., 16670

.....
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 6 1973

437-227-0001-691

m V. S. No. 11-C—10 n-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of R 70 #1 Eagle

Registration District No. 2

File No. 3320

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 37

Hospital ____

FULL NAME OF CHILD ~~Margaret~~ Bernice ~~XXXXXXX~~ McClure

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	3	Yes	Jan 27, 191 7

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. R. McClure	FULL MAIDEN NAME	Edith ~~XXXX~~ Wray
RESIDENCE	Eagle R. 7d #1	RESIDENCE	Eagle.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Tennessee	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) L. L. Clure

Physician

(Physician or Midwife)

Address Boise Idaho 1116 Hopkins

Filed 2/1/12 19

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/17/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....
(Birth or death)
for Burnice Maguire (Name on original certificate) who Born (Was born or died) on Jan. 27, 1912 (Date of event)
in Eagle, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance (Bible record, insurance policy, etc.) prepared on March 1939 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	Burnice Maguire	Bernice McGuire
Name	G. R. Maguire	G. R. McGuire
	Edith Ray	Edith Wray

Subscribed and sworn to before me this 16th day of May, 19 41.
O. F. Mountandon
Notary Public, residing at Boise, Idaho
My commission expires August 1, 1943.
[SEAL]

Signed Edith McGuire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Eagle Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

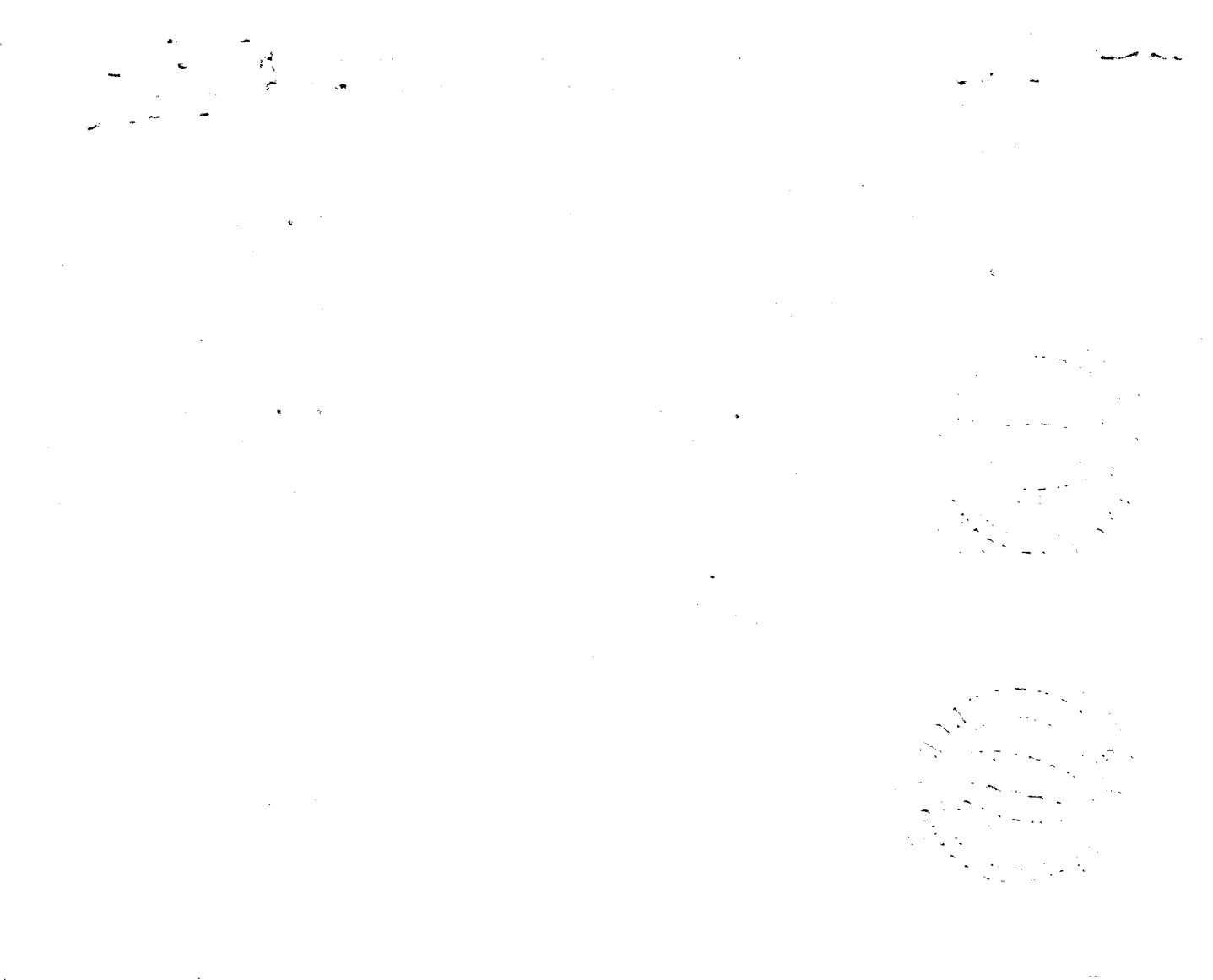
State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 19 41.
O. F. Mountandon
Notary Public, residing at Boise, Idaho.
My commission expires August 1, 1943.
[SEAL]

Signed G R McGuire
(Signature of any credible person other than the previous affiant)
Eagle R R No 1
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)



613-225-001-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 29th & State Sts

Hospital St Alphonsus

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 — File No. 3321

Primary Registration District No. 1004 — Registered No. 36

FULL NAME OF CHILD Millicent Earle Walker

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
F			Yes	January 25, 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leroy L. Walker	Merry E. Dee
RESIDENCE	29th & State Sts	29th & State Sts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Idaho	Neb
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Tuthill

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2/1/17 19.. Mrs. O. Mills
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 2 3 1973

331-2 753

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 609 University ave

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 23

File No. 3322

Primary Registration District No. 1007

Registered No. 2

FULL NAME OF CHILD Helen Ruth Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	January 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James E. Clark	Mame Pettygrew
RESIDENCE	Blackfoot Idaho	Blackfoot Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Printer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Mrs. L. P. Batmey alive (Born alive or stillborn) at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batmey

Blackfoot Idaho.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 22 19 12

W. E. Petrie

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-440862

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-211-006-813

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

No ——, ——— St.

Hospital ———

Registration District No 13 File No. 3323

Primary Registration District No. 2053 Registered No. 6

FULL NAME OF CHILD unnamed Martha McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Jan 11 1912

	FATHER	MOTHER
FULL NAME	John Henary McBride	Elizabeth Ann Hall
RESIDENCE	Thomas	Thomas
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Jan 1 1912 M E Petrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

231-125-006-257

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No —, — St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 3324

Primary Registration District No. 2029 Registered No. 8

FULL NAME OF CHILD Irvin Klaasen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan. 25, 1912

FATHER		MOTHER	
FULL NAME	Cornelius Klaasen	FULL MAIDEN NAME	Paula Helge
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5-th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M C MacKinnon M.D.

(Physician or Midwife)

Address Aberdeen, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 25th 1912. M. C. MacKinnon.

Sub - Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

JUL 2 1 1971

459-217-006-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 3325

Primary Registration District No. 2029 Registered No. 4

FULL NAME OF CHILD Emma Unruh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 17, 1912

FATHER		MOTHER	
FULL NAME	John William Unruh	FULL MAIDEN NAME	Lilly Wiens
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Mountain Lake, Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John W. Unruh
Father of child.
(Physician or Midwife)

Address Aberdeen, Idaho

Filed Jan 27 19 12 M. C. MacKinnon
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

JUL 7 1972
NOV 13 2001

235-21-006552

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Moreland

No. Home Farm St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 3326

Primary Registration District No. 0153 Registered No. 3

FULL NAME OF CHILD Unnamed Edna Montez Steers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	1. 10. 1912

FATHER	MOTHER
FULL NAME: Thomas Steers	FULL MAIDEN NAME: Monty Vest
RESIDENCE: Moreland, Idaho	RESIDENCE: Moreland Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: St. Luke, Utah	BIRTHPLACE: Pinte Co. Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.05 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Howe M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb 1 1912 W. E. Parker

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

APR. 20 1950

652-226-006-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 56 Park St.

Hospital

Registration District No. 13 File No. 3327

Primary Registration District No. 1007 Registered No. 6

FULL NAME OF CHILD Mary Webster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 26 1912

FATHER	MOTHER
FULL NAME: Louis P. Webster	FULL MAIDEN NAME: Mary J. Jones
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.10. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 1 1912 W. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 10 1963

863-216-006-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. R. #1 St.

Hospital Ida

Registration District No. 13 File No. 3330

Primary Registration District No. 253 Registered No. 9

FULL NAME OF CHILD Vanessa Kallaway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Jan. 16, 1912

FATHER		MOTHER	
FULL NAME	Ora Clay Kallaway	FULL MAIDEN NAME	Pearl Brunson
RESIDENCE	Porterville	RESIDENCE	Porterville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1-40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry E. Brown

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 3, 19 12 M. E. Patrick

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

JUN 2 1 1973

862.213.006-792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D. #1, St.

Hospital No

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 3331

Primary Registration District No. 203 Registered No. 10

FULL NAME OF CHILD Lerelle Gibbs Hoskins

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth: Jan. 13, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Wynn Hoskins	FULL MAIDEN NAME: Effie M. Gibbs
RESIDENCE: Groveland	RESIDENCE: Groveland
COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: housewife

[Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Edwards (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 3, 1912 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

APR 2 1964

155-221-006-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D. #1 St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 3332

Primary Registration District No 2053 Registered No. 11

FULL NAME OF CHILD Patricia Jenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 21, 1912

FATHER

FULL NAME: Andrew C. Jenson Jr.

RESIDENCE: Groveland

COLOR: white AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Ella Hyldon

RESIDENCE: Groveland

COLOR: white AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: housewife

[Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Address 703 N. 1st W. Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed ....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

234-130-006-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D. # 2 St.

Registration District No. 13 File No. 3333

Hospital Ho

Primary Registration District No. 2453 Registered No. 12

FULL NAME OF CHILD Ruben James ~~XXXXXXXXXX~~ STUART

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 30, 1912

	FATHER	MOTHER
FULL NAME	James ~~XXXXXXXXXX~~ STUART	FULL MAIDEN NAME Ruby Ann ~~XXXXXXX~~ Rowley
RESIDENCE	Riverside	RESIDENCE Riverside
COLOR	White	COLOR white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Mid wife (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Feb 3 19 12 W. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bannock, }

Certificate No. 3333

JAN 27 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Rulon James Stuart, (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on January 30, 1912, (DATE OF EVENT)
in Riverside, near Blackfoot, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by all family records, such as marriage license etc (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Rulon James Stewart	Rulon James Stuart
name of father	James Stewart	James H. Stuart
name of mother	Ruby Roley	Ruby Ann Rowley

Subscribed and sworn to before me this 24th day of January, 1942.

Alice J. Summers
Notary Public, residing at Pocatello, Idaho.

My commission expires Oct. 15th, 1944. (SEAL)

Signed Ruby Ann Rowley Stuart
Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rural, Pocatello, Idaho. R.F.D.#1, North.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 19 42.

Alice J. Summers
Notary Public, residing at Pocatello, Idaho.

My commission expires Oct. 15th, 1944. (SEAL)

Signed James H. Stuart
Father.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pocatello, Idaho. R.F.D.#1, North.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By
(REGISTRAR'S SIGNATURE)

FEB 9 1942

696-203-032-253 (Be sure the information is complete and accurate)

State File No. 3334
Local Reg. No.
Reg. Dist. No. 5

Amended 1/31/74

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lincoln

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hagerman

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Olive b. (Middle): Ellen c. (Last): Frost

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 3, 1912

FATHER OF CHILD

7. FULL NAME a. (First): Fount b. (Middle): c. (Last): Frost

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Arkansas	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ida b. (Middle): c. (Last): Bell

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
31 YEARS	Ten.	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE Dr. W. A. Marshall

18. ATTENDANT AT BIRTH M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE	23. DATE ON WHICH GIVEN NAME ADDED BY Registrar
Feb. 2, 1912	Dr. W. A. Marshall	

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

~~LENGTH OF PREGNANCY~~ ____ ~~WEEKS~~ WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 6:30

RACE OR COLOR OF FATHER	RACE OR COLOR OF MOTHER	Was 1% Silver Nitrate Used to prevent blindness?
Wh.	Wh.	

METHOD OF DELIVERY

...ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ice to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

JAN 10 12 55 PM '74

Certificate No. 3334

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vina Frost (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1912 (Date of Event)
in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Vina Frost	Olive Ellen Frost

Subscribed and sworn to before me this 10th day of
August, 1973

Notary Public, residing at Hagerman Ida
My commission expires 7-13-75
(Seal)

Signed Ethel M. Jones, Coroner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 265 - Hagerman Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
August, 1973

Notary Public, residing at Hagerman Ida
My commission expires 7-13-75
(Seal)

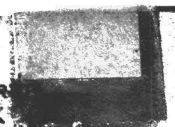
Signed Carroll P. Nicholson
(Signature of Any Credible Person)

Box 215 Hagerman Ida
(Street Address, City, State)

FORM DH-60-155 C1 10/13/72 nm

Insurance policy from Midland National Life Ins. Co., gives name as Olive Ellen Jewell Policy No. 197176-D dated Dec. 4, 1961. born 1-3-12. viewed by V. S.

letter from teacher who taught her in 3rd & 4th grad in Bliss, Idaho gives name as Olive Ellen Frost. born Jan. 13, 1912. school year 1920-21. Viewed by V. S. signed vy Ethel Clifford (smith)



PLACE OF BIR

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

Registration District No. 5

File No. 3334

No. ____, ____ St.

Primary Registration District No. 2013

Registered No. 12

Hospital ____

FULL NAME OF CHILD Vira Frost

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	—	yes	Jan 3, 1912

FATHER		MOTHER	
FULL NAME	Lemuel Frost	FULL MAIDEN NAME	Ida Bell
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	wh.	COLOR	wh.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Tex,
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan 3 at 6.00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Marshall

(Physician ~~or Midwife~~)

Given names added from a supplemental report

Address ____

____, 19____

D W Marshall
Registrar

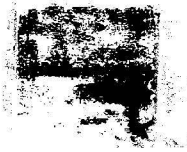
Filed Jan 2 1912 D W Marshall
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



JAN 31 1974

449-23-032-655

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5

File No. 3335

Primary Registration District No. 2013

Registered No. 17

FULL NAME OF CHILD Irene Durfee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Durfee	Stella Weed
RESIDENCE	Hagerman	Hagerman
COLOR	WL	WL
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Almo Ida	Safford Ari.
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 13, at 8 a M. on the date above stated.

(Born alive or stillborn)

Jan 12

(Signature) W W Marshall

(Physician or Midwife)

Address Hagerman

Filed Feb 2 1912 W W Marshall

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

W W Marshall

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

262-216-032-395

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6

File No. 3336

Primary Registration District No. 2014

Registered No. 18

FULL NAME OF CHILD Florence Evelyn Bostrom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	January 16, 1912

FATHER	MOTHER
FULL NAME Willis B. Bostrom	FULL MAIDEN NAME Lillian Maud Lindsey
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Chicago, Ills	BIRTHPLACE Leadville Colo
OCCUPATION Farmer Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 10 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Boyd Secrest

Physician

(Physician or Midwife)

Address Gooding, Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed Jan 17 1912 J. T. Coey M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 1942

FEB 9 1976

243-224-032-393

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Registration District No. 5

Primary Registration District No. 2044

File No. 3337

Registered No. 20

Hospital ____

FULL NAME OF CHILD ETHEL ROINA Butler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 24, 1912

FATHER		MOTHER	
FULL NAME	Lester L Butler	FULL MAIDEN NAME	Ada L Kettle
RESIDENCE	Lincoln Co. Idaho	RESIDENCE	Lincoln Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Lincoln Co Idaho	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth. 2nd

Number of children, of this mother, now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell, Physician (Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 24 19 12 F. Coy MD Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding

Certificate No. 3337

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butler Ethel Roina Butler (Name on Original Certificate) who was born (Was Born or Died) on January 24, 1912 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License May 20, 1933 (Bible Record, Insurance Policy, Etc.) prepared on Feb 17 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	(The Correct Facts)
Jan 24 1912		
Child's name	Missing	Ethel Roina Butler

Subscribed and sworn to before me this 11th day of February, 19 56

Notary Public, residing at Gooding Idaho
My commission expires Sept 26, 1957
(Seal)

Signed J. F. Cranmer M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
306 California St Gooding Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 19 56

Notary Public, residing at Gooding, Idaho
My commission expires Sept 26, 1956
(Seal)

Signed Lester L. Butler Father
(Signature of Any Credible Person)
713 California St. Gooding, Idaho
(Street Address, City, State)

FORM DPH 55.155

JUN 13 1956
JUN 19 1956
NOV 16 1976

133.124:032-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazelton

No. ....., ... St.

Hospital .....

Registration District No. 12 File No. 3345

Primary Registration District No. 8102 Registered No. 81

FULL NAME OF CHILD Baby Allen, Hubert Merrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Jan 2nd 1912

FATHER		MOTHER	
FULL NAME	Oscar F Allen	FULL MAIDEN NAME	Nora Ellen McDowell
RESIDENCE	Hillsdale Idaho	RESIDENCE	Hillsdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Patterson Iowa	BIRTHPLACE	Des Moines Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Lenz MD

(Physician or ~~Midwife~~)

Address Hazelton Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 25 1912 Jno. L Lenz

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

419-115-032-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Hazelton

No ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 5 File No. 3347

Primary Registration District No. 2102 Registered No. 16

FULL NAME OF CHILD Thos D^e Vore Marshall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Jan 15 1912

FATHER		MOTHER	
FULL NAME	Fred J Marshall	FULL MAIDEN NAME	Della Heldreth
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	England	BIRTHPLACE	Mills Co Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz MD

(Physician or ~~Midwife~~)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 16th 1912 Jno G Lenz Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 6 1942

741-211-032-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 5 File No. 3349

Primary Registration District No. 2017 Registered No. 14

Hospital .....

FULL NAME OF CHILD Jane Gaard

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	X (To be answered only in event of plural births)		X	yes	Jan (Month) 11 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Henry Gaard	FULL MAIDEN NAME	Rose Smith
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 40. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Piper M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 4 1912 E. D. Piper M.D.

S-Y CO., 16670

Registrar

Registrar

DUP OF 1912 D 85-95

864 208 032-141

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. ~~2016~~ 5 File No. 3353

No. ....., ... St.

Primary Registration District No. 2016 Registered No. 13

Hospital .....

FULL NAME OF CHILD Vera Velma Houston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 8, 1912

FATHER		MOTHER	
FULL NAME	Ritchie Houston	FULL MAIDEN NAME	Blanche Edith Adamson
RESIDENCE	Dietrich Ida.	RESIDENCE	Dietrich Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	York Co. Nebraska	BIRTHPLACE	Nuckolls Co. Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... one

Number of children, of this mother, now living, including present birth ..... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 p.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall

Physician

(Physician or Midwife)

Address Dietrich Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 10 1912 D. S. Lighthall

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

pm

DEC 2 1944

766-214-032-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 5 File No. 3354

No. ____, ____ St.

Primary Registration District No. 2014 Registered No. 15

Hospital ____

FULL NAME OF CHILD Eunice J. Powell.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		/	Yes.	Jan. 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick H. Powell.	Ruth V. Miller.
RESIDENCE	Richfield Ida.	Richfield Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	22 yrs
BIRTHPLACE	Doors Co. Wis.	Doors Co Wis.
OCCUPATION	Rancher.	House Wife

Number of child of this mother, including present birth 3. Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Baugh

(Physician or ~~Midwife~~)

Address Shoshone Ida.

Given names added from a supplemental report

..... 19.....

Filed Jan 14 1912 C. J. Baugh

S-Y CO., 16670

Registrar

Registrar

144-131-002-

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Council — Registration District No. 4 — File No. 3355

No. ____, ____ St. — Primary Registration District No. 20 11 — Registered No. 8

Hospital ____

FULL NAME OF CHILD Orville Raymond Addington

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	yes	12 — 31 — 1912

FATHER		MOTHER	
FULL NAME	Modie M. Addington	FULL MAIDEN NAME	Delpha Hollsworth
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ark	BIRTHPLACE	Idaho
OCCUPATION	Hardware	OCCUPATION	Hsk

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 - a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician or ~~Midwife~~)

Address Council

Given names added from a supplemental report

2 - 28 - 42, 19 ____

J M S Deputy Registrar

Filed 2 - 1 - 1912 Frank E. Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 15 1962

855-206-002-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams.

City of Meadows.

No. ____, ____ St.

Hospital ____

Registration District No. 4. File No. 3362

Primary Registration District No. 2012. Registered No. 2

FULL NAME OF CHILD Vera Hendricks

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes.	Jan. 6th, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Chester Hendricks	FULL MAIDEN NAME: Lenora Parks.
RESIDENCE: Meadows.	RESIDENCE: Meadows.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30. (Years)	AGE AT LAST BIRTHDAY: 26. (Years)
BIRTHPLACE: Nevada.	BIRTHPLACE: Arkansas.
OCCUPATION: Rancher.	OCCUPATION: Housewife.

Number of child of this mother, including present birth....2.....

Number of children, of this mother, now living, including present birth. 2.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1-9 1912 Banks E. Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 20 1944

JUN 26 1954

797-206-002-255

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3363
Local Reg. No.
Reg. Dist. No. 4

Amended 4/26/77

1. PLACE OF BIRTH

a. COUNTY: Adams

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Indian Valley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Adams

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Indian Valley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Beulah b. (Middle): c. (Last): Grimmett

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan 6, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Geo. b. (Middle): c. (Last): Grimmett

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Oregon	Ranching	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ellen b. (Middle): c. (Last): Benson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Boise, Idaho	3		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. E. Schmitz

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Cambridge, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan 8, 1912

22. REGISTRAR'S SIGNATURE: Frank E. Brown

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | Time: 7 AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness?

METHOD OF DELIVERY

BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address reference to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

799-206-002-255

PLACE OF BIRTH

County of Adams

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of Indian Valley. Registration District No. 4 File No. 3363

No. ____, ____ St.

Primary Registration District No. 20 11 Registered No. 1

Hospital ____

FULL NAME OF CHILD Ellen Benson Gimmett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	Yes	Jan 6, 1912

FATHER	MOTHER
FULL NAME Geo Gimmett	FULL MAIDEN NAME Alice Benson
RESIDENCE Indian Valley.	RESIDENCE Indian Valley
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Oregon.	BIRTHPLACE Boisia Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck

Physician
(Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

2-28-12, 19 ____

J M S. Registrar
Deputy

Filed Jan 8 19 12 Bank E Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 1960

APR 2 8 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 20 4 47 PM '73

State of California } ss.
County of San Francisco }

Certificate No. 3363

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ellen Benson Grimmett (Name on Original Certificate) who was born (Was Born or Died) on Jan. 6, 1912 (Date of Event)
in Indian Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Ellen Benson Grimmett	Beulah Grimmett
mother's name	Alice Benson	Ellen E. Benson

Subscribed and sworn to before me this 17th day of April, 1973

William Deer

Notary Public, residing at Hanford, Calif.

My commission expires 7-21-74

(Seal)

OFFICIAL SEAL
CAROLYN JENNINGS
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN FRANCISCO COUNTY
My Commission Expires April 25, 1976

Signed Lora E Wilmore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California } ss.
County of San Francisco }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

2745 San Bruno Ave., San Francisco, CA. 94134

Subscribed and sworn to before me this 2nd day of April, 1973

Carolyn Jennings

Notary Public, residing at 2745 San Bruno Ave

My commission expires April 25, 1976

(Seal)

Signed Roland Walter Grimmett
Roland Walter Grimmett
Zella Elizabeth Johnson
Zella Elizabeth Johnson
(Signature of Any Credible Person)

409 Hamilton St. S.F. 94134
(Street Address, City, State)

FORM DH 60-155

CL 3/21/73 | bc pd rec't 1260?

Marriage certif from Idaho gives names as George Grimmett and Ellen Benson, dated May 26, 1898. viewed by V. S.

Certif of Merit from Baker High school gives nameas Beulah B. Grimmett dated May 28, 1931. viewed by V. S.

Certif of Baptism and Confirmation from the LDS Church gives nameas Beulah Doris Grimmett daughter of George Grimmett and Ellen Benson. born Jan 6, 1913 at Weiser, Idaho Baptized Oct 14, 1934. viewed by V. S.

Paper from Baker County, Oregon School Superintendent's office gives name as Beulah Grimmett. dated May 13-14, 1925 for Eighth grade Diploma viewed by V. S.

659-125-002-356

PLACE OF BIRTH

County of Adams

City of Council

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 3365

Primary Registration District No. 20 11 Registered No. 4

FULL NAME OF CHILD Orville Clifford Ferrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Jan. 25, 191[illegible]

FATHER

FULL NAME James W. Ferrell

RESIDENCE Council

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Clark Co. Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Myrtle Lewis

RESIDENCE Council

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Baker Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) Dale L. Martin M.D.

(Physician or Midwife)

Address Council Ida

Filed 1-27 1912 Frank E. Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

2-27-12 19...

JMS Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1956

235.201.002-344

PLACE OF BIRTH

Form V.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 4

File No. 3366

No. ____, ____ St.

Primary Registration District No. 20 11

Registered No. 3

Hospital ____

FULL NAME OF CHILD Georgia Victoria Steward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Jan. 1, 1912

FATHER		MOTHER	
FULL NAME	Clyde Steward	FULL MAIDEN NAME	Grace Ludwig
RESIDENCE	Indian Valley.	RESIDENCE	Indian Valley.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Utah.
OCCUPATION	Ranching.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz

Physician (Physician or Midwife)

Address Cambridge

Given names added from a supplemental report

3-25-12, 19....

Filed 4-3- 19 12 Frank V Brown Registrar

J.M.S. Deputy Registrar

S-Y CO., 16570

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
Department of Vital Statistics
CERTIFICATE OF BIRTH

APR 9 1971

285·116·002-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 4

File No. 3367

No. ____, ____ St.

Primary Registration District No. 20 11

Registered No. 6

Hospital ____

FULL NAME OF CHILD Gillmore Peter Shearer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Shearer	Martha Gillmore
RESIDENCE	Indian Valley	Indian Valley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	32
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Ranching	Ranch House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) C E Schmuth

Physician

(Physician or Midwife)

Address Cambridge Ida.

Filed 2-3- 1912 Hank V Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912- 100718

485-124-002-386

PLACE OF BIRTH

Form V. S. No. 1 C — 6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Adams

City of Milligan

Registration District No. 4

File No. 3368

No. ____, ____ St.

Primary Registration District No. 2011

Registered No. 17

Hospital ____ ORVALLE LEE

FULL NAME OF CHILD ~~Baby~~ Myers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Boy	—	—	Yes	Jan 24 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Lonnie Oliver Myers	FULL MAIDEN NAME	Ruth Adell Thorp
RESIDENCE	Goodrich Idaho	RESIDENCE	Goodrich Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Caldwell Idaho	BIRTHPLACE	Salubria Idaho
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth ... One

Number of children, of this mother, now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 24, at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr. and Mrs. L. O Myers
Mrs. Sarah Lane
(Physician or Midwife)

Address Milligan

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 2-9- 1912 Frank E Brown
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JUN 4 1942

3368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Gaudrich
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Gaudrich
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Gaudrich

4. FULL NAME OF CHILD Arvalle Lee Myers

5. Date of Birth of Child (Month, day, year) Jan. 24, 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lonnie Oliver Myers

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Caldwell (City or town) Idaho (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Adell Thorp

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Salubria (City or town) Idaho (State or foreign country)

20. Exact Occupation none

21. Industry or Business

[illegible]

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon }
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ____ years, and that Sarah Lane (First name) (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Adell Myers Signature

Stanfield Ore. P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL) [illegible] Notary Public, residing at Stanfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-206-020-613

PLACE OF BIRTH

Form V. S. No. 11-Ca-16m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 3369

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Not named, Marie Ella Morse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	2	yes	Jan. 6, 1912

FATHER		MOTHER	
FULL NAME	Albert Morse	FULL MAIDEN NAME	Jessie Watkins
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	American	BIRTHPLACE	American
OCCUPATION	Special Officer O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan. 6th 1912 at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Dove M. D.

Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

3-25-12 19..

J.M.S. Deputy Registrar

Filed Jan. 6th 1912 J. W. Dove Sub Registrar

2-3-1912 W. L. Trayer Register

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-220-020-9d

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 3370

No. ____, ____ St. Primary Registration District No. 2021 Registered No. 8

Hospital ____

FULL NAME OF CHILD Bernice Louise Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	Jan 20th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl J. Bailey	Bertha Mary Rohlf.
RESIDENCE	Glenn's Ferry	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	American	America
OCCUPATION	Conductor O.S.L.R.R.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Jan 20th 1912, at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Filed Jan 20th 1912 J. W. Davis M.D. Sub Registrar

2-3-1912, W.R. Haagen Reg.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1942

153-213-020-153

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home Registration District No. 20 File No. 3371

No. ____, ____ St.

Primary Registration District No. 2020 Registered No. 7

Hospital ____

FULL NAME OF CHILD Margarita Anchustegui

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
F			yes	Jan. 13th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pedro Anchustegui	Josefa Anchustegui
RESIDENCE	Mountain Home	Mountain Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Spain	Spain
OCCUPATION	Lodging House Keeper	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician

(Physician or Midwife)

Address Mountain Home, Idaho

Given names added from a supplemental report

____, 19____

Filed 2-3 1912 W. L. Frazier

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 25 1969

463-102-020-253

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 20

File No. 3372

No. ....., ... St.

Primary Registration District No. 2020

Registered No. 6

Hospital .....

FULL NAME OF CHILD John Cummings Mather.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	Yes	June 2, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Berthier W. Mather	Mabel K. Kellogg
RESIDENCE	Mtn Home	Mtn Home
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	N. Y.	Utah
OCCUPATION	Physician	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician (Physician or Midwife)

Address Mt. Home Ada

Given names added from a supplemental report

....., 19.....

Filed 2-3 1918 W. L. Frazier

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/6/41 L. B.

365-107-020-148

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20 File No. 3373

Primary Registration District No. 2020 Registered No. 5

FULL NAME OF CHILD ~~Unnamed~~ William Joshua Love Wm J Love Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		I	yes	Jan 7, 1912

FATHER		MOTHER	
FULL NAME	Wm J. Love	FULL MAIDEN NAME	Lizzie May Ady
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wis
OCCUPATION	Rancher	OCCUPATION	H Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) F. S. Hawley

Physician

(Physician or Midwife)

Address Mtn Home

Filed 2-3 1912 W. L. Fraser

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 13 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

414-211-020-432

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 20

File No. 3374

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 4

Hospital ____

FULL NAME OF CHILD Lavina Lucile Daugherty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		6	yes	10 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charley Daugherty	Sarah McKenna
RESIDENCE	Mtn Home Idaho	Mtn Home Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 1-11-1912, at 240 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) W. L. Fragier

Physician

(Physician or Midwife)

Address Mountain Home Ida

Filed Jan 30 1912 W. L. Fragier Registrar

S-Y CO., 16670

866-214-020-693

Amended 5-11-73

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Elmore

City of Arrowrock

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 3375

Primary Registration District No. 2020 Registered No. 3

FULL NAME OF CHILD Cecelia May Howell

Sex of Child F | Twin, Triplet, or other? | and Number in order of birth 4th (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Jan (Month) 14 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Butler Howell	FULL MAIDEN NAME	Margaret Wilbanks
RESIDENCE	Arrowrock - Idaho.	RESIDENCE	Arrowrock - Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kentucky.	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jose P. W. Shaw

Physician (Physician or Midwife)

Address Arrowrock Idaho.

Given names added from a supplemental report

..... 19.....

Filed Feb 3 1912 W L Forrest

..... Registrar

S-Y CO., 16670

Registrar

MAY 1 1 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5 11 73

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 11 1 05 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... May 11

Certificate No. 3375

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Celia May Howell (Name on Original Certificate) who was born (Was Born or Died) on Jan. 14, 1912 (Date of Event)
in Arrowrock, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Celia May Howell	Cecelia May Howell

Subscribed and sworn to before me this 11th day of May, 19 73

Florence Gertright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Myrtle L. Harmon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6211 York St. Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

MAY 1 1 1973

Social Security Card No. 518-16-4396 issued date of July 5, 1938 gives name as Cecelia Howell Caywood.
Viewed by VS

MAY 1 0 1974

Own childs birth certificate John Harold Caywood born Aug. 14, 1930 at Boise, Idaho State file # 183522 gives mothers name as Cecelia May Howell.
Viewed by VS

319-204020-864

[redacted] OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of near Sunny Side

Registration District No. 20

File No. 3376

No. ....., ... St.

Primary Registration District No. 2020

Registered No. 2

Hospital .....

FULL NAME OF CHILD Ellen Josephine Carson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Jan. 4, 1912

FATHER		MOTHER	
FULL NAME	Guy A. Carson	FULL MAIDEN NAME	Edna E. Houghan
RESIDENCE	Sunnyside Elmore Co.	RESIDENCE	Sunnyside Elmore Co.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Lime Springs Iowa.	BIRTHPLACE	Portland Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... Third.

Number of children, of this mother, now living, including present birth ... Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E. Cammack

Midwife (Physician or Midwife)

Address Sunny Side Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 3 1912 W. L. Frazier Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

122-120-020-766

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 3377

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 1

Hospital ____

FULL NAME OF CHILD ~~[illegible]~~ George L Abbott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	yes	Jan 20, 1912

FATHER	MOTHER
FULL NAME Charley Abbott	MAIDEN NAME Elsa B Pool
RESIDENCE Mtn Home	RESIDENCE Mtn Home Ada
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Vermont	BIRTHPLACE Utah
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan 20, 12 at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician (Physician or Midwife)

Address Mt. Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 3 1912 W. L. Frazier Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 6 1949

962-22-1032-455

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Lincoln

City of _____ Registration District No. 29 File No. 3379

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 7

Hospital _____

FULL NAME OF CHILD Dorothy Louise Rasmussen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 29, 1912

	FATHER	MOTHER
FULL NAME	Elmer P Rasmussen	Hattie P Denney
RESIDENCE	Rupert Ida	Rupert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Oberlin Ohio	Lagrande Oregon
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P A Scott M D

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

_____, 19____ Address _____

_____ Registrar

Filed Feb 5 19 12 V R Tillery Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 14 1943

FEB 11 1955

DECEASED

569-102-032-789

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

No. ____, ____ St.

Hospital ____

Registration District No. 29 File No. 3381

Primary Registration District No. 2015 Registered No. 2

FULL NAME OF CHILD Virgil Dutton Norwood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 2 1912

FATHER		MOTHER	
FULL NAME	Isaac Norwood	FULL MAIDEN NAME	Grace Phillips
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney

Physician

(Physician or Midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb. 5 19 12 V. R. Killam Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713.12.032-893

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of

Registration District No. 29 File No. 3382

No. , St.

Primary Registration District No. 2015 Registered No. 4

Hospital

FULL NAME OF CHILD Chas William Packham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Packham	Luella Hickenloopes
RESIDENCE	Virginia Ida	Virginia
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 25
BIRTHPLACE	Ogden Utah	Pleasant View Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Scott M. D.

Rupert Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb. 5 19 13 V. P. Tillen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 1942

434-224032-639

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Heyburn

[redacted] No. ____, ____ St.

Hospital ____

Registration District No. 29 File No. 3383

Primary Registration District No. 2015 Registered No. 5

FULL NAME OF CHILD Ruth McMillan

Sex of Child: Female

~~Twin, triplet,~~ or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth: Jan (Month) 24 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Luther McMillan	FULL MAIDEN NAME: Rozetta Oliver
RESIDENCE: Heyburn Ida	RESIDENCE: Heyburn
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Perry Co Ill	BIRTHPLACE: Colorado.
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Thompson M.D.

(Physician or Midwife)

Address Heyburn, Ida

Given names added from a supplemental report

____, 19____

Filed Feb. 5 1912.

S-Y CO., 16670

Registrar

V. R. Killam

Registrar

AUG 2 2 1969

OCT 2 2 1973

363.125(092)-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of _____

Registration District No. 29 File No. 3384

No. _____, _____ St.

Primary Registration District No. X219 2015 Registered No. 6

Hospital _____

FULL NAME OF CHILD Ernest Lock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan. 25 (Month) (Day) 191.2 (Year)

FATHER		MOTHER	
FULL NAME	Jasper Lock	FULL MAIDEN NAME	Thomason
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth _____

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M.D.

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed Feb. 5 19 12 V. R. Kilburn Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-d 12 1032-389

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of

No. , St.

Hospital

Registration District No. 29

File No. 3385

Primary Registration District No. 2102

Registered No. 3

FULL NAME OF CHILD Alice Louise Robbins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 12. 1912

FATHER	MOTHER
FULL NAME: Z. V. Robins	FULL MAIDEN NAME: Margaret Childers
RESIDENCE: Heyburn	RESIDENCE: Heyburn
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: IXXX Kansas	BIRTHPLACE: Ill.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

Heyburn (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb. 5 19 12 V. R. Killen

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9-19-41

255-131-016-693

PLACE OF BIRTH

County of Canyon

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 31

File No. 3387

Primary Registration District No. 2126

Registered No. 20

FULL NAME OF CHILD Elmo Wilson Benson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 31, 1912

	FATHER	MOTHER
FULL NAME	Frank Benson	Stella Wilson
RESIDENCE	Oakley	Oakley
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	25
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Wilson

(Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Feb 1 1912 _____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 6 1942
JAN 14 1942

AUG 25 1975

434-125-1016-693

PLACE OF BIRTH

County of Cassia

City of ____ Registration District No. 31 File No. 3388

No. ____, ____ St. Primary Registration District No. 2176 Registered No. 19

Hospital ____

FULL NAME OF CHILD Robt. Dale McMurray

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 25, 1917

FATHER		MOTHER	
FULL NAME	Ray McMurray	FULL MAIDEN NAME	Gillian Wilson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. O. Wilson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb 8 19 17 L. E. Blackinton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 3 1974

345·120·016-755

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of

No. , St.

Hospital

Registration District No. 31 File No. 3389

Primary Registration District No. 2126 Registered No. 18

FULL NAME OF CHILD Lundy, Charley Fay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 20 1912

FATHER	MOTHER
FULL NAME A. Lundy	FULL MAIDEN NAME D. Peeples
RESIDENCE Marion	RESIDENCE Marion
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ky.	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Wheeler

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 1 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 9 1942

652-131016-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

~~City of~~ Near Burley

Registration District No 31 **File No.** 3390

No ....., ... St.

Primary Registration District No. 2132 **Registered No.** 17

Hospital .....

FULL NAME OF CHILD Isaac Philo Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1 - 31 - 1912

FATHER	MOTHER
FULL NAME: Leo. F. Carter	FULL MAIDEN NAME: Carolina A. Webb
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Carpenter	OCCUPATION:

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

(Physician or Midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb 3 1912 L. B. Blackburn

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

395-230-016-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Registration District No 31 File No. 3391

Primary Registration District No 21 21 Registered No. 16

Hospital .....

FULL NAME OF CHILD Mary Emma Trees

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 - 30 1912

FATHER		MOTHER	
FULL NAME	T. R. Trees	FULL MAIDEN NAME	Lilly West
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	23
COLOR	white	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 25

Number of children, of this mother, now living, including present birth 1 25

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

(Physician or Midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 3 1912 L. D. Dobson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

168-121-016-255

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ..... St.

Hospital Residence

Registration District No. 31 File No. 3392

Primary Registration District No. 21-7 Registered No. 15

FULL NAME OF CHILD Johnson, Robert Fielding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 21 1912

FATHER		MOTHER	
FULL NAME	Peter Johnson	FULL MAIDEN NAME	Manda Dent
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

(Physician or Midwife)

Address Burley

Given names added from a supplemental report

....., 19.....

Filed Jan 27 1912 L B Hackney

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 9 1942

168-216-016-395

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31

File No. 3393

No. ____, ____ St.

Primary Registration District No. 21 24

Registered No. 24

Hospital ____

FULL NAME OF CHILD Ethelyne Eugenia Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	only		yes	1/16, 1917

FATHER		MOTHER	
FULL NAME	August Johnson	FULL MAIDEN NAME	Amelia Lindquist
RESIDENCE	Starks Ferry	RESIDENCE	Starks Ferry
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilda M. Hallman

Midwife (Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 18 19 17

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

696-222-016-619

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Marion

No ....., ... St.

Registration District No 31 File No. 3394

Primary Registration District No 216 Registered No. 13

Hospital .....

FULL NAME OF CHILD Delila Pearl Frost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X	X	yes	1 — 22 — 191[illegible]

FATHER	MOTHER
FULL NAME Chauncey Frost	FULL MAIDEN NAME Lonora Warner
RESIDENCE Marion	RESIDENCE Marion
COLOR White	AGE AT LAST BIRTHDAY 45 (Years)
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 23 19 12 E B Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

SEP 2 1968

SEP 25 1973

DECEASED

623-206-016-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Inland

No ....., ... St.

Registration District No 31 File No. 3395

Primary Registration District No. 216 Registered No. 12

Hospital .....

FULL NAME OF CHILD Mamie Okleberry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X		X	Yes	2-6-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James P. Okleberry	Emily May Smith
RESIDENCE	Inland Idaho	Inland Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P.P. Richardson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 2-7 19 12 P.P. Richardson

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

393103-06719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No ____, ____ St.

Registration District No 31 File No. 3396

Hospital ____ Primary Registration District No. 2176 Registered No. 11

FULL NAME OF CHILD Earl James Liddle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	1	yes	2 3 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A. Liddle	Lenna Garner
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	19
BIRTHPLACE	Utah	Utah
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 32 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Johannesen

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 2-4 1912 L. E. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form V.S. A

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

AUG 4 19[illegible]

363-126-016-951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Murtagh

No ....., ... St.

Hospital .....

Registration District No 31 File No. 3397

Primary Registration District No. 216 Registered No. 10

FULL NAME OF CHILD Logan Judson Tolman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	X		X	Yes	1 26 1914

FATHER		MOTHER	
FULL NAME	Iran L. Tolman	FULL MAIDEN NAME	Fannie M. Reed
RESIDENCE	Murtaugh Idaho	RESIDENCE	Murtaugh Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	L.D.S. Missionary	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Holcomb M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1-28 1914 L. B. Stucker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAY 12 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

119-103 244-295

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. [illegible] Rev. 1-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 3402

Registration District No. 26

File No. 3401

3401

Primary Registration District No. 2214

Registered No. .....

FULL NAME OF CHILD John Howard Darnall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		1st	yes.	Jan 3 — 1912

FATHER		MOTHER	
FULL NAME	Bert Darnall.	FULL MAIDEN NAME	Maud. Ramey
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32.	AGE AT LAST BIRTHDAY (Years)	25 —
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	Labor.	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

Physician

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 3 19 12 L E Elliott Registrar

..... Registrar

S-Y CO., 16670

3661

STATE OF IDAHO

Board of Health--Bureau of Vital Statistics.

I hereby certify that the child

of Bert Darnall
(Name of Father)

and Maude Kinney
(Maiden Name of Mother)

Born on Jan 3 *19*12

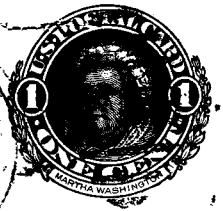
has been named John Howard Darnall

Mr & Mrs. Bert Darnall
(Signature of Father or Mother)

08

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY



Board of Health

Bureau of Vital Statistics

Boise, Idaho

970

569-104.044-244

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 3402

No. 914 East Park St.

Primary Registration District No. 1010

Registered No. 3

Hospital

FULL NAME OF CHILD Arnold Stetson Norris

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	1	Yes	1 4 1912

FATHER	MOTHER
FULL NAME: John H. Norris	FULL MAIDEN NAME: Louise Kummer
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Montana
OCCUPATION: Lawyer	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10. p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Shirley

(Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 5 19 12 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

485-216-GVK-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge — Registration District No. 26 — File No. 3405

No. ____, ____ St. — Primary Registration District No. 2214 — Registered No. 6

Hospital

FULL NAME OF CHILD Geneva Mildred Myers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	Yes.	Jan 16, 1912

FATHER		MOTHER	
FULL NAME	Rule Myers	FULL MAIDEN NAME	Irene M Looney
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	California.	BIRTHPLACE	Salubria
OCCUPATION	Ranching	OCCUPATION	Housework

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A.M. on the date above stated.

(Signature) C E Schmutz

Physician

(Physician or Midwife)

Address Cambridge Ida

Filed Jan 23 19 12 L. E. Elliott Sub Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

JMS ....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 23 1965

JUN 27 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

349-220-04K-353

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26

File No. 3406

No. ____, ____ St.

Primary Registration District No. 2113

Registered No. 7

Hospital ____

FULL NAME OF CHILD Vera Dore Curtis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 20, 1912

FATHER		MOTHER	
FULL NAME	A Percy Curtis	FULL MAIDEN NAME	Nellie Tilsworth
RESIDENCE	Midvale	RESIDENCE	Midvale Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Canada	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F Fadelmeyer

Physician (Physician or Midwife)

Address Midvale

Given names added from a supplemental report

....., 19....

Filed Jan 24 1912 F Fadelmeyer

Registrar

Registrar

S-Y CO., 16670

NOV 2 1945

255-216-044-552

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ——, ——St.

Hospital ——

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 3407

Primary Registration District No. 2114 Registered No. 2

FULL NAME OF CHILD Marguritte Rose Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M	single	2	yes	Jan. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A. Bennett	Catherine Ensign
RESIDENCE	Cambridge	Cambridge
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Oregon	Colorado
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

Physician

(Physician or Midwife)

Address Cambridge, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 1st 1912 M. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

360-221-044-415

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ____, ____ St.

Hospital ____

Registration District No. 26 File No. 3408

Primary Registration District No. 2113 Registered No. 9

FULL NAME OF CHILD Dora M. Cooper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Jan. (Day) 21 (Year) 191?
Female			yes	

FATHER		MOTHER	
FULL NAME	John W Cooper	FULL MAIDEN NAME	Bertha Daniels
RESIDENCE	Midvale Ida	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F A Schmitz

Physician (Physician or Midwife)

Address Midvale Ida

Filed Feb 1st 1912 Dr F A Schmitz Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 10 1949

NOV 5 1957

863-105-044-454

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26

File No. 3409

No. ____, ____ St.

Primary Registration District No. 213

Registered No. 14

Hospital ____

FULL NAME OF CHILD Raymond Elwood Holford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 5, 1912

FATHER		MOTHER	
FULL NAME	James Robert Holford	FULL MAIDEN NAME	Amy Demoke
RESIDENCE	~~Wilbo~~ Gross Ida	RESIDENCE	Gross Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illanois	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth #4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr F A Schmitz

Physician (Physician or Midwife)

Address Midvale

Given names added from a supplemental report

....., 19.....

Filed Feb 2nd 1912 F A Schmitz

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-22-0474-275

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No ~~2-11-2-26~~ File No. 3411

No ....., ... St.

Hospital ..... Primary Registration District No. 2112. Registered No. 12

FULL NAME OF CHILD Lucael Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3rd	Yes	Jan 22 1912

FATHER		MOTHER	
FULL NAME	George Morris	FULL MAIDEN NAME	Lottie A Spencer
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	N Y	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) on the date above stated, at 4 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mitchell M.D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser Ida

Filed Feb 15 1912 W R Saunders

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

NOV 23 1973

293-228-044-815

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital Josephine

Registration District No. 26 File No. 3412

Primary Registration District No. 1010. Registered No. 14

FULL NAME OF CHILD Dorothy Kitsch

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single. (To be answered only in event of plural births)	one	yes	Jan. 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Kitsch	Ruth Hansen
RESIDENCE	Weiser Idaho	Weiser Cottonwood Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Philidelphia Penn	Cottonwood Idaho
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 1st 1912 M. R. Hamilton

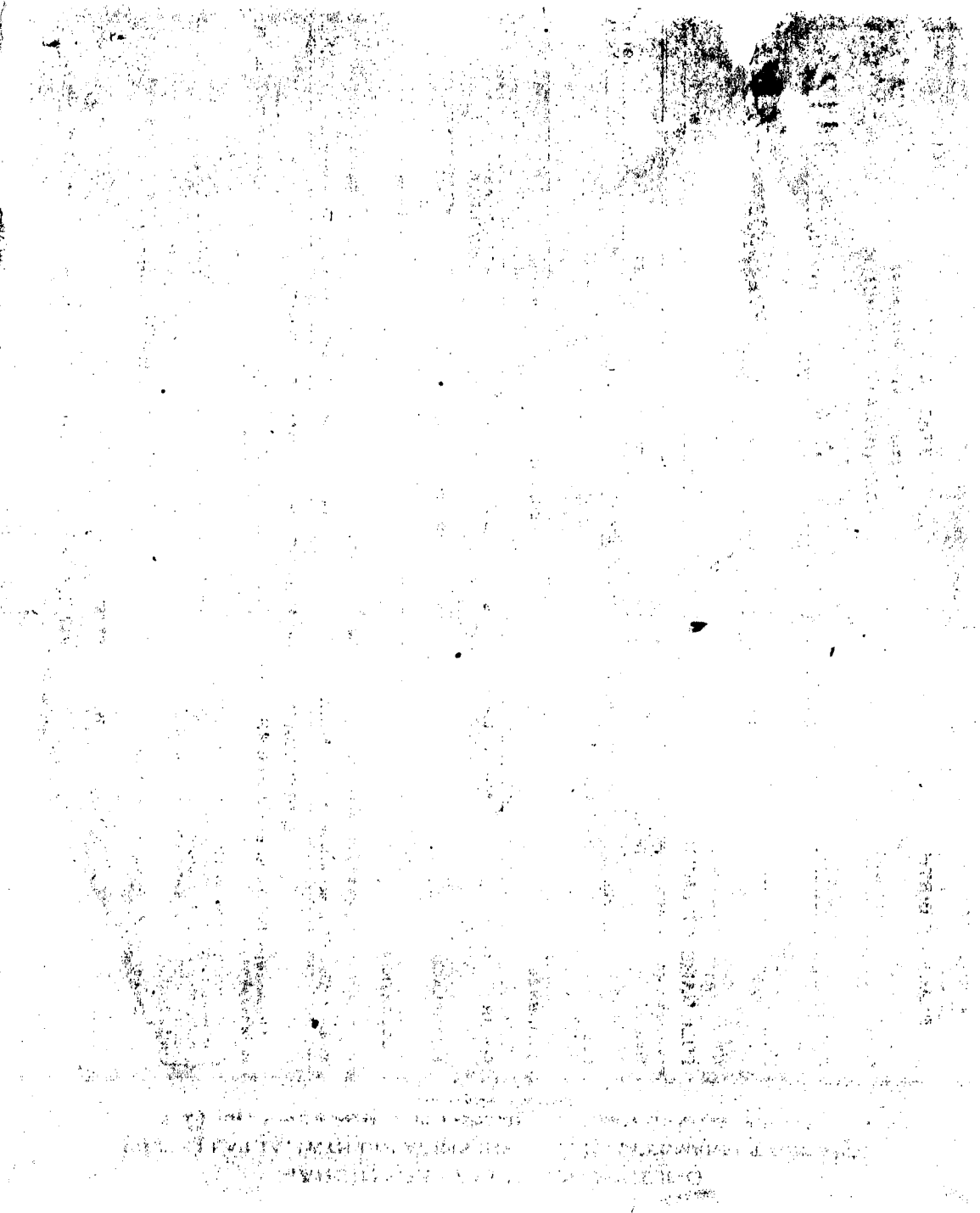
S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



363-24-04K-542

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washe

City of Weiser

No. ____, ____ St.

Hospital ____

Registration District No. 26 File No. 3413

Primary Registration District No. 2112 Registered No. 14

FULL NAME OF CHILD Ferdia Lolley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1st	Yes	Jan 24, 1912

FATHER	MOTHER
FULL NAME Seth E Lolley.	FULL MAIDEN NAME Margaret Musling.
RESIDENCE Moores Creek.	RESIDENCE Moores Creek.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Moores Creek.	BIRTHPLACE Omaha Neb
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

Physician

(Physician or Midwife)

Address Weiser Idaho

Filed Feb 1st 1912 W. P. Hamilton

Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 28 1967

693-227-04K243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 3414

No. ....., ... St.

Primary Registration District No. 1010. Registered No. 15.

Hospital .....

FULL NAME OF CHILD Alta Laverne Wiley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	3	yes	Jan 24th, 1912

FATHER		MOTHER	
FULL NAME	Wm Wiley	FULL MAIDEN NAME	Violet Buck
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Stockton, Cal.	BIRTHPLACE	St Joseph Missiouri
OCCUPATION	Farm hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 2d 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 4 1942

699-107-014-691

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette R7D #2 Registration District No. 22 File No. 3415

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 1

Hospital NEIL

Name Card, Form V. S. 27A mailed 1/8/1912

FULL NAME OF CHILD Neil Fritchman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 7, 1912

FATHER		MOTHER	
FULL NAME	Clarence Fritchman	FULL MAIDEN NAME	Estella Frakes
RESIDENCE	Payette, R.7.D. #2	RESIDENCE	Payette, R.7.D. #2
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Mo.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

M Phys.

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 8 1912 J C Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 28 1954

168-107014-451

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of —

No. —, —St.

Hospital —

Registration District No. 22

Primary Registration District No. 2008

File No. 3416

Registered No. 2

FULL NAME OF CHILD George Finley Johnston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan. 7 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: A. M. Johnston.	FULL MAIDEN NAME: Lucile Dean
RESIDENCE: Three miles north of Payette	RESIDENCE: With Husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa.	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 16 1912 J. C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1942

SEP 15 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PS-208-014-485

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 643 N. 7th St.

Hospital

Registration District No. 22 File No. 3417

Primary Registration District No. 2008 Registered No. 3

FULL NAME OF CHILD Unnamed Margaret Evelyn Preston

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth June 8, (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Don Preston	FULL MAIDEN NAME Grace Myers
RESIDENCE Payette, Idaho	RESIDENCE With Husband
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Electric Lineman	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 16 1912 J. C. Woodward Registrar

S-Y CO., 16670

FEB 1 1974

369-220-014-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

No. ____, ____ St.

Hospital

Registration District No. 22 File No. 3418

Primary Registration District No. 2008 Registered No. 4

FULL NAME OF CHILD Unnamed Lucile Alice Conklesen 1/22/1912

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Jan. 20, 1912

FATHER	MOTHER
FULL NAME: Herman Conklesen	FULL MAIDEN NAME: Anna Hass
RESIDENCE: Four miles north of Payette	RESIDENCE: with husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 11

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or Midwife)

Address Payette Idaho

Filed Jan 22 1912 J. C. Woodward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 19 1942

697-21-01K319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Near 11th Ave, N. & Fourth St.

Hospital

Registration District No. 22

File No. 3419

Primary Registration District No. 2008

Registered No. 5

FULL NAME OF CHILD ~~[illegible]~~ Vera M. Wilson

1/23/1912

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 17, 1912

FATHER	MOTHER
FULL NAME: George Wilson	FULL MAIDEN NAME: Della Cartwright
RESIDENCE: Near 11th ave. North and Fourth St.	RESIDENCE: with husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Iowa
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 23 1912 J. C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 13 1964

493-115-014-342

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

No. ____, ____ St.

Hospital

Registration District No. 22 File No. 3420

Primary Registration District No. 2008 Registered No. 6

FULL NAME OF CHILD Ray Crispin Dicken

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	yes	Jan. 15th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Christian Dicken	FULL MAIDEN NAME	Nora Myrtle Tussing
RESIDENCE	Fruitland, Idaho	RESIDENCE	Fruitland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hanover, Ill.	BIRTHPLACE	Odessa, Nebraska
OCCUPATION	✓	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.

Fruitland, Idaho

(Physician or Midwife)

Address Fruitland, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 24 1912 J. C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 17 1942

312-129-914-714

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of (usual) Fruitland

Payette R. F. D. 1

Registration District No. 22

File No. 3421

No. ____ St.

Primary Registration District No. 2008

Registered No. 7

Hospital ____

Name Card, Form V. S.

FULL NAME OF CHILD (not yet named) Castles

274 mailed 2/1/12

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	Yes	Jan 29, 1912

FATHER		MOTHER	
FULL NAME	Thomas Castles Jr.	FULL MAIDEN NAME	Alma Pauley
RESIDENCE	Fruitland Idaho	RESIDENCE	Fruitland Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Dysdale

Physician

(Physician or Midwife)

Address Mrs Plymouth, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 1 1912 19.... J C Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 22 1974

393-127-014-569

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of _____

Registration District No. 22

File No. 3422

No. _____, _____ St.

Primary Registration District No. 2008

Registered No. 8

Hospital _____

Name Card Form V S. 27 A mailed 2/3/1912

FULL NAME OF CHILD Earnest John Tickner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single		yes	Jan. 27th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. J. Tickner	FULL MAIDEN NAME	Effie Northey
RESIDENCE	Fruitland, Idaho	RESIDENCE	Fruitland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Linden, Mich.	BIRTHPLACE	Blue River, Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) Crispin Wright M. D.

(Physician or Midwife)

Address Fruitland, Idaho

Filed Feb 3 1912 J. C. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 16 1943

395-230-01X-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

No ____, ____ St.

Hospital

Registration District No 22 File No. 3423

Primary Registration District No 2008 Registered No. 9

FULL NAME OF CHILD Unnamed Alma Elizabeth Name Card, Form V. S. 27A mailed Feb. 8/1912

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 30 1912

FATHER	MOTHER
FULL NAME: Saml Cregar.	FULL MAIDEN NAME: Gertrude Blaydes.
RESIDENCE: One mile north of Fruitland	RESIDENCE: With husband
COLOR: White	AGE AT LAST BIRTHDAY (Years): 23
COLOR: White	AGE AT LAST BIRTHDAY (Years): 26
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska.
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 8 1912 J. C. Woodward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 25 1968

343-203-036-814

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3424

County of Oneida

City of American Falls

Registration District No 18

File No.

No ____, ____ St.

Primary Registration District No. 2072

Registered No. 46

Hospital

FULL NAME OF CHILD IDA Lydia Lutz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 3rd 1912

FATHER		MOTHER	
FULL NAME	Jacob Lutz	FULL MAIDEN NAME	Rosa Schuff
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Russia	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Roumania
		OCCUPATION	Housewife

Number of child of this mother, including present birth. Third

Number of children, of this mother, now living, including present birth. Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Morgan

Physician (Physician or Midwife)

Address American Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 7 19 12 DC Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of North Dakota } ss.
County of Morton }

Certificate No. 3424

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Ida Lydia Lutz (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 3 1912 (DATE OF EVENT) in American Falls, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by baptismal cert. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 13th 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
N ame	Lydia	Ida Lydia Lutz

Subscribed and sworn to before me this 11th day of January, 1943.

Notary Public, residing at Hebron, N.Dak.

My commission expires Morton Co. N.D. Sept. 1. 1946.

(SEAL)

Signed Jacob Lutz

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Hebron, North Dakota.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NORTH DAKOTA } ss.
County of MORTON }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of January, 19 43

Notary Public, residing at HEBRON N D

My commission expires Sept. 1. 1946

(SEAL) MORTON CO. N.D

Signed Gust Lutz

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

HEBRON N D

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 14 1943

445-104-036-249

PLACE OF BIRTH

County of Oneida

City of American Falls

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18

File No. 3425

Primary Registration District No. 2072

Registered No. 47

FULL NAME OF CHILD Charles William Mueske

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 4 1912

FATHER		MOTHER	
FULL NAME	Charles Mueske	FULL MAIDEN NAME	Estella Smith
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Richard F Wolfe

Physician

(Physician or Midwife)

Address American Falls Idaho

Filed Jan 7th 1913 D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

519-108036-289

PLACE OF BIRTH

County of Oneida

City of American Falls

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 3426

Primary Registration District No. 2072 Registered No. 48

FULL NAME OF CHILD Beverly Vardiman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	January 8th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Beverly Pool Vardiman	Josie Byrd
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	26
BIRTHPLACE	Texas	Texas
OCCUPATION	Attorney	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4 now

CERTIFICATE OF ATTENDING *PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Morgan

Physician

(Physician or Midwife)

Address American Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 7th 1913 D. C. Ray Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 15 1946

4/2-110-036-433

PLACE OF BIRTH

County of Minidoka

City of American Falls Registration District No. 18 File No. 3427

No. ____, ____ St.

Primary Registration District No. 2072 Registered No. 49

Hospital ____

FULL NAME OF CHILD Marion McCulloch Mason

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child: Male	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: Jan 10 (Month) (Day) 192 (Year)	

FATHER		MOTHER	
FULL NAME	Harry William Mason	FULL MAIDEN NAME	Marian McCullough
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Hall

Physician

(Physician or Midwife)

Address American Falls Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed January 12 1921 D C Ray
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 21 1967

263-115-036 966

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Caeida

City of American Falls Registration District No. 18 File No. 3428

No. ____, ____ St. Primary Registration District No. 2072 Registered No. 50

Hospital ____

FULL NAME OF CHILD Ross Bolton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 15, 1912

FATHER		MOTHER	
FULL NAME	Ross Lee Bolton	FULL MAIDEN NAME	Florence Rowe
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ohio	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Richard F. Mock

Physician

(Physician or Midwife)

Address American Falls Idaho

Filed Jan 17th 1912 D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

-959-21-076-866

Amended 1-14-63 (Be sure the information is complete and accurate)

State File No. 3429
Local Reg. No. 51
Reg. Dist. No. 18

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alma
b. (Middle): Leontina
c. (Last): Reimann

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Jan. (Day) 17, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Reimann

8. COLOR OR RACE: White

9. AGE (At time of this birth): 58 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Russia

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emilia
b. (Middle):
c. (Last): Hoffman

13. COLOR OR RACE: White

14. AGE (At time of this birth): 47 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Russia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead? 7
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Richard F. Noth, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: American Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan. 17, 1912

20. REGISTRAR'S SIGNATURE: D. C. Ray

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Cassia

City of American Falls / *Registration District No.* 18 **File No.** 3429

No. ____, ____ *St.*

Primary Registration District No. 2072 **Registered No.** 57

Hospital ____

FULL NAME OF CHILD Baby Riemann

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Riemann	Amelia Hoffman
RESIDENCE	American Falls, Idaho	American Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	58	47
BIRTHPLACE	Russia	Russia
OCCUPATION	Carpenter	Housewife.

Number of child of this mother, including present birth 16. Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Huth MD
(Physician or Midwife)

Address American Falls Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan 7th 1912 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 14 1963

Photo Copy of Page from Family Bible, appears old and unaltered gives one child's full name as Alma Leontina Reimann, born Jan. 17, 1912 at American Falls, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS - documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of San Joaquin }

Certificate No. 3429

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Reimann (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 17, 1912 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov 20 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alma Leontina Reimann
Full Maiden Name of Mother	Amelia Hoffman	Emelia Hoffman Emilia

Subscribed and sworn to before me this 21st day of November, 1962
Helen W. Delzell
Notary Public, residing at Stockton, Calif.
My commission expires Nov. 7, 1966
(Seal)

Signed Nathan Reiman (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
523 No. Calif. St., Stockton, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1962
Helen W. Delzell
Notary Public, residing at Stockton, Calif.
My commission expires Nov. 7, 1966
(Seal)

Signed Lena Reiman
(Signature of Any Credible Person)
523 No. Calif. St., Stockton, Calif.
(Street Address, City, State)

FORM DN 60-155

L 11-9-62. one copy pd. rec. #16831.

Marriage Record, married Feb. 6, 1883 gives full name of groom as Johan Reimann and full name of bride as Emilia Hoffman - viewed by V.S.

Cert. of Baptism, baptized May 15, 1912 at Odessa, Washington gives full name as Alma Leontina Reimann, born Jan. 17, 1912 at American Falls, Idaho to Johann Reimann and Emilia Hoffman - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613-121-036-231

PLACE OF BIRTH

County of Oneida

City of American Falls

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 3431

Primary Registration District No. 2077

Registered No. 53

FULL NAME OF CHILD Reginald Watts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	January 21, 1912

FATHER		MOTHER	
FULL NAME	Joseph Elgin Watts	FULL MAIDEN NAME	Anna Staples
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Plumber	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Roth

Phy (Physician or Midwife)

Address American Falls Ida

Given names added from a supplemental report

....., 19.....

Filed January 22 19 12 D. C. Ray

S-Y CO., 16670 Registrar

Registrar

792-11-10 36-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin — Registration District No. 18 — File No. 3432

No. ____, ____ St. — Primary Registration District No. 2119 — Registered No. 58

Hospital ____

FULL NAME OF CHILD Percival Gibson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 11, 1912

FATHER		MOTHER	
FULL NAME	Willis Gibson	FULL MAIDEN NAME	Belva Lowe
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Cove Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. Jan 11-1912, at 11.40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Gates

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Feby 8 1912 D C Kay

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

693-115-036-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

Registration District No. 18

File No. 3433

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 55

Hospital ____

FULL NAME OF CHILD Rose Bowcutt Wickham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan. 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. L. Wickham	Martha E. Bowcutt
RESIDENCE	Franklin Ida.	Franklin Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Brigham City Utah	Honeyville Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 13-1912, at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Slates

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

5-7-12, 19..

J.M.S.

Registrar

Filed May 7 1912 D. C. Ray

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713-215-036-754

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ....., ... St.

Hospital .....

Registration District No. 18 File No. 3434

Primary Registration District No. 219 Registered No. 56

FULL NAME OF CHILD Blanch Geddes Paton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	Jan. 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Paton	Estella Geddes
RESIDENCE	Preston Ida	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Preston Ida	Preston Ida
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan 15 - 1912 at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Estes

Physician (Physician or Midwife)

Address Franklin Idaho

Filed Feb 7 19 12 D C Kay Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 26 1942

417-219-076-253

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

Registration District No. 18 File No. 3435

No. ____, ____ St.

Primary Registration District No. 219 Registered No. 57

Hospital ____

FULL NAME OF CHILD Verda MaGee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George A MaGee Jr.	Mary Ann Bell
RESIDENCE	Franklin Ida	Franklin Ida
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Liverpool England	Richmond Utah
OCCUPATION	Mason	wife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 19-1912, at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Estes

Physician (Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed May 7 19 12 D C Kay Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

035-029-036-316

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18

File No. 3436

Primary Registration District No. 2119

Registered No. 58

FULL NAME OF CHILD Wanda McNeal

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	L	L	Yes	Jan 29, 191[illegible]

FATHER		MOTHER	
FULL NAME	Marrinen McNeal	FULL MAIDEN NAME	Lucy Cafferty
RESIDENCE	Preston Ida	RESIDENCE	Preston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ramah New Mexico	BIRTHPLACE	Fairview Idaho
OCCUPATION	Teamster	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Jan 29 1912 at 4 50 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates M D

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

..... 19.....

Filed Feby 7 19 12 D C Kay

Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-202-036-263

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 18

File No. 3440

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 62

Hospital ____

FULL NAME OF CHILD Elizabeth Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Two	yes	Jan 2, 1912

FATHER		MOTHER	
FULL NAME	Lorin Bailey	FULL MAIDEN NAME	Claribell Bolingbroke
RESIDENCE	Arbon Idaho	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Welsvill Utah	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth Two.

Number of children, of this mother, now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke

midwife (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-1 1912 D. C. Ray

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 16 1970

342-106-036-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Idaho

Registration District No. 18

File No. 3441

No. ____, ____ St.

Primary Registration District No. 2064

Registered No. 63

Hospital ____

FULL NAME OF CHILD John Wilks Lusk

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		~~Six~~	yes	Jan 4, 1912

FATHER		MOTHER	
FULL NAME	Perry Park Lusk	FULL MAIDEN NAME	Blanch Wilks
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth Six

Number of children, of this mother, now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke

midwife (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-1 1912

D C Ray

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

997.121 : 036-551

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Registration District No. 18

Primary Registration District No. 2069

File No. 3442

Registered No. 64

FULL NAME OF CHILD Grant, E. Ripley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		~~Twin~~	yes	Jan 21 '' 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alonzo Clifford Ripley	Anna J. Evans
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Malad	Malad
OCCUPATION	Farmer	Farmer Wife

Number of child of this mother, including present birth: Five

Number of children, of this mother, now living, including present birth: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) on the date above stated. at R. D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke

midwife (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19....

Registrar

Filed 1-1 19 12 D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

285-127-036-735

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Registration District No. 18 File No. 3443

Primary Registration District No. 2069 Registered No. 65

FULL NAME OF CHILD Gleed Sheriff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		~~Two~~	yes	Jan 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett Sherriff	Elizabeth Gleed
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	State of Kentucky	Malad Idaho
OCCUPATION	Stone Mason	Wife

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke

Midwife (Physician or Midwife)

Address ____

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-1 1912 D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

291-109-036-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 3444

Primary Registration District No. 2069 Registered No. 66

FULL NAME OF CHILD Josiah Braeggar

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 9 1912

FATHER		MOTHER	
FULL NAME	Oliver Braeggar	FULL MAIDEN NAME	Ruth A Richardson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Willard Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Malad
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12.20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 1-24 19 12 D Ray Registrar

S-Y CO., 16670

OCT 7 1964

234-214-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Registration District No. 18 File No. 3445

Primary Registration District No. 3069 Registered No. 67

FULL NAME OF CHILD Jemima Stuart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fi	—	—	Yes	Jan 14, 1912

FATHER		MOTHER	
FULL NAME	William H Stuart	FULL MAIDEN NAME	Mary Ann Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	Whel	COLOR	Whel
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Wright M D

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1-24 19 12 W D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

893-128-036-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of St John

No. ..... St.

Hospital Kenneth

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 18

File No. 3449

Primary Registration District No. 2061

Registered No. 71

FULL NAME OF CHILD Kenneth William Hill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	January 28 1912

FATHER		MOTHER	
FULL NAME	Matthew Hill Jr	FULL MAIDEN NAME	Elizabeth Hutchison
RESIDENCE	St John Idaho	RESIDENCE	St John Idaho
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Scotland
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Hutchison Midwife

(Physician or Midwife)

Address St John Idaho

Given name added from a supplemental report

....., 19.....

Filed Feb 7 1912 D C Ray

Registrar

S-Y CO., 16669

Registrar

JUL 2 1942

799-215-036-955

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 18 File No. 3450

No. ____, ____ St.

Primary Registration District No. 2069 Registered No. 72

Hospital ____

FULL NAME OF CHILD Stella Price

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	1 13 1912

FATHER		MOTHER	
FULL NAME	Benj F Price	FULL MAIDEN NAME	Ellen E Reese
RESIDENCE	Malad	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	wife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or Midwife)

Address Malad City Idaho

Given name added from a supplemental report

..... 19.....

Filed Jany 22 19 13 D C Ray

Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 7 1956
MAY 4 1976

DECEASED

265-27-036-866

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Registration District No. 18 File No. 3451

Primary Registration District No. 2069 Registered No. 13

FULL NAME OF CHILD Claudia Sweeten

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 17 1912

FATHER		MOTHER	
FULL NAME	Warren Sweeten	FULL MAIDEN NAME	Sula Howard
RESIDENCE	Stalbrook Ida	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	same

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D. (Physician or Midwife)

Address Malad City Idaho

Given name added from a supplemental report

3-25-12 19...

J.M.S. Deputy Registrar

Filed 1-22 1912 D C Ray Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 6/12/41. w.h.

263-123-036-415

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRT[redacted]

County of Oneida

City of Malad

Registration District No. 18

File No. 3452

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 14

Hospital ____

FULL NAME OF CHILD Drew Bolingbroke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	1 22 1911

FATHER		MOTHER	
FULL NAME	Arthur Bolingbroke	FULL MAIDEN NAME	Carrie Davis
RESIDENCE	Malad Idaho	RESIDENCE	same
COLOR	wh	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	same

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D

(Physician or Midwife)

Address Malad City Idaho

Given name added from a supplemental report

3-25-12 19..

J.M.S. Deputy Registrar

Filed 1-30 1912 D C Ray Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

355-204 - 1 - 554

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3454

Primary Registration District No. 1808 Registered No. 39

FULL NAME OF CHILD Agnes Irene Lee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) 2 (Day) 4 (Year) 1912
F			

FATHER		MOTHER	
FULL NAME	Rasmus O Lee	FULL MAIDEN NAME	Gertrude H Nelson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Clerk	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray MD (Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

3-25-12, 19....

J.M.S. Deputy Registrar

Filed Feb 6 1912 D F Rae Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 9 1974

553-02-8-029-395

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3455

Primary Registration District No. 1508 Registered No. 40

FULL NAME OF CHILD Elvira Victoria Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 20, 1912

FATHER	MOTHER
FULL NAME N. A. Nelson	FULL MAIDEN NAME Mary J. Lind
RESIDENCE Near Moscow	RESIDENCE Near Moscow
COLOR W	AGE AT LAST BIRTHDAY 52 (Years)
BIRTHPLACE Sweden	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 37 (Years)
	BIRTHPLACE Sweden
	OCCUPATION H W

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 A M. on the date above stated.

(Signature) Joseph R Cosgrave MD (Physician or Midwife)

Address Moscow Idaho

Filed Feb 6 19 12 D F Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Corrected from Certificate #301393

DECEASED

DUP OF 1912-301393

DUP OF 12-301393

553-228 029-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
OCT 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

30139 301393
State File No.
Local Reg. No. 1257
Reg. Dist. No. 200

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: at Home
In Hosp. or Mat. Home.....days.
In **THIS** county 27 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Moscow, Idaho
3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Elvira Victoria Nelson
5. Date of Birth (Month, day, year) Jan. 28, 1912
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels August Nelson
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Lind
17. Color or Race white
18. Age at time of THIS birth 39 years
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child. 10 (b) Born alive and now living. 10
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 10-23-40 (Date received) (b) John Lindman (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho, } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary J. Nelson, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Elvira Victoria Nelson (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Joseph Aspray (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary J. Nelson Name
Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of October, 1940

(SEAL) Adria Nelson Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CC

11/4/40 C

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DELAYED

Dup of 19123455

319-421-029-259

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 1008

File No. 3456

Registered No. 41

FULL NAME OF CHILD Oscar Wilhelm Carlson

Sex of Child M

Twin, Triplet, or other? (To be answered only in event of plural births)

and Number in order of birth

Legitimate? Yes

Date of birth Jan 21, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Charles E. Carlson	FULL MAIDEN NAME Ida Bergland
RESIDENCE Moscow	RESIDENCE Moscow
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Sweeden	BIRTHPLACE Sweeden
OCCUPATION Carpenter	OCCUPATION H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Repsay MD

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

3-25-12, 19

J.M.S. Deputy Registrar

Filed Feb 6 1912 D. H. Rae Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 8 19[illegible]

296-BO-029-264

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. 704 South Main St.

Hospital Gritman

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 1068

File No. 3458

Registered No. 17

FULL NAME OF CHILD Chas. Odell Brown

Sex of Child Male	**Twin, Triplet, or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of birth** Jan. 30 (Month) (Day), 1912 (Year)

FATHER	**MOTHER**
FULL NAME E. N. Brown.	**FULL MAIDEN NAME** Nellie Hannah Somers
RESIDENCE Orofino, Idaho.	**RESIDENCE** Orofino - Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 37 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 29 (Years)
BIRTHPLACE Pa.	**BIRTHPLACE** Del.
OCCUPATION Timberman	**OCCUPATION** Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M. D.

Physician (Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 2 19 12

Registrar

S-Y CO., 16670

JUL 2 1 1942

525.216.029-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 3460

No. ____, ____ St.

Primary Registration District No. 1008

Registered No. 7

Hospital ____

FULL NAME OF CHILD Francis Ebel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan. 16, 1912.

FATHER		MOTHER	
FULL NAME	Chas. F. Ebel	FULL MAIDEN NAME	Frieda Mattausch
RESIDENCE	Moscow.	RESIDENCE	Moscow.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman a. mem.

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 20 19 12 S F Rorr

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-14-41

[redacted]

319-105-029-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. 218 Asbury St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3463

Primary Registration District No. 1008 Registered No. 6

FULL NAME OF CHILD Cecil Monroe Cary

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 5, 1917

FATHER	MOTHER
FULL NAME: D. Monroe Cary	FULL MAIDEN NAME: Bessie Pearl Kennett
RESIDENCE: 218 Asbury St. Moscow Ida.	RESIDENCE: 218 Asbury St. Moscow Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Missouri
OCCUPATION: Insp. Livery Stable	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wick M.D. (Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 15 1917 [illegible] Registrar

S-Y CO., 16670

Registrar

AUG 29 1944

294-208-029-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 3465

Primary Registration District No. 1008 Registered No. 2

FULL NAME OF CHILD Myrl Brunka

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	Jan 8 1912

	FATHER	MOTHER
FULL NAME	L. C. Brunka	FULL MAIDEN NAME Sarah Metzger
RESIDENCE	Moscow	RESIDENCE Moscow
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	41 (Years)	32 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE Kan
OCCUPATION	Deputy Co. Auditor	OCCUPATION

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

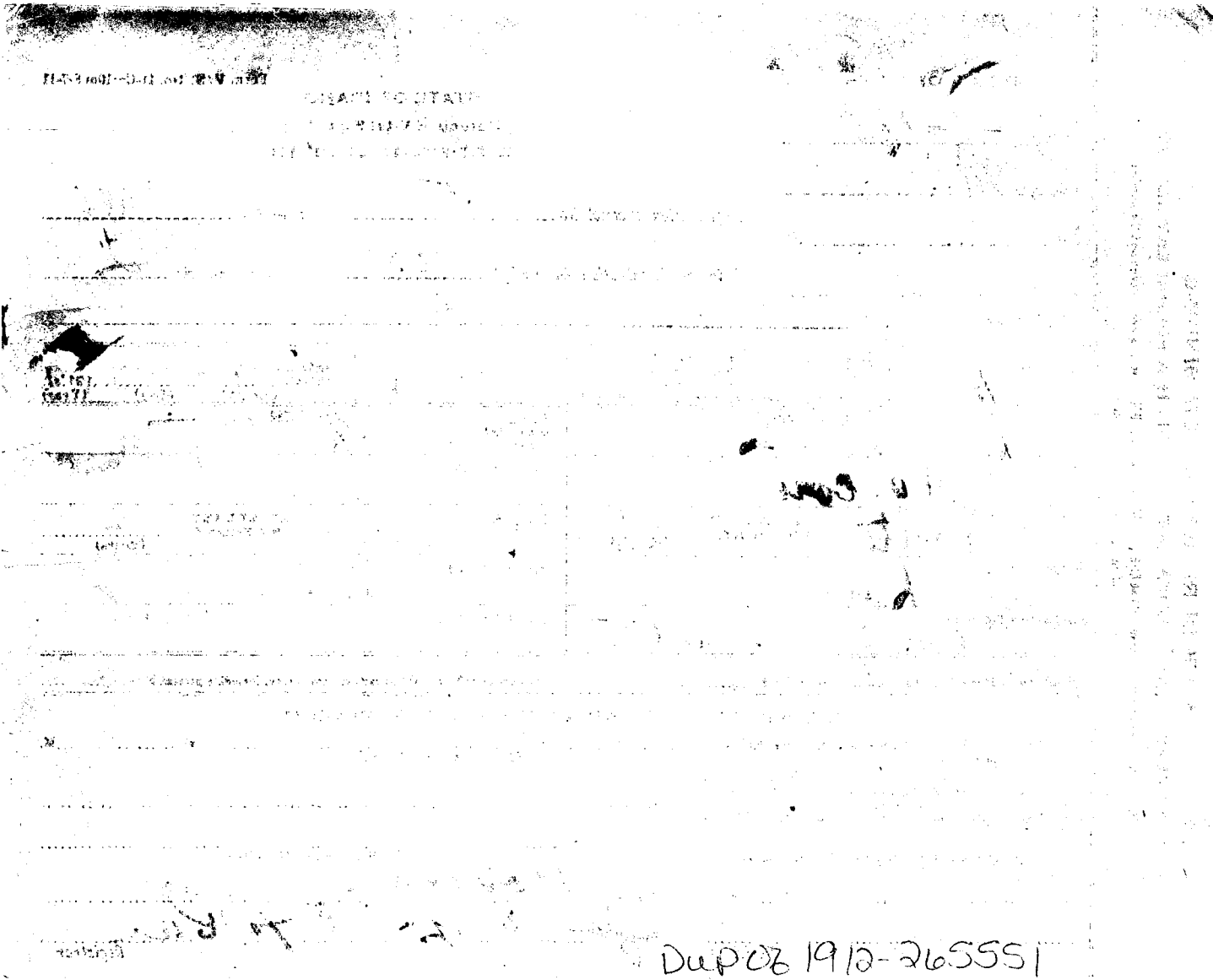
(Signature) J. H. Clarke

(Physician or Midwife)

Address Moscow

Filed Jan 20 19 12 D. F. Parr
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



Dup of 1912-26555

817-117029-[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 3466

No. N. Main St.

Primary Registration District No. 1008

Registered No. 9

Hospital CECIL CARLTON

FULL NAME OF CHILD Carl William Hagstrom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 17, 1912

FATHER		MOTHER	
FULL NAME	Albert Hagstrom	FULL MAIDEN NAME	Maud Gilstrap
RESIDENCE	Moscow, Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Moscow Idaho
OCCUPATION	Carp	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 2:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wis M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 10 1912 E. F. Ran

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 3466

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Cecil Carlton Hagstrom (Birth or Death) for Carl William (Name on Original Certificate) who was born (Was Born or Died) on January 17th 1912 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affiant & the ~~prepared on~~ mother of said child (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Carl William	Cecil Carlton Hagstrom

Subscribed and sworn to before me this 4th day of August, 1942

Notary Public, residing at Spokane, Wn.

My commission expires Sept 13th, 1942
(Seal)

Signed Maud Hagstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. 310 Boone Ave. Spokane 2, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 7 1942

OCT 2 3 1975

AUG 19

859.114.029.259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3468

Primary Registration District No. 1918 Registered No. 1

FULL NAME OF CHILD Rupert Blue Heitman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 14 1917

	FATHER	MOTHER
FULL NAME	R. L. Heitman	Sallie Berrier
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	35 (Years)
BIRTHPLACE	N. C.	N. C.
OCCUPATION	Laborer	

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke (Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Jan 20 19 12

SYMS - YORK CO., PTRS. & SDRS. 17328

Registrar

Registrar

SEP 15 1942

693-205-029-266

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3469

Primary Registration District No. 2062 Registered No. 38

FULL NAME OF CHILD Ruby Furn Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2-5-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen Williams	Agnes Bourne
RESIDENCE	Cornwall	Cornwall
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	52	35
BIRTHPLACE	Wales	U.S.
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

3-25-12, 19..

J.M.S. Deputy

Registrar

Filed Feb 5 19 12 D. F. Rae

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

345·21·029-4/18

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3470

Primary Registration District No. 2062 Registered No. 42

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 19, 1912

FATHER		MOTHER	
FULL NAME	Bert P. Lucas	FULL MAIDEN NAME	Martha Lodel
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 A. M. on the date above stated.

(Signature) Joseph Cosgrave MD

(Physician or Midwife)

Address Moscow Idaho

Filed Feb 14 1912

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

19X-129-029-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Cornwall

No. ____, ____ *St.*

Hospital ____

Registration District No. 15 **File No.** 3472

Primary Registration District No. 2062 **Registered No.** 19

FULL NAME OF CHILD Virgil Joshua Armstrong

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joshua Armstrong	Lula Harris
RESIDENCE	Cornwall	Cornwall
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	California	Washington
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman

Physician a. mcm.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Feb 2 19 12 D. F. Rae

S-Y CO., 16670 *Registrar* *Registrar*

914-227-239-247

PLACE OF BIRTH

County of Latah

City of Cornwall

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 3473

Primary Registration District No. 2062 Registered No. 18

FULL NAME OF CHILD Opal Ruth Rambo

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of birth Jan. (Month) 27 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Cecil Rambo	FULL MAIDEN NAME	Blanche Bugh.
RESIDENCE	Cornwall	RESIDENCE	Cornwall
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Grelman

Physician q. mem.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

3025-12, 19

J.M.S. Deputy

Registrar

Filed Jan 19 12 D. F. Rae

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 27 1942

755·225·029-396

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Driscoll Ridge

Registration District No. 15

File No. 3474

No. ____, ____ St.

Primary Registration District No. 2062

Registered No. 16

Hospital ____

FULL NAME OF CHILD Fern Evelyn Pence

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 25, 1912

FATHER		MOTHER	
FULL NAME	Ralph E. Pence	FULL MAIDEN NAME	Mable Trout
RESIDENCE	Driscoll Ridge	RESIDENCE	Driscoll Ridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman M'd'm.

Physician. (Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Jan 31 19 12 [illegible] Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 16 1949

294-226-229-236

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 3475

Primary Registration District No. 2062 Registered No. 23

FULL NAME OF CHILD Dorothy Kidwell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Jan 26, 1912

FATHER		MOTHER	
FULL NAME	W. P. Kidwell	FULL MAIDEN NAME	Marida Scott
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 12 1912 D. F. Parr

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 0 1942

643-118-029-339

PLACE OF BIRTH

County of Latah — Idaho

City or Town of New Garfield

Registration Dist. No. 13 — Primary 2062

WASHINGTON STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

(No. ____, ____ St.; ____ Ward)

Record No. ____

File No. 3476

Registered No. 10

FULL NAME OF CHILD Cecil William Futter — If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Other		3	Yes	Jan 18 1912

FATHER

Full Name: William Futter

Residence: Garfield

Color: W — Age at last Birthday: 33 (Years)

Birthplace (State or Country): Illinois

Occupation: Farmer

MOTHER

Full Maiden Name: Josephine Clinger Futter

Residence: Garfield

Color: W — Age at last Birthday: 26 (Years)

Birthplace (State or Country): Idaho

Occupation: Housewife

Number of child of this mother: 3 — Number of children, this mother, now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on Jan 18 1911, at 10-30 AM

(Signature) G. M. MacGregor

(Physician or ~~Midwife~~)

Address Garfield - Wash

Filed Jan 25 1912 — S F Rae, Registrar.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

Give name added from a supplemental report 3-25-12

J.M.S. Deputy Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

V. S.—No. 8.

OCT 1 5 1973

635·102029-243

PLACE OF BIRTH

County of Latah

City of Juliaetta,

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 3477

Primary Registration District No. 2127 Registered No. 20

FULL NAME OF CHILD Geo. Franklin Fleshman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	Jan 2, 1912

FATHER	MOTHER
FULL NAME J. Edward Fleshman Jr.,	FULL MAIDEN NAME Dora Rite,
RESIDENCE Leland, Ida.	RESIDENCE Leland Ida.
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21, (Years)
BIRTHPLACE Missouri,	BIRTHPLACE Wash,
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe

Physician

(Physician or Midwife)

Address Juliaetta, Idaho,

Given names added from a supplemental report

....., 19....

Filed Jany 3 19.12 S. A. Roe

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S63-115(029-415

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 3478

Primary Registration District No. 2127

Registered No. 21

FULL NAME OF CHILD Roy Luther Nolen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 15, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Nolen.	Jennie Davis.
RESIDENCE	Spalding Ida	Spalding, Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 33.	W. 35
BIRTHPLACE	Arkansas.	Wyoming,
OCCUPATION	Minister	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 8 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Rae

Physician (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 16 19 12 S A Rae Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 18 1942

394-127-029-344

PLACE OF BIRTH

County of Latah

City of Genesee

No. _____, _____ St.

Hospital _____

STATE OF IDAHO [redacted] No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3479

Primary Registration District No. 2063 Registered No. 32

FULL NAME OF CHILD Donald Dinsham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	7 27 1912

FATHER		MOTHER	
FULL NAME	Arthur C Dinsham	FULL MAIDEN NAME	Catherine Cunningham
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.51 A.M. on the date above stated.

(Signature) C F Toomey M D

Genesee Idaho

(Physician or ~~Midwife~~)

Address _____

Filed 1-31 1912 W H Ehrem

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

LINEHAN

dup of 1912-D72-229

963-220-02-4213

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital

Form U. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 3481

Primary Registration District No. 2065

Registered No. 34

FULL NAME OF CHILD Helen Roth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	1 20, 1912

FATHER		MOTHER	
FULL NAME	Joseph F Roth	FULL MAIDEN NAME	Bertha Baldus
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ohio	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Tromy M D

Genesee Idaho

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 1-22 1912 W. H. Thum

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 9 1973

964-219-029-546

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3482

Primary Registration District No. 2063 Registered No. 35

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191. (Year)
F	—	—	Yes	1 15 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dallas Rodgers	Pearl Edwards
RESIDENCE	Town	Town
COLOR / AGE AT LAST BIRTHDAY (Years)	W 22	W 21
BIRTHPLACE	Wash.	Wyo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehlen

Genesee Idaho

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1-15 1912 W. H. Ehlen

Registrar

S-Y CO., 16670

335-231-029396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3483

Primary Registration District No. 2065 Registered No. 22

FULL NAME OF CHILD Verda Irene Clemans

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth | Legitimate? yes | Date of birth Jan 31 (Month) (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME J. Walter Clemans	FULL MAIDEN NAME Lida Gladys Yount
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ill	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 31 1912, at 3:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. V. Olson M.D.

Physician

(Physician or Midwife)

Address Troy Idaho

Filed Jan 31 1912 J. V. Olson

Registrar

S-Y CO., 16670

MAR 17 1942

795-22-029-993

PLACE OF BIRTH

County of Latah

City of Troy

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 3484

Primary Registration District No. 2065

Registered No. 28

FULL NAME OF CHILD Margie Jean Grear

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Phillip Grear	Nattie Rice
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Ill.	Moscow Idaho
OCCUPATION	Farmer	House wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Jan 22 1912 at 3:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Dave Grear

Midwife (Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 22 1912 J. W. Olson

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1974

759-222029-154

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ●, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3485

Primary Registration District No. 2065 Registered No. 27

FULL NAME OF CHILD Agnes Person

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 22, 1912

FATHER		MOTHER	
FULL NAME	Rev. G. Person	FULL MAIDEN NAME	Hilma C. Anderdotter
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan 22, 1912 at 5:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Fred Johnson

Midwife

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Jan 25 19 12 J. V. Olson

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

239-220-029-319

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Troy

Registration District No. 75 File No. 3486

No. ....., ... St.

Primary Registration District No. 2065 Registered No. 29

Hospital .....

FULL NAME OF CHILD Myrtle Petrena Strom

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth | Legitimate? yes | Date of birth Jan 20, 1912

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Albert Strom	FULL MAIDEN NAME Cecelia Larsen
RESIDENCE Troy	RESIDENCE Troy Idaho
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Norway
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Jan 20 1912 at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs John Vernon

Midwife

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 20 1912

J. Wolson

Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JAN 18 1968

S 99-213-029-753

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2065

File No. 3487

Registered No. 30

FULL NAME OF CHILD ____

Sex of Child Female

Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? yes

Date of birth Jan 13 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Magnus E. Erickson	FULL MAIDEN NAME Anna M Peterson
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Finland
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 13 1912 (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician (Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 13 1912 J. W. Olson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

863-017-029-752

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3488

Primary Registration District No. 2065 Registered No. 31

FULL NAME OF CHILD Thelma Virginia Halstine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 17, 1912

FATHER		MOTHER	
FULL NAME	Wm Floyd Holstine	FULL MAIDEN NAME	Flora A. Gehrett
RESIDENCE	Kootenai Idaho	RESIDENCE	Kootenai Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	R.R. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan 13, 1912, at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed Jan 18 1912 J. W. Olson Registrar

S-Y CO., 16670

APR 3 0 1969

MAY 25 1942

436-216-009-543

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 15 File No. 3489

No. ....., ... St.

Primary Registration District No. 2066 Registered No. 57

Hospital .....

FULL NAME OF CHILD Francis Gertrude McFail

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	—	—	yes.	Jan 16 1912

FATHER		MOTHER	
FULL NAME	Geo. T. McFail	FULL MAIDEN NAME	Stella A Vickers
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Planer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd M D

(Physician or Midwife)

Address Palouse, Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 21 1912 D. J. Jr. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 18 1950
AUG 6 1974

259-107-029-127

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3490

Primary Registration District No. 2066 Registered No. 36

FULL NAME OF CHILD ~~Berg~~ Eva Regina Evelin Berg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 7 1912

FATHER	MOTHER
FULL NAME: Erick Berg	FULL MAIDEN NAME: Regina Wilhelmina Asplin
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Sweeden	BIRTHPLACE: Sweeden
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Sheppard M D

(Physician or Midwife)

Address Potlatch

Filed Jan. 10th 19 12 D. W. Browne Registrar

* Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-124-029-682

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Deary

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3491

Primary Registration District No. 2068 Registered No. 14

FULL NAME OF CHILD Clarence Earnest Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	yes	Jan. 24 1912

FATHER		MOTHER	
FULL NAME	Wallace J. Davis	FULL MAIDEN NAME	Helen Wyborney
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Minn.
OCCUPATION	Rural Mail carrier	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or Midwife)

Address Deary

Given names added from a supplemental report

3-25-12, 19...

J.M.S. Deputy

Registrar

Filed Jan 29 19 12 P. C. Faust

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

331-228. 229-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Latah

City of Deary

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3492

Primary Registration District No. 2068 Registered No. 15

FULL NAME OF CHILD Doris Mabel LEONE Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	Jan 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry L. Clark	Alma Nickstrand
RESIDENCE	Deary	Deary
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L Clark

Father

(Physician or Midwife)

Address Deary

Given names added from a supplemental report

....., 19.....

Filed Jan 31, 1912 P. C. Jamison

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

JUL 6 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 3492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Doris Marie Clark (Name on Original Certificate) who born (Was Born or Died) on 1-28-1912 (Date of Event)
in Deary Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on 1-28-1912 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Doris Marie	Doris Leone Clark
Doris Leona Clark		

Subscribed and sworn to before me this 1st
day of July, 1943

C. P. Hinsle
Notary Public, residing at Lewiston Idaho

My commission expires 2-10-1945
(Seal)

Signed Mrs Harvey Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1112-8th-St Lewiston, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of July, 1943

C. P. Hinsle
Notary Public, residing at Lewiston, Idaho

My commission expires 2-10-1945
(Seal)

Signed Mrs John Wickstrom
(Signature of Any Credible Person Other Than Previous Year)

1112-8th-str Lewiston Ida
(Street Address, City, State)

JUL 8 1943

458-24-027-791

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of near Kendrick

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2064

File No. 3493

Registered No. 23

FULL NAME OF CHILD Jean Lenore Deyo

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	1 24 1912

FATHER		MOTHER	
FULL NAME	Wm C. Deyo	FULL MAIDEN NAME	Nellie Grant
RESIDENCE	near Kendrick	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	New York	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Filed Feb 1 1912 J E Hoyt

Registrar

Given names added from a supplemental report

Jan 17, 1917

J E Hoyt

Registrar

S-Y CO. 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 1944

255-103-029-469

PLACE OF BIRTH

County of Latah

City of near Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 13

File No. 3494

Primary Registration District No. 2064

Registered No. 25

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 3 1912

FATHER		MOTHER	
FULL NAME	Edgar Kent	FULL MAIDEN NAME	Emma Morgan
RESIDENCE	near Juliaetta	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Child born (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Hoyt M. D.

(Physician or Midwife)

Given names added from a supplemental report

Jan 3, 1912

J. E. Hoyt

Registrar

Address Kendrick Idaho

Filed Jan 10 1912 J. E. Hoyt

Registrar

sh co. 10670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

622-131-029-445

PLACE OF BIRTH amended 8/24/78

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

Registration District No. 15

File No. 3495

Primary Registration District No. 2064

Registered No. 21

FULL NAME OF CHILD Jack Earl Osborn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1, 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Osborn	Ethel Munsterman
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Indiana	Washington
OCCUPATION	Grain buyer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

Feb 7, 1912

J. E. Hoyt Registrar

Filed Feb 3 1912 J. E. Hoyt Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 21 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3495

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jack Earl Osborne (Name on Original Certificate) who was born (Was Born or Died) on Jan. 31, 1912 (Date of Event)
in Kendrick, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Jack Earl Osborne	Jack Earl Osborn

Subscribed and sworn to before me this 24th day of August, 19 38

Florence Cartright

Notary Public, residing at Boise

My commission expires Septmber

(Seal)

Signed Jack Osborn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

U.S. Air Force Retired Identification card, lists name as Jack E. Osborn, born Jan. 31, 1912, and is dated May 4, 1972.
viewed by vs Aug.24,1978

AUG 24 1978

Marriage license and certificate lists groom as Jack Earl Osborn, of Idaho, age 23, as of March 15, 1935. Married in Alameda County, California.
viewed by vs August 24, 1978

593-111-089-633

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 3496

Primary Registration District No. 2064 Registered No. 24

FULL NAME OF CHILD Harley R. Eichner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Jan 11, 191[illegible]

FATHER		MOTHER	
FULL NAME	Claus Eichner	FULL MAIDEN NAME	Bertha Otto
RESIDENCE	near Kendrick	RESIDENCE	near Kendrick
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Hoyt

Phys.

(Physician or Midwife)

Address Kendrick Idaho

Filed Feb 1 1912 J. E. Hoyt

Registrar

Given names added from a supplemental report

Jan 11, 191[illegible]

J. E. Hoyt

Registrar

B-Y CO., 16575

MAY 29 1973

255-228-009

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of E Cmura Registration District No. 8 File No. 3497

No. ____, ____ St. Primary Registration District No. 2033 Registered No. 140

Hospital ____

FULL NAME OF CHILD Olive Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		7	yes	Jan 25, 1912

FATHER		MOTHER	
FULL NAME	George Bennett	FULL MAIDEN NAME	Lillie Perry
RESIDENCE	E Cmura	RESIDENCE	E Cmura
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mich.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 25, 1912, at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M M Simmons

(Physician or Midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

____, 19____

Filed Feb 1, 1912 M M Simmons

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

289-202-03/-469

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

3498

County of Lewis

City of Winchester

Registration District No. 32 File No. 1

No. ....., ... St.

Primary Registration District No. 2127 Registered No. 1

Hospital .....

FULL NAME OF CHILD Luella Shiflett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 - 2 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Shiflett	Dora Martinmore
RESIDENCE	Winchester Idaho	Winchester Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Texas	Washington
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed 1 - 2 - 1912 Elton B. Rogers Registrar

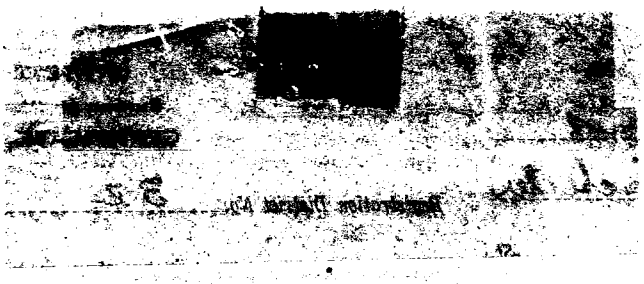
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



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815-207-031-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3499

County of Lewis

City of Winchester — Registration District No. 32 — File No.

No. ____, ____ St.

Primary Registration District No. 2127 — Registered No. 2

Hospital

FULL NAME OF CHILD Lenora Marguerite Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 7, 1912

FATHER		MOTHER	
FULL NAME	Hans P. Hansen	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Winchester, Idaho	RESIDENCE	Winchester, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denmark	COLOR	White
OCCUPATION	contractor	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Wisc.
		OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elenor B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

JPS, 19____

Registrar

Filed June 8, 1912 Elenor B. Rogers

Registrar

S-Y CO., 16670

MAR 2 3 1943

365-209-031-866

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32

File No. 3500

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 3

Hospital ____

FULL NAME OF CHILD Jessie Rose Courgille

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 9th, 1912

FATHER	MOTHER
FULL NAME: Thomas J. Courgille	FULL MAIDEN NAME: Flora Haworth
RESIDENCE: Winchester Idaho	RESIDENCE: Winchester Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 11th 1912 Elton B. Rogers

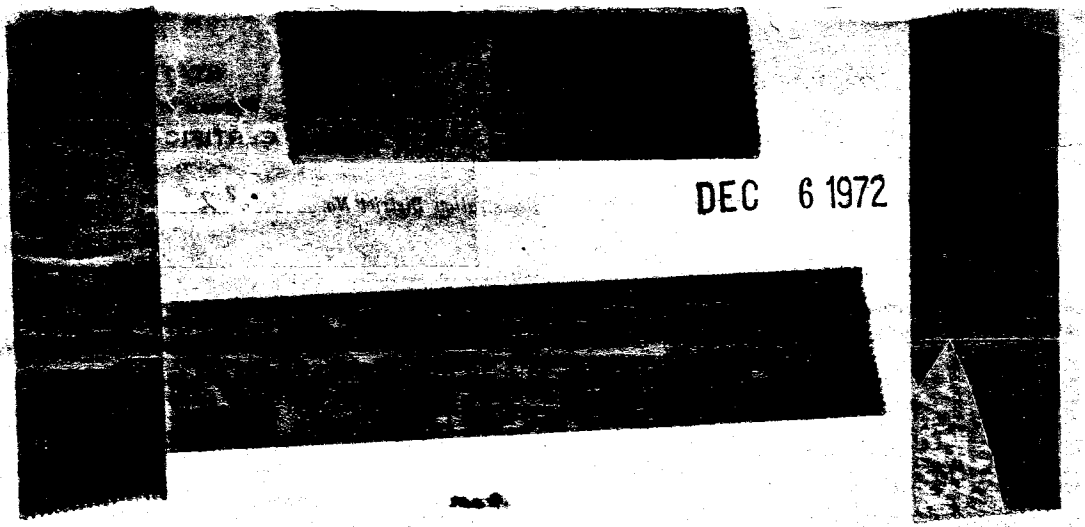
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


DEC 6 1972

764-1191031-239

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3501

Registration District No. 32 File No. 1

Primary Registration District No. 2127 Registered No. 4

FULL NAME OF CHILD Ross Poulson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 19, 1912

FATHER		MOTHER	
FULL NAME	Chas R. Poulson	FULL MAIDEN NAME	Ruby M Streams
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Elton B. Rogers

Physician
(Physician or Midwife)

Address Winchester, Idaho

Filed June 19 1912 Elton B. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

SEP 9 1964

RECORDED

8/3.220-03/-4/3

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3502

County of Lewis

City of Winchester — Registration District No. 32

No. ____, ____ St. — Primary Registration District No. 2127 — Registered No. 5

Hospital ____

FULL NAME OF CHILD Dalia Zora Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1-20-1912

FATHER		MOTHER	
FULL NAME	C. A Hall	FULL MAIDEN NAME	Luella Martin
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Wisc
OCCUPATION	Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-20-1912 Elton B. Rogers Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1. PLACE OF BIRTH AMENDED JULY 21, 1948

County of Lewis

City of Ilo

No. 685-104-031-945 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 State File No. 3503

Prim. Registration District No. 2127 Local Registrar's No. 6

2. FULL NAME OF CHILD James Ivan Wheat

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Jan. 4, 1912 (Month, Day, Year)

FATHER

9. Full name William E. Wheat

10. Residence (usual place of abode) (If non-resident, give place and State) Ilo

11. Color or race white | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Della I. Imel

19. Residence (usual place of abode) (If non-resident, give place and State) Ilo

20. Color or race white | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) H. C. Parrish M. D., M. D.

or ....., Midwife

Address Ilo, Idaho

Filed Jan. 22, 1912 Elton B. Rogers

Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 3503

County of Lewis

City of Ilo

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 1

Primary Registration District No. 3127 Registered No. 6

FULL NAME OF CHILD Unnamed James Ivan White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Jan 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. E. Whitset	Della L. Imel
RESIDENCE	Ilo	Ilo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan 22 1912 Elsie B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

JUL 8 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Payette

Certificate No. 3503

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Ivan Wheat (Name on Original Certificate) who Born (Was Born or Died) on Jan. 4. 1912 (Date of Event)
in Ilo (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Jan 4. 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	James Ivan White	James Ivan Wheat
Name of Father	William E. White	William E. Wheat

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed O. W. Wheat & Ed Wheat
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
420 N. 10. St Payette Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
July, 1948.

Notary Public, residing at Payette Idaho
My commission expires 10 March 1950
(Seal)

Signed Hugh A. Howerton
(Signature of Any Credible Person)
Payette Idaho
(Street Address, City, State)

JUL 22 1940

JAN 25 1974

553.208.03/3755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3504

County of Lewis

City of Ilo

No ....., ... St.

Registration District No 32 File No. 1

Primary Registration District No. 2137 Registered No. 7

Hospital .....

FULL NAME OF CHILD [illegible] Leona Catherine Vetter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Jan 8, 1912

FATHER		MOTHER	
FULL NAME	George Vetter	FULL MAIDEN NAME	Lizzie Yeary
RESIDENCE	Ilo	RESIDENCE	Ilo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	[illegible] Ill.	BIRTHPLACE	[illegible] Ill.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 - a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 22 1912 Elsie B. Rogers

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

465-1091 031-319

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH **3505**

County of Lewis

City of Woodside

No. Monroe Ranch *St.*

Registration District No. 32 **File No.** 1

Primary Registration District No. 2127 **Registered No.** 8

Hospital

FULL NAME OF CHILD James Wm Monroe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 9, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Aron Monroe	Mattie Carson
RESIDENCE	Woodside	Woodside
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 33
BIRTHPLACE	Arkansas	Tennessee
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. Laughlin

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 1st 1917 Elton B. Rogers Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 0 1942

622-23-031-866 Amended 12/1/78

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3506

County of Twin's

City of Ilo

Registration District No 32 File No. 1

No ....., ... St.

Primary Registration District No. 2127 Registered No. 9

Hospital .....

FULL NAME OF CHILD Effie Marie ~~Howes~~ Osburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Jan 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J. Osburn	Etta M. Howerton
RESIDENCE	Ilo	Ilo
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	~~Tennessee~~ Iowa	Kansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish M. D.

(Physician or Midwife)

Address Ilo, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan 22 1912 Ellen M Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 8 10 AM '78

State of Idaho
County of Nez Perce } ss.

Certificate No. 3506

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Effie Marie Osborne (Name on Original Certificate) who was born (Was Born or Died) on Jan 13, 1912 (Date of Event)
in Ilo, Idaho (Lewis) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on Feb. 15, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name	Osborne	Osburn

Subscribed and sworn to before me this 28th day of November, 1978

Notary Public, residing at Lewiston, Idaho

My commission expires May 1, 1982 (Seal)

Signed x Etta Houston Osburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3407-12th St., Lewiston, Idaho 83501 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of November, 1978

Notary Public, residing at Lewiston, Idaho

My commission expires May 1, 1982 (Seal)

Signed x Neil D. Drummond
(Signature of Any Credible Person)

818 19th St. Lewiston, Idaho (Street Address, City, State)

FORM DH 60-155

CL 10/26/78 RUSH

Certif of Social Insurance Award gives nameas William J. Osburn dated Oct 19, 1950 Claim No. 519-05-2487-A. viewed by V.s. from Social Security.

DEC 4 1978

Sister's birth certif from Idaho #60588 gives name as Mabel Lucille Osburn father's name a William J. Osburn and mother's name as Etta Howarton. born June 30,1 1918. viewed by V. S.

Certif of Baptism from Lewiston Orchards Church of the Nazarene gives name as Effie Marie Osburn Holliday. baptized April 29, 1973. viewed by V. S.

Marriage License and Certificate from Idaho gives names as Charles Holliday and Marie Osburn. dated Feb 15, 1936. viewed b y V. S.

235-224-031-297

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. I 3507

County of Lewis

City of Winchester

Registration District No. 32

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 10

Hospital ____

FULL NAME OF CHILD Violet May Steffen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 24th, 1912

FATHER		MOTHER	
FULL NAME	Samuel Steffen	FULL MAIDEN NAME	Clara Sigrist
RESIDENCE	Winchester, Idaho	RESIDENCE	Winchester, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Filed Jan 25th 1912 Ellen B. Rogers Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 5 1950

4/69-125-031-351

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3508

County of Lewis

City of Woodside

No. Moriarity Ranch St.

Registration District No. 32 File No. 1

Primary Registration District No. 2127 Registered No. 11

Hospital

FULL NAME OF CHILD Paul Gerome Moriarity

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 25, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Moriarity	Marguerite Leary
RESIDENCE	Woodside Idaho	Woodside Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Ireland	Mich.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Laughlin

Physician
(Physician or Midwife)

Address Manchester, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb 1st 1917 Ellora B. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 26 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

243-22-7.031-742

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

3509

Registration District No. 32 File No. 1

Primary Registration District No. 2127 Registered No. 12

FULL NAME OF CHILD ——

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 - 27 - 1912

FATHER	MOTHER
FULL NAME: F. Otto Billups	FULL MAIDEN NAME: Glodys Gasper
RESIDENCE: Winchester, Idaho	RESIDENCE: Winchester, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 15 (Years)
BIRTHPLACE: W. Va	BIRTHPLACE: Wise
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester Idaho

Given names added from a supplemental report

....., 19.....

Filed 1 - 27 - 19 12 Elton B. Rogers Registrar

S-Y CO., 16670 Registrar

3-19-29-031-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Flo

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 3510

Registration District No 32 File No. 1

Primary Registration District No. 2127 Registered No. 13

FULL NAME OF CHILD Rhoda Maude

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan 29, 1912

FATHER		MOTHER	
FULL NAME	Orlando R Carmichael	FULL MAIDEN NAME	Ella Talbott
RESIDENCE	Flo	RESIDENCE	Flo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Flo Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 31 1912 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JAN 7 1974

258-21-007-693

[redacted]CE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3511

...ty of Blaine

City of Bellevue

Registration District No. 21 File No. .....

No. ....., ... St.

Primary Registration District No. 2077 Registered No. 1

Hospital .....

FULL NAME OF CHILD Leonora Margaret Behrens

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth Jan (Month) 11 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME John H. Behrens	FULL MAIDEN NAME Mary Williams
RESIDENCE Bellevue, Ida	RESIDENCE Bellevue, Ida
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
COLOR White	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Maryland	BIRTHPLACE Idaho
OCCUPATION Mining	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M. D.

(Physician or Midwife)

Address Bellevue Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 20 1912 [redacted] Registrar

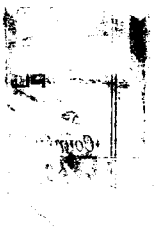
.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



943-17-007-765

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 3512

No. ____, ____ St.

Primary Registration District No. 2022

Registered No. 2

Hospital

FULL NAME OF CHILD LeVerne Verle Rutter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Rutter	Kate Povey
RESIDENCE	Hailey	Hailey
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	25
BIRTHPLACE	Eng	Idaho
OCCUPATION	Carpenter	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (~~born dead~~) at 10A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman

(Physician or ~~Midwife~~)

Address Hailey Ida

Given names added from a supplemental report

..... 19....

Filed Jan 20 19 12 R Thos Hughes

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 8 1954

914 99 00 249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Blaine

City of Arco

No. ____, ____ St.

Hospital

Registration District No. 21

Primary Registration District No. 2024

File No. 3513

Registered No. 3

FULL NAME OF CHILD Zettie Matilda Radford

Sex of Child: F

Twin, Triplet, or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Jan. 9, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Nelson Radford	FULL MAIDEN NAME	Martha Matilda Smith
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Arkansas.	BIRTHPLACE	Mo.
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Matthaei M D.

(Physician or Midwife)

Address Arco, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1912

Registrar

Registrar

S-Y CO., 16670

Form V. S. No. 11-C—Rev-6-20

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MAR 27 1961

819-412 007-859

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 21

File No. 3514

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 4

Hospital ____

FULL NAME OF CHILD Chester Edwin Harper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	X		X	Yes	Jan. 12, 1912

FATHER		MOTHER	
FULL NAME	Chester Harper	FULL MAIDEN NAME	Amanda Herbst
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1, A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chester Harper

Householder

(Physician or Midwife)

Moore, Idaho

Address

Given names added from a supplemental report

....., 19.....

Filed Jan 20 1912 Robert E. Hughes

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 27 1955

JUL 26 1976

249-12-001-312

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo Registration District No. 21 File No. 3516

No. ....., ... St. Primary Registration District No. 2022 Registered No. 6

Hospital .....

FULL NAME OF CHILD (Print) Willis Gilbert Burnham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 20 1912

FATHER		MOTHER	
FULL NAME	Joby B. Burnham	FULL MAIDEN NAME	Edith B. Castle Burnham
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Manager	OCCUPATION	HW

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20p M. on the date above stated.

(Signature) W. K. Kennaman M.D.

(Physician or Midwife)

Address Hailey Idaho

Filed Jan 25 19 12 Robert Leighton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

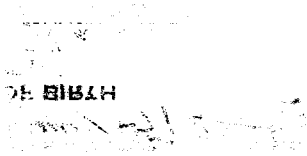
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 22, 1941. E.W.



292-224-007-879

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 3517

Primary Registration District No. 2022 Registered No. 7

FULL NAME OF CHILD Stella Inez Sissam

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 24, 1912

FATHER		MOTHER	
FULL NAME	Joe Sissam	FULL MAIDEN NAME	Ruth Hurst
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M. D.

(Physician or Midwife)

Address Bellevue Ida

Filed Jan 30, 1912 Robert Hughes

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAR 8 1974

897-203-007-955

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Registration District No. 21 File No. 3518

Primary Registration District No. 2073 1024 Registered No. 8

Hospital .....

FULL NAME OF CHILD Elma Louise Huggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 3 1912

FATHER	MOTHER
FULL NAME DeWitt Huggs	FULL MAIDEN NAME Vina Reedy
RESIDENCE Soldier	RESIDENCE Soldier Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ky.	BIRTHPLACE Va
OCCUPATION Physician & Surgeon	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 1-3 1912, at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. DeWitt Huggs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 13 1912 R. Everett Hughes

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

345-110-007-215

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Blaine

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. 3519

Primary Registration District No. 2023

Registered No. 19

FULL NAME OF CHILD Earl Cunningham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1 10 1912

FATHER		MOTHER	
FULL NAME	Henry H Cunningham	FULL MAIDEN NAME	Ellen Sanders
RESIDENCE	Blaine Ida	RESIDENCE	Blaine Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 1-10-1912, at 5 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Briggs

Physician (Physician or Midwife)

Address Soldier Ida

Filed Jan 20 1912 R. S. Hutchinson Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-211007-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Cork

Registration District No. 21

File No. 3520

No. ....., ... St.

Primary Registration District No. 2023

Registered No. 10

Hospital .....

FULL NAME OF CHILD Elmora Elsie Burnett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	1 / 11 / 1912

FATHER	MOTHER
FULL NAME Fred A Burnett	FULL MAIDEN NAME Florence Parks
RESIDENCE Cork Idaho	RESIDENCE Cork Idaho
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated 1-11-1912, at 6 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. Edith Pettigrew

Physician (Physician or Midwife)

Address Sulphur Idaho

Filed Jan 20 1912 J. Stuart Hughston Registrar

S:Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 15 1958

269-120-007-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-26-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Manard

Registration District No. 21 File No. 3521

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 11

Hospital ____

FULL NAME OF CHILD Carl Stewart Bourgs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 20 1912

FATHER		MOTHER	
FULL NAME	Phil Bourgs	FULL MAIDEN NAME	Myrtle Stewart
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 1-20-1912, at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Stuggs

Physician (Physician or Midwife)

Address Goldburn Ida

Filed Jan 25 1912 Robert H Coughlin Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 4 1969

JUN 4 19[illegible]

384-124-007-891

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 3522

No. ....., ... St.

Primary Registration District No. 2023

Registered No. 17

Hospital .....

FULL NAME OF CHILD ~~James~~ Jim Perkins Church

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1 24 1912

FATHER		MOTHER	
FULL NAME	Jay M. Church	FULL MAIDEN NAME	Minnie Hiatt
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 1-25-1912, at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Higgs

Phys. (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 30 1912 R. S. Hutchinson Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

A. AYER HIGGS, M. D. DEWITT P. HI

DRS. HIGGS
CHULA VISTA, CALIFORNIA

June-I2-37

This is to say, that I officiated at the birth of J/m P. Church, and the he was born on Jan 24-I9I2 at Fairfield Idaho.

A. A. Higgs, M.D.

993.229.007-916

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Blaine

City of Carey

Registration District No. 21

File No. 3523

No. ____, ____ St.

Primary Registration District No. 2025

Registered No. 13

Hospital

FULL NAME OF CHILD Eva Laura Rice

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	(To be answered only in event of plural births)			Yes	Jan. (Month) 29 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	George W. Rice	Mary A. Bawson
RESIDENCE	Carey Ida	Carey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Farmington Utah	Ogden Utah
OCCUPATION	Rancher	House Keeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. Jan. 29, at 1.30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife
(Physician or Midwife)

Address Carey Blaine Co. Utah

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 30 1912

.....
Registrar

S-Y CO., 16670

MAR 1 3 1970

JUL 27 1949

693-127007-231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 7075

File No. 3524

Registered No. 14

FULL NAME OF CHILD Lloyd Benjaman Wilde

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	Jan 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emanuel Wilde	Betsey Slaughter
RESIDENCE	Carey Ida	Carey, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Coalvill Utah	Birming England
OCCUPATION	Farming	House Keeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 727 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or Midwife)

Address Carey Blaine Co Idaho

Given names added from a supplemental report

..... 19....

Filed Jan 30 19 12 Robt H Taylor

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 12 1971

MAY 22 1942

713-118-007-136

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21

File No. 3526

No. ____, ____ St.

Primary Registration District No. 2025

Registered No. 16

Hospital ____

FULL NAME OF CHILD Leland Havrid Patterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Jan. 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James H. Patterson	Mary E. Atwood
RESIDENCE	Carey Ida	Carey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Spanish Fork Utah	Spanish Fork Utah
OCCUPATION	Farmer	House Keeping

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or Midwife)

Address Carey Blaine Co. Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 30 1912 Robt Hexright Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 10 1942

455.108.007-396

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

FULL NAME OF CHILD Kenneth Irwin Denniston

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 3527

Primary Registration District No. 2022 Registered No. 17

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan 8, 1917 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Earl R Denniston	FULL MAIDEN NAME Flora Agnes Crone
RESIDENCE Bellevue Ida	RESIDENCE Bellevue Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mo - Neb.	BIRTHPLACE Neb - Oregon
OCCUPATION Farm Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey, Ida

Filed Jan 10 1917 Edward H. Higgins Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

165-165-167-169

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Boise

City of Glenwood

Registration District No. 21

File No. 3528

No. ....., ... St.

Primary Registration District No. 2022

Registered No. 18

Hospital .....

FULL NAME OF CHILD Wm allen Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 5, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar A Jones	Gertrude E Moreland
RESIDENCE	Glenwood	Glenwood
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Mo	Mo
OCCUPATION	Rancher	H W

Number of child of this mother, including present birth ..1..

Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Kleinman, M D

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 10 19 17 Robert H Wright

.....
Registrar

S-Y CO., 16670

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

165-205-007-313

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

Registration District No. 21 File No. 3530

No. ____, ____ St.

Primary Registration District No. 2024 Registered No. 70

Hospital ____

FULL NAME OF CHILD Florence Luella Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	yes	Jan 5, 1912

FATHER		MOTHER	
FULL NAME	Edwin Leigh Jones	FULL MAIDEN NAME	Eunice Emily Lattin
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth first

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.25 P. M. on the date above stated.

(Signature) D. W. Mouthrop M. D.

(Physician or Midwife)

Address Arco, Idaho

Filed Jan 10 1912 Robert E. Hughes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Apr 1 19[illegible]

NOV 6 1973

814-206-007-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 3531

Primary Registration District No. 2022 Registered No. 21

FULL NAME OF CHILD Ethel Haupt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Victor Haupt	Maud Copeland
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Nevada	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Robert H. Wright M. D.

(Physician or Midwife)

Address Hailey Ida

Filed Jan 10 19 12 Robert H Wright
Registrar

S-Y CO., 16670

JAN 9 1975

613 103-018-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 3532

Primary Registration District No. 2078 Registered No. 1

FULL NAME OF CHILD George E. Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	January 3, 1912

FATHER		MOTHER	
FULL NAME	George N. Wilson	FULL MAIDEN NAME	Ida Adams
RESIDENCE	Ahsahka Ida	RESIDENCE	Ahsahka, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	North Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McNeely

Physician

(Physician or Midwife)

Orofino Ida

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 4, 1912 J. McNeely

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 27 1942

314/104/018-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino Ida

No ____, ____ St.

Registration District No ____ File No. 3533

Hospital ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD William Everett Ladd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	January 4, 1912

FATHER		MOTHER	
FULL NAME	George Ladd	FULL MAIDEN NAME	Elva Brown
RESIDENCE	Orofino Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Maine	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

____, 19____

Filed January 6 1912 J. M. Fairly

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

669-118-018-623

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino, Ida

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 3534

Primary Registration District No. 2078 Registered No. 3

FULL NAME OF CHILD Lois Gladdon Worth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	January 8, 1912

FATHER		MOTHER	
FULL NAME	Roscoe Edwin Worth	FULL MAIDEN NAME	Vera Minnie Osterhout
RESIDENCE	—	RESIDENCE	Orofino, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Vermont	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Filed Jany 18 19 12 J. M. Fairly

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

699-125-2018-258

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of DeLeon

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 3535

Primary Registration District No 2098 Registered No. 4

FULL NAME OF CHILD ____

Sex of Child	Twin, ~~Triplet or other?~~	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Yes	1	Yes	January 25 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Charles Wright	FULL MAIDEN NAME Edna Snyder
RESIDENCE	DeLeon Idaho	RESIDENCE DeLeon Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Mich	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby

Physician (Physician or Midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 25 19 12 J. M. Jacoby Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

699-125-018-258

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Dekleau

No _____, _____ St.

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 17 — File No. 3536

Primary Registration District No. 2078 — Registered No. 0

FULL NAME OF CHILD _____

Sex of Child: male	Twin, Triplet or other: Single; and Number in order of birth: 2 (To be answered only in event of plural births)	Legitimate: Yes	Date of birth: January 25 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Charles Wright	FULL MAIDEN NAME	Edna Hayden
RESIDENCE	Dekleau Ida	RESIDENCE	Dekleau Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed January 25 1912 J. M. Fairly Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

318-205-018433

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 3537

Primary Registration District No. 2078 Registered No. 6

FULL NAME OF CHILD Earl Taylor

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)		yes	January 5, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Taylor	FULL MAIDEN NAME	Rebecca J. McCoy
RESIDENCE	Ahsahka Ida	RESIDENCE	Ahsahka Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gainey

Physician

(Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

____, 19____

Filed Jany 26 1912 J. M. Gainey

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. IH-C—10m-6-7-43

STATE OF IDAHO

Bureau of Vital Statistics

OF BIRTH

JAN 3 1944

462-212-018-645

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Gilbert Ida

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 3538

Primary Registration District No. 2078 Registered No. 2

FULL NAME OF CHILD Anna Lurline Dobson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	January 12 1912

FATHER		MOTHER	
FULL NAME	L. Alden Dobson	FULL MAIDEN NAME	Annie G. Funk Lawson
RESIDENCE	Gilbert, Ida	RESIDENCE	Gilbert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dailey

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed January 13 1912 J. M. Dailey

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

AUG 8 1966

318-21-018-953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 3540

Primary Registration District No. 2078 Registered No. 9

FULL NAME OF CHILD Angie Hazel Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) -11- (Day) (Year) 191.2
Female			Yes	

	FATHER	MOTHER
FULL NAME	Ira L Taylor	Blanche Elizabeth Ireland
RESIDENCE	Ahsahka	Ahsahka
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	22 (Years)
BIRTHPLACE	Wash	So. Dak
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1230 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Jones

Physician

(Physician or Midwife)

Address Peck Idaho

Given names added from a supplemental report

....., 19.....

Filed January 19 12 J. M. Fairley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of CLEARWATER } ss.

Certificate No. 3540

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Angie Taylor (Name on Original Certificate) who born (Was Born or Died) on January 11, 1912 (Date of Event)
in Ahsahka, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother's statement (Bible Record, Insurance Policy, Etc.) prepared on this date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	None given	Angie Hazel Taylor
birthdate	Jan. 15	Jan. 11 1912

Subscribed and sworn to before me this
day of , 1945.

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of CLEARWATER } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of January, 1945.

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945
(Seal)

Signed Myrtle Taylor.
(Signature of Any Credible Person Other Than Previous Year)

Orofino, Idaho
(Street Address, City, State)

FEB 5 1976

JAN 1945

JAN 31 1945

469-2101-018-593

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 17

File No. 3541

Primary Registration District No. 2079

Registered No. 10

FULL NAME OF CHILD Lillian Nickell Morris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilbur G. Morris	Mabel Nickell
RESIDENCE	Elk River	Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	24 (Years)
BIRTHPLACE	Iowa	Ontario Canada
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Horswell (Physician or Midwife)

Address Elk River Ida

Given names added from a supplemental report

....., 19.....

Filed Jany 31 19.....

S-Y CO., 16670

Registrar

J. M. Bailey

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DW08191Z-244567

493-.218 0 5-614

PLACE OF BIRTH

County of Ada Twin

City of Webb

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3542

Primary Registration District No. 217 Registered No. 14

FULL NAME OF CHILD Paul Clayston Miles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Six	yes	1, 15, 1912

FATHER		MOTHER	
FULL NAME	C. C. Miles	FULL MAIDEN NAME	Jane Hansler
RESIDENCE	Webb	RESIDENCE	Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Paul Clayston Miles, at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Miles

John McCully

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

Jan 15 1912

John McCully

Registrar

Filed 2-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 6 1968

319-107.035-355

PLACE OF BIRTH

County of Nez Perce

City of Lewiston No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 3543

Primary Registration District No. 2117 Registered No. 5

FULL NAME OF CHILD Alvin Melford Learman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		One	Yes	, 1912

FATHER		MOTHER	
FULL NAME	E. E. Learman	FULL MAIDEN NAME	Ina R. Lee
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
COLOR	W	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alvin Melford Learman (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Learman

John McAlley (Physician or Midwife)

Address Lewiston, Ida

Given names added from a supplemental report

James John McAlley 1912 Registrar

Filed 2-10 1912 L. J. Perkins Registrar

S-Y CO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 26 1972

APR 15 1942

413-201-035-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ray Price

City of Lapwai

No. ____, Main St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3544

Primary Registration District No. 217 Registered No. 1

FULL NAME OF CHILD Agnes Matthews

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	1 1 1912

FATHER	MOTHER
FULL NAME Linus Matthews	FULL MAIDEN NAME Emma P Matthews
RESIDENCE Slickpoo	RESIDENCE Slickpoo
COLOR Red	COLOR Red
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lapwai (Born alive or ~~stillborn~~), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John N Alley

(Physician or Midwife)

Address Lapwai Idy

____, 19__

John N Alley Registrar

Filed 2-10 1912 L J Perkins Registrar

O. 16670

864.209.035-753

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston — Registration District No. 16 1009 — File No. 3549

No. ____, ____ St. — Primary Registration District No. 1009 — Registered No. 7

Hospital

FULL NAME OF CHILD Mildred Young — Christina Helmina

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2	yes	Jan 5, 1912

FATHER		MOTHER	
FULL NAME	John Young	FULL MAIDEN NAME	Christina Peterson
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 12 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician ~~or Midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed 2-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 25 1973

434-212-035-249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 3550

No. ....., ... St.

Primary Registration District No. 1009 Registered No. 9

Hospital .....

FULL NAME OF CHILD Edna Zoe McMahon

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single		4th	yes	Jan 1st, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bernard McMahon	FULL MAIDEN NAME	Edna Zoe Smith
RESIDENCE	Old 6th St	RESIDENCE	Old 6th St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ireland	BIRTHPLACE	Waseca, Minnesota
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 20a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson

(Physician or Midwife)

Address 902 - 10th Ave

Given names added from a supplemental report

....., 19.....

Filed 2-10 1912 L. J. Perkins

S-Y CO. 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 3550

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Edna Zoe McMahon (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 1, 1912 (DATE OF EVENT) in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by said certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 10, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Mother's Birthplace	Ireland	Wasecpa, Minnesota
order of birth	fourth	order of birth--fifth

Subscribed and sworn to before me this 26th day of February, 19 42

E. B. [illegible]

Notary Public, residing at Boise, Idaho

My commission expires May 4, 1942

(SEAL)

Signed Edna Zoe McMahon

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route #4, Boise, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

493-114035-95-9

PLACE OF BIRTH

Amended 2/7/1

STATE OF IDAHO

Form V. S. No. 11 C—15m-6-20

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 727, 10th St.

Registration District No. 16

File No. 3551

Primary Registration District No. 1009

Registered No. 11

Hospital

FULL NAME OF CHILD Paul Clark Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Son			yes	January 14, 1912

FATHER		MOTHER	
FULL NAME	Clark Miller	FULL MAIDEN NAME	Clara Zernstein
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Wash.
OCCUPATION	Plumber	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or Midwife)

Address Lewiston Ida.

Given names added from a supplemental report

....., 19.....

Filed 2-10 19 12 L. J. Perkins

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 21 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 3551

Date Filed 2/10/12

JAN 20 12 29 PM '74

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Clark Miller Jr (Name on Original Certificate) who was born (Was Born or Died) on 1/14/12 (Date of Event)

in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name		
	Clark Miller Jr	Paul Clark Miller

Subscribed and sworn to before me this 24th day of January, 1974

Notary Public, residing at Lewiston, Idaho

My commission expires 11/11/75

(Seal)

Signed Sara Chaneka (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1629 12th ave Lewiston Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nezperce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1974

Notary Public, residing at Lewiston, Idaho

My commission expires 11/11/75

(Seal)

Signed Neil D. Wommack

Vice Pres. & Mgr. First Security Bank of Ida

(Signature of Any Credible Person)

818 19th St. Lewiston Idaho

(Street Address, City, State)

83501

Marriage License State of Idaho Kootenai County, State file # 49-1613 marr e
April 28, 1949 at Coeur d'Alene, Idaho gives names as Paul C. Miller and
Helen Nermyr.
Viewed by VS

FEB 7 1974

Own childs birth certificate Paul Alan Miller born July 15, 1952 , Lewiston
Idaho State file # 52-9013 gives fathers name as Paul Clark Miller.
Viewed by VS

PLACE OF BIRTH
712-21-035-396

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Nez Perce

City of Lewiston

AMENDED
10-26-45

CERTIFICATE OF BIRTH

No. 1702 E. Main St.

Registration District No. 16 File No. 3552

Hospital Yes - St. Joseph

Primary Registration District No. 1009 Registered No. 13

FULL NAME OF CHILD Rosemary Ann Gasser
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	and	Yes	Jan. 17th 1942

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Eugene Gasser	FULL MAIDEN NAME Anna H Svensson
RESIDENCE Lewiston, Idaho	RESIDENCE Lewiston, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Germany	BIRTHPLACE New Hampton, Iowa
OCCUPATION Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 1:30 A. M. **on the date above stated.**

(Signature) L. P. Duncan, M.D.
(Physician or midwife)

Address Lewiston, Idaho

Filed 2-10-1942 L. J. Perkins
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No 1705 E Main St.

Hospital Yes St Joseph's

Registration District No. 16

Primary Registration District No. 1009

File No. 3552

Registered No. 13

FULL NAME OF CHILD Mary Magdelene Gasser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single		Yes	Jan 17th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eugene Gasser	Anna H Svensson
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Germany	New Hamilton Iowa
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Scourse M D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed 2-10 19 12 L J Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 3552

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Magdeline Gasser (Name on Original Certificate) who was born (Was Born or Died) on Jan. 17, 1912 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on January 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Magdeline Gasser	Rosemary Ann Gasser

Subscribed and sworn to before me this 23rd day of October, 1945.

Notary Public, residing at

My commission expires

(Seal)

Signed Eugene Gasser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
814 8th Ave., Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937, Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1945.

Notary Public, residing at Lewiston Idaho

My commission expires

(Seal)

Signed (Mrs.) Ueda Simmons
(Signature of Any Credible Person)
704-4th Ave
(Street Address, City, State)
Lewiston Idaho

AUG 28 1963

386-218-035-855

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 ~~1009~~ File No. 3553

No. St.

Primary Registration District No. 1009 Registered No. 15

Hospital St Joseph

FULL NAME OF CHILD Evelyn Beatrice Thornber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	3	yes	Jan 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W S Thornber	Ethelyn Henry
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	32
BIRTHPLACE	Ill.	Ontario
OCCUPATION	Hatcheryman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-10 19 12 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 26 1964

AUG 21 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367-120-035-243

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~1009~~ 16 File No. 3554

Primary Registration District No. 1009 Registered No. 16

FULL NAME OF CHILD Harlan William W. Cox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	1st	yes	Jan 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest N. Cox	Jessie Buck
RESIDENCE	706 6 Ave Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	20
BIRTHPLACE	Vermont	Vermont
OCCUPATION	Brick layer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~dead~~) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Marvin

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

____, 19____

Filed 2-10 19 12 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

DEC 29 1941

DEC 5 1972

APR 16 1974

385-22-0035-253

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 314, 2 Acres St.

Hospital Yes

Registration District No. 12 — File No. 3555

Primary Registration District No. 1009 — Registered No. 17

FULL NAME OF CHILD Annabel Jeanne Cherrier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1st	Yes	Jan 22nd, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles P. Cherrier	Florence E. Bell
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Calumet Mich	Stafford Ohio
OCCUPATION	Dentist	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Howard M.D.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-10- 1912 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Z CHARRIER

-V33224.035-967 (Be sure the information is complete and accurate)

Amended 11-2-64

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3556
Local Reg. No. 19
Reg. Dist. No. 16

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

d. STREET ADDRESS (If rural, give location): 1336 F St.

3. CHILD'S NAME (Type or print)

a. (First): Kathryn b. (Middle): Irene c. (Last): McConnell

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 24, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Albert b. (Middle): V. c. (Last): McConnell

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Canada

10. USUAL OCCUPATION: Baker

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Katherine b. (Middle): E. c. (Last): Zopf

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Susan E. Bruce, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-10-1912

22. REGISTRAR'S SIGNATURE: L.J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY: ____ WEEKS

WEIGHT AT BIRTH: ____ LBS. ____ OZS.

Was a standard serological test for syphillis performed? Yes ____ No ____

Approximate date

IN CONNECTION WITH THE USE OF BIRTH RECORDS FURNISHED THROUGH THIS CERTIFICATE, AND REGARDLESS OF WHERE YOU ARE, YOU ARE REQUIRED BY LAW TO FILE WITH THE REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1336, 7 St.

Registration District No. ~~1009~~ 16 File No. 3556

Primary Registration District No. 1009 Registered No. 19

Hospital

FULL NAME OF CHILD Katherine Irene McConnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert V. McConnell	Katherine E Jopf
RESIDENCE	1336 7th St Lewiston	1336 7th St Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	28 (Years)
BIRTHPLACE	Canada	Iowa
OCCUPATION	Baker	Domestic

Number of child of this mother, including present birth. Second

Number of children, of this mother, now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1912 (Born alive ~~or stillborn~~) Jan 24, at 6-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan E Pearce M.D.

(Physician or ~~Midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

About 6 mo. uterogestation, 1912.

Filed 2-10 1912 L.J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 20 1958
NOV 2 1964

Lewiston State Normal School Diploma of Graduation, dated June 2, 1931 gives full name as Kathryn Irene McConnell - viewed by V.S. State of Washington, Own Child Birth Certificate, cert. copy issued Sept. 14, 1955 gives full name of child as Vicki Sue Anderson, born Sept. 6, 1949 at Seattle, Washington to Edwin Felix Anderson and Kathryn Irene McConnell - Birth No. 38642 - viewed by V.S.

AFFIDAVIT

TO WHOM IT MAY CONCERN:

This is to certify that Kathryn Irene McConnell's first name was misspelled on her Birth Certificate. Her Birth Certificate has the name listed as Katherine. The correct spelling is Kathryn.

I, Katherine E. McConnell, certify that I am the Mother of Kathryn Irene McConnell.

Signed: Mildred G. Durland
Mildred G. Durland
Attorney-In-Fact for
Katherine E. McConnell

State of Idaho
County of Nez Perce

The above instrument was subscribed and sworn to before me, Walter H. Durland, Notary Public, in and for the State of Idaho, on this 17th day of August, 1964.

Walter H. Durland
Walter H. Durland
Notary Public
Residing at Lewiston, Idaho
Commission expires October 27, 1967

365-226-035-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 515, 16th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3557

Primary Registration District No. 1009 Registered No. 21

FULL NAME OF CHILD Hazel May Connelly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
f.			yes	Jan. 26, 1912

FATHER		MOTHER	
FULL NAME	H. B. Connelly	FULL MAIDEN NAME	Eva. Robinson
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Ida
COLOR	w.	COLOR	w
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebr.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. J. Perkins
(Physician or Midwife)

Address Lewiston Idaho

Filed 2-10 19 12 L. J. Perkins
Registrar

S-Y CO., 16670

NOV 17 1971

455-22-0375966

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3558

County of Nez Perce

City of Lewiston

Registration District No. 16

File No.

No. 307-13th St.

Primary Registration District No. 1009

Registered No. 92

Hospital

FULL NAME OF CHILD Baby Imeuli Vesta Margarite Dorathea Imeuli

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton M. Imeuli	Katheryn M. Ross
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	[illegible]
BIRTHPLACE	Uniontown Wash	Lewiston
OCCUPATION	Warehouse man	Housewife

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:3 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Todd

Physician

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-10 1912 R. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 6 1969

613-289-035-397

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 18th & Main St.

Hospital

FULL NAME OF CHILD ~~Baby~~ Walk. Francis Walk

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~1009~~ 16 File No. 3559

Primary Registration District No. 1009 Registered No. 23

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Jan. 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. H. Walk	Anna Lipke
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Am.	Am
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Todd

(Physician or ~~Midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-10 1912 L. J. Perkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 6 1973

255-131-035-236

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital St Josephs

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1C

File No. 3560

Primary Registration District No. 1009

Registered No. 25

FULL NAME OF CHILD Benecker Edwin Benecher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	single	1st	yes	Jan 31 1912

	FATHER	MOTHER
FULL NAME	Alois Benaken	FULL MAIDEN NAME Theresa Klonz
RESIDENCE	1410 - 9th Ave Lewiston Ida	RESIDENCE 1410 - 9th Ave Lewiston Ida
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Austria	BIRTHPLACE Austria
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Carson M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report 3-25-12

..... 19.....

J.M.S. Deputy

Registrar

Filed 2-10 19 12 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

442-206-035-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of E. Lewiston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3561

Primary Registration District No. 1009 Registered No. 26

FULL NAME OF CHILD. Mary Muscat

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	1-6-1912

	FATHER	MOTHER
FULL NAME	James Muscat	FULL MAIDEN NAME Versace Dominica
RESIDENCE	E. Lewiston	E. Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	25 (Years)
BIRTHPLACE	Italy	Italy
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth. Four

Number of children, of this mother, now living, including present birth. Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Pecora Marcellia

(Physician or Midwife)

Address E#2 Box 108 Main St

Given names added from a supplemental report

Jan 31 1912

Filed 2-10 1912 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-S-68-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

993-231-035-231

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Nez Perce

City of Lenore Ida

No. ____, ____ St.

Hospital ____

Registration District No. 16

Primary Registration District No. 2076

File No. 3562

Registered No. 24

FULL NAME OF CHILD Sarilda Mari Richardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	3	yes	Jan 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. P. Richardson	Sarilda Blankinship
RESIDENCE	Lenore Ida	Lenore Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Farmer	House wife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Gardner

(Physician or Midwife)

Address Lenore Ida

Given names added from a supplemental report

3-25-12, 19

J.M.S. Deputy
Registrar

Filed 2-10 1912 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 0 1967

JUN 5 1972

238-124-035-819

PLACE OF BIRTH

County of Nez Perce

City of Cameron

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 3563

Primary Registration District No. 2076 Registered No. 20

FULL NAME OF CHILD Ernest August Schwarz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	One	2	yes	Jan 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Schwarz	Helen Hartung
RESIDENCE	Cameron Ida	Cameron Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Germany	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 3. A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Stoddard

Leland Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 2-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 4 1953

DECEASED

319-215-035-653

PLACE OF BIRTH

County of Nez Perce

City of Lenore

No. ____, ____ St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 3564

Primary Registration District No. 2076

Registered No. 12

FULL NAME OF CHILD Julia Ardis Carey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	5th	yes	Jan 15, 1912

FATHER		MOTHER	
FULL NAME	Frank Carey	FULL MAIDEN NAME	Julia Wells
RESIDENCE	Lenore Ida	RESIDENCE	Lenore Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nova Scocia	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Lloyd Wade

(Physician or Midwife)

Address Lenore

Given names added from a supplemental report

3-25-12, 19....

J.M.S. Deputy
Registrar

Filed 2-10 19 12 R. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 25 1960

386-113-035-133

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick - Registration District No. 16 File No. 3565

No. ....., ... St.

Primary Registration District No. 2076 Registered No 10

Hospital ——

FULL NAME OF CHILD Vern Owen ~~Thornton~~ Thornton

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~MALE~~	one	5	yes.	Jan 13, 191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. W. Thornton	FULL MAIDEN NAME	Alma Alloway
RESIDENCE	Southwick Ida	RESIDENCE	Southwick Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Stoudbermel (Physician or Midwife)

Address Orland Ida

Given names added from a supplemental report

....., 19.....

Filed 2-10 19.12 L. J. Perkins Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 8 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. 3565

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Gertrude) Vern Owen Thornton (Name on Original Certificate) who was born (Was Born or Died) on January 13, 1912 (Date of Event)
in Southwick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Gertrude	Vern Owen Thornton
sex	Female	Male ?

Subscribed and sworn to before me this 6
day of July 19 44
Carroll E. Brock
Notary Public, residing at Orofino, Idaho
My commission expires 12/30/45
(Seal)

Signed Alma M Alloway Thornton Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orofino, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clearwater } ss.

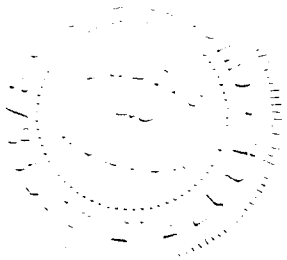
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

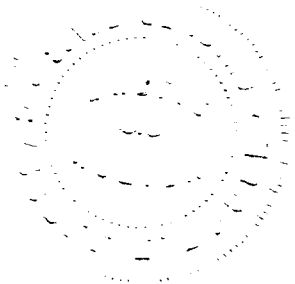
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of July 19 44
Carroll E. Brock
Notary Public, residing at Orofino, Idaho
My commission expires 12/30/45
(Seal)

Signed Viola Thornton Eby . Sister
(Signature of Any Credible Person Other Than Previous Year)
(My birth date Oct. 8, 1900)

Orofino, Idaho
(Street Address, City, State)





JUL 16 1944

386-21-10035-719

PLACE OF BIRTH

County of Nez Perce

City of Cavendish

No. ..... St.

Hospital [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 3566

Primary Registration District No. 2076

Registered No. 8

FULL NAME OF CHILD Estella May Thomson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	2nd	yes	Jan 11 1917

	FATHER	MOTHER
FULL NAME	Carl Thomson	FULL MAIDEN NAME Myrtea Garner
RESIDENCE	Cavendish Ida	RESIDENCE Cavendish Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years) 29
BIRTHPLACE	Denmark	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth Third

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Stoneburner M.D. (Physician or Midwife)

Address Leland Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-10 1917 L. J. Jenkins Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 1963

JUL 2 1942

JUN 6 1974

368-104-035-634

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Cameron

No. ____, ____ St.

Hospital ____

Registration District No. 16 File No. 3567

Primary Registration District No. 2076 Registered No. 4

FULL NAME OF CHILD Lohman Ervin John

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	Third	yes.	Jan. 4th, 1912

FATHER		MOTHER	
FULL NAME	Mr. Carl Lohman.	FULL MAIDEN NAME	Hattie Olds.
RESIDENCE	Cameron Ida.	RESIDENCE	Cameron Ida.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Oregon.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House-wife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at / A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stonebraker M.D.

(Physician or Midwife)

Address Peland Ida R.F.D.

Given names added from a supplemental report

3-25-12, 19..

J.M.S. Deputy

Registrar

Filed 2-10 1912. R. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

244-204-035-695

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lookout, Idaho

Registration District No. 16

File No. 3571

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 28

Hospital

FULL NAME OF CHILD Girl Named Edna Ella Sumpter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	4	yes	Jan. 4th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Perry Sumpter	Ethel Finley
RESIDENCE	Lookout, Ida.	Lookout, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Washington	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hagerstone

Physician & Surgeon

(Physician or Midwife)

Address Gifford, Idaho

Given names added from a supplemental report

3-26-12, 19

Filed 2-10 19 12 - L. J. Perkins

S-Y CO., 16600 J.M.S. Deputy Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 1942

231-109.035-134

PLACE OF BIRTH

County of Nezperce

City of Giffod

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3572

Primary Registration District No. 2014 Registered No. 29

FULL NAME OF CHILD Not Named ~~Evert~~ Everett Lewis Klaus

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	3	yes	June 9th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Klaus.	Mary Aldrich
RESIDENCE	Giffords.	Giffords
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Iowa.	Oregon.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 4-15A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington

Physician & Surgeon

(Physician or Midwife)

Address Giffords Idaho

Given names added from a supplemental report

3-25-12, 19__ Filed 2-10 1912

J.M.S. Deputy Registrar

L. J. Perkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

263-121035-253

PLACE OF BIRTH

County of Shoshone

City of Spaulding

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3573

Primary Registration District No. 2874 Registered No. 30

FULL NAME OF CHILD Not Named Loren Benago Bolen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	One	Yes	Jan. 21st 1912

	FATHER	MOTHER
FULL NAME	Geo W Bolen	FULL MAIDEN NAME Leona M Betty
RESIDENCE	Spaulding, Idaho.	Spaulding, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	20 (Years)
BIRTHPLACE	Indiana	Washington
OCCUPATION	Hotel. Prop.	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living, at 2:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hennington

Physician or Surgeon

(Physician or Midwife)

Address Wolford, Idaho

Given names added from a supplemental report

3-25-1 ____, 19____

J.M.S. Deputy

Registrar

Filed 2-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235-2.00 035-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Willola

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3574

Primary Registration District No. 2074 Registered No. 3

FULL NAME OF CHILD Lula Irene Stephens

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	Twins (To be answered only in event of plural births)	7	yes	1 (Month) ____ (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Elfred Lucie Stephens	FULL MAIDEN NAME Mary Belle Lough
RESIDENCE	Willola	RESIDENCE Willola Ida
COLOR	W.	COLOR white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years) 41
BIRTHPLACE	Rocky Comfort Mo.	BIRTHPLACE Keelsville Mo.
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated. ____ at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Chas. W. Hopkins

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed 2-10 1912 L. J. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

235-102-035-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Willola Ida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3575

Primary Registration District No. 2074 Registered No. 9

FULL NAME OF CHILD Louie Eugene Stephens

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	Twins	8th	yes	Jan. (Month) 2 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Alfred Price Stephens	FULL MAIDEN NAME: Mary Belle Lough
RESIDENCE: Willola Idaho	RESIDENCE: Willola Mo
COLOR: White	COLOR: W.
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Rocky Comfort Mo.	BIRTHPLACE: Kelsville Mo.
OCCUPATION: Farmer	OCCUPATION: House wife

[Number of child of this mother, including present birth... 8

Number of children, of this mother, now living, including present birth... 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Chas O. Hopkins

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed 2-10 1912 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

FEB 18 1942

318-122-035-417

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nezperce,

City of Culdesac.

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 3576

Primary Registration District No. 2074 Registered No. 31

FULL NAME OF CHILD DANIEL M. TAYLOR

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	One	yes.	Jan. 22nd 1912.

	FATHER	MOTHER
FULL NAME	Albert Taylor.	FULL MAIDEN NAME Matilda Maxwell.
RESIDENCE	Culdesac. Idaho.	RESIDENCE Culdesac., Idaho.
COLOR	White	COLOR Indian
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE Washington
OCCUPATION	Farmer.	OCCUPATION H.W.

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 10. A. M. on the date above stated.

(Signature) J. F. Livingston

Physician & Surgeon (Physician or Midwife)

Address Gifford, Idaho.

Filed 2-10 1912 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

3-25-12 ....., 19.....

J.M.S. Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 3576
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Daniel M. Taylor (Name on original certificate) who was born (Was born or died) on January 22, 1912 (Date of event)
in Lapwai, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptismal certificate (Bible record, insurance policy, etc.) prepared on June 9, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Not named Taylor	Daniel M. Taylor
		Mrs Matilda Taylor

Subscribed and sworn to before me this 1st day of December, 1941

E. H. La Caurse

Notary Public, residing at Lapwai, Idaho

My commission expires 3-22-43

[SEAL]

Signed Mrs Matilda Taylor (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 1941

E. H. La Caurse

Notary Public, residing at Lapwai, Idaho

My commission expires 3-22-43

[SEAL]

Signed Lydia C. Maxwell
(Signature of any credible person other than the previous affiant.)

Lapwai, Idaho
(Street Address, City, State)

Received for filing on 12-3-41 By
(Registrar's signature)

NOV 1 5 1976

695-224-035 815

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Gifford

Registration District No. 16 File No. 3577

No. ....., ... St.

Primary Registration District No. 2074 Registered No. 32

Hospital .....

FULL NAME OF CHILD Fredrickson, Gladys Anna

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	One	yes	Jan 24th, 1912

FATHER		MOTHER	
FULL NAME	Christian Fredrickson	FULL MAIDEN NAME	Helga Hanson
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark.	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	29.
		BIRTHPLACE	Denmark.
		OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living, at 1.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Herrington

J. F. Gifford, Idaho.
(Physician or Midwife)

Address Physician & Surgeon

Given names added from a supplemental report

....., 19.....

Filed 2-10 1912 L. J. Perkins
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 17 1941

PLACE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 4 Street Unnamed, Addition St.

Registration District No. 13 File No. 3579

Primary Registration District No. 1007 Registered No. 132

Hospital

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	No	1 8 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Unknown to informant	Ivy Lone Clark
RESIDENCE	by request	Blackfoot, Idaho
COLOR	—	White
AGE AT LAST BIRTHDAY (Years)	—	17
BIRTHPLACE	—	Blackfoot, Idaho
OCCUPATION	—	Housework at home with parents

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Coon

Physician

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 9 19 18 M. C. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1968

554-109-019-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3581

County of Custer

City of Challis — Registration District No. 14 — File No.

No. ____, ____ St. — Primary Registration District No. 2061 — Registered No. 22

Hospital ____

FULL NAME OF CHILD Russell LeRoy Lundgren Melquiest.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reuben A. Melquiest	Minnie Lundgren
RESIDENCE	Challis	Challis
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Nebr.	Nebr.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M.D.

(Physician or Midwife)

Address Challis

Given names added from a supplemental report

....., 19.....

Filed Jan 25th 1912 C. L. Kirtley

S-Y CO., 16670

Registrar

Registrar

313-202-007-553

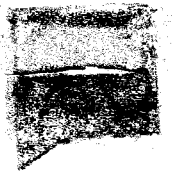
PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 6341 N. Gould Ave

Hospital ✓



STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 4 File No. 1 3582

Primary Registration District No. 102 Registered No.

FULL NAME OF CHILD — — Callaby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	Jan. 2, 1912

	FATHER	MOTHER
FULL NAME	Charles Callaby	Harriet Nelson
RESIDENCE	Aberdeen Idaho	Aberdeen Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	42
BIRTHPLACE	Norfolk England	Norfolk England
OCCUPATION	Farmer	Housewife (Farmer)

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD

9—13 Delmar Blk

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed 1/12 1912 Earl Jones
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-102-003-455 (Be sure the information is complete and accurate)

Amended 7-16-69

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3583
Local Reg. No.
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 1235 S. 5th

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location): 1235 S. 5th

3. CHILD'S NAME (Type or print)

a. (First): Fay

b. (Middle):

c. (Last): Carter

4. SEX: male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) January (Day) 2 (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Levi

b. (Middle): Coryedon

c. (Last): Carter

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ogden, Utah

10. USUAL OCCUPATION: Brakeman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Edith

b. (Middle): Amelia

c. (Last): Devereaux

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Youngstown, Ohio

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. Smith Woolley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Pocatello

20. DATE SIGNED: Jan 3, 1912

21. DATE REC'D BY LOCAL REG.: Jan 3, 1912

22. REGISTRAR'S SIGNATURE: Earl D. Jones

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

ACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1-20-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 16 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3583

Date Filed .....

The undersigned does solemnly swear that certain facts on the Certificate of Birth (Birth or Death)
for Unnamed Carter, (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1911 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record - Family record 1914-1920 - prepared on Dec. 26, 1969 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Fay Carter
date of birth	Jan. 3, 1911	Jan 2, 1912
mother's name	Edith Dezraux	Edith Devereaux

Subscribed and sworn to before me this 23rd day of August, 1969

Jeannine F. McKee

Notary Public, residing at Ketchum Idaho

My commission expires 7-15-70

(Seal)

Signed E. W. Carter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 1969

Jeannine F. McKee

Notary Public, residing at Ketchum Idaho

My commission expires 7-15-70

(Seal)

Signed Blanche Carter, Vaughn
(Signature of Any Credible Person)

10257 Ben Hur
(Street Address, City, State)
Whittier Calif

FORM DH 60-155

1 copy pd. Rec. # 5713

The Prudential Life Insurance Co. Policy, policy no. 495 290 467, dated Dec. 26, 1949 gives full name as Fay Carter, age 38 - viewed by V.S.

Statement from Rulon M. Ellis, Supt., School District No. 25, Bannock County, Pocatello, Idaho, written Jan. 30, 1967, states "This is to certify that our school records indicate that Fay Carter attended Jefferson School in the school year of 1919-20. His birthdate is shown as January 2, 1912. The parent's name is shown as Mr. C. Carter, and his residence is listed as 1234 North Grant Avenue. This information is taken from an attendance record." - viewed by V.S.

Certificate of Record of Membership in the L.D.S. Church states that Fay Carter was born Jan 2, 1912. Mother Edith Amelia Devereaux. Father Levi Coryedon Carter, Jr. Baptized Oct. 3, 1953.
Viewed by V.S.
Blessing from L.D.S. Church gives name as Fay Carter son of Levi Coreydon Carter, J . andDDith Edith Amelia Devereaux. Fay Car ter born Jan 2, 1912 at Pocatello, Idaho. Blessed July 3, 1959.
Viewed by V.S.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 123 S. 5th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3583

Registration District No. 19

File No. 2

Primary Registration District No. 1002

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan. 3, 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. C. Carter, Jr.	Edith Degraw
RESIDENCE	Pocatello Idaho	Pocatello, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Ogden, Utah	Youngstown, Ohio.
OCCUPATION	Brakeman.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan. 3 1911, at 5:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D. Per T.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1/3 19 12 Earl D. Jones Per A.

S-Y CO., 16670

Registrar

Registrar

JAN 20 1967
JUL 16 1969

315-205-003-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3584

County of Bannock

City of Pocatello

No. 1139, N. 4th Ave. St.

Hospital Home

Registration District No. 19 File No. 3

Primary Registration District No. 1002 Registered No.

FULL NAME OF CHILD Adeline Lankford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan. 5 1912

	FATHER	MOTHER
FULL NAME	Ad Lankford	Elizabeth Wright
RESIDENCE	1139 N. 4th Ave	1139 N. 4th Ave.
COLOR	black	black
AGE AT LAST BIRTHDAY (Years)	29	34
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Common Labor	housewife

Number of child of this mother, including present birth. three

Number of children, of this mother, now living, including present birth. three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 905 So. Main

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-13 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

855-106-003-000

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3585

County of Bannock

City of Pocatello

No. 322 W Carson St.

Registration District No. 17

File No. 4

Primary Registration District No. 10-12

Registered No.

Hospital

FULL NAME OF CHILD Marcus George Hendrickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 6, 1912

FATHER	MOTHER
FULL NAME: Marcus Hendrickson	FULL MAIDEN NAME:
RESIDENCE: Pocatello, Idaho.	RESIDENCE: Pocatello Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY (Years):	AGE AT LAST BIRTHDAY (Years):
BIRTHPLACE: Norway	BIRTHPLACE: Utah
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Jan 7, 1912, at 1:00 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley, M. D. Per T.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 12, 1912 Earl D. Jones Per A.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-209-003-52

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

3586

Registration District No. 19 File No. 5—

Primary Registration District No. 1002 Registered No. ____

FULL NAME OF CHILD Smith, BERNIECE ELAINE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	6	yes	Jan. 9, 1912

FATHER	MOTHER
FULL NAME Temple O. Smith	FULL MAIDEN NAME Eda Henrietta Esahen
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 52 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Osceola Iowa	BIRTHPLACE Rock Island, Ill
OCCUPATION Grocer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Keely

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/12 1912 Earl D. Jones

Per A.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

JAN 15 1942

Certificate No. 3586

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Berniece Elaine Smith (Name on original certificate) who was born on January 9, 1917 (Was born or died) (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Smith	~~Berniece Elaine Smith~~ Mrs. E.S. Berniece Elaine Smith

Subscribed and sworn to before me this 13th
day of January 1942.
J. A. McQuillan
Notary Public, residing at Pocatello, Idaho.
My commission expires June 20, 1944.
[SEAL]

Signed Mrs Eda Smith Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
543 No. Hayes Ave., Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

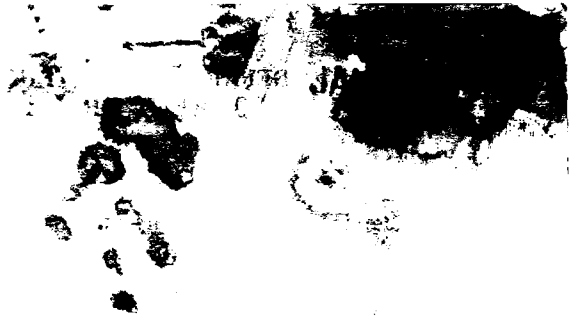
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of January 1942.
J. A. McQuillan
Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1944.
[SEAL]

Signed Mrs. Adella Keener
(Signature of any credible person other than the previous affiant.)
455 No. Hayes Ave., Pocatello, Idaho.
(Street Address, City, State)

Received for filing on JAN 15 1942 By
(Registrar's signature)

JAN 12 1942



849-109.003-284

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3587

County of Bannock

City of Pocatello

No. 634 S. Main St.

Hospital

Registration District No. 19

File No. 6

Primary Registration District No. 100 2

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 9, 1912

FATHER	MOTHER
FULL NAME: Chester John Quinn	FULL MAIDEN NAME: Alice Clara Schupe
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Salt Lake City, Utah	BIRTHPLACE: Montpelier, Idaho
OCCUPATION: Brakeman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 9, 1912 at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D. Per J.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 1/12 1912 Earl D. Jones Per A.

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

39-9-109-003-154

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

3588

Registration District No. 19

File No. 7

Primary Registration District No. 1002

Registered No. ____

FULL NAME OF CHILD Wesley Browne Trist

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male		4	yes	Jan 9 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Junius Brutus Trist	FULL MAIDEN NAME: Hannah Louise Anderson
RESIDENCE: Pocatello Idaho	RESIDENCE: Pocatello Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Alexandria Va.	BIRTHPLACE: Cottonwood Utah
OCCUPATION: Manager Auto Co	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Healy

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/19 1912 Earl D. Davis Registrar

Pera

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 11 1942

819-114-003-693

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 404 W. 6th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

3589

Registration District No. 19 File No. 8

Primary Registration District No. 1002 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 14, 1912

FATHER	MOTHER
FULL NAME C. Leroy Harrison	FULL MAIDEN NAME Ethel P. Wilson
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Logan, Utah	BIRTHPLACE Weaver County, Utah
OCCUPATION Optician	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Jan. 14 1912, at 12:30 A. M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley M.D. Per T.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1/20 1912 Earl D. Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

419-117-003-614

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

3590

Registration District No. 19 File No. 9

Primary Registration District No. 1002 Registered No. ____

FULL NAME OF CHILD JAMES HINMAN Martin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	single	4	yes	Jan 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas A. Martin	Annie E Wade
RESIDENCE	Pocatello, Ida.	Pocatello, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Rush City, Minn.	Salt Lake City Utah
OCCUPATION	Store house keeper O. S. L. & A.	Housewife

Number of child of this mother, including present birth four

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

Physician (Physician or Midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/23, 1912 Earl D. Jones Registrar

Per A.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 11 1947

819-1181 003-399

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3591

County of Bannock

City of Pocatello

Registration District No. 19 File No. 10

No. 224 W Carter St.

Primary Registration District No. 1002 Registered No.

Hospital

FULL NAME OF CHILD Arthur LaWayne Hargraves

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 18, 1912

FATHER	MOTHER
FULL NAME Samuel Hargraves	FULL MAIDEN NAME Louise Cromwell
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR white	AGE AT LAST BIRTHDAY 30 (Years)
COLOR white	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Cache Co. Utah	BIRTHPLACE Blackfoot, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan. 18, 1912 at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D. Per T.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1/20 1912 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

863-121-003-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3593

County of Bannock

City of Pocatello

No. ____, ____ St.

Hospital ____

Registration District No. 19 File No. 12

Primary Registration District No. 1002 Registered No. ____

FULL NAME OF CHILD Holland, Burl Hubert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.	single	one	Yes	Jan. 21, 1912

FATHER	MOTHER
FULL NAME Clarence E. Holland	FULL MAIDEN NAME Mary Mabel Stephenson
RESIDENCE 313 So. Main	RESIDENCE 313 So. Main
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Hepsner, Oregon	BIRTHPLACE Hartford, Indiana
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Neely

Physician

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

____, 19____

Filed 1/23 1912 Earl D. Jones Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 3593
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed Holland (Name on original certificate) who born (Was born or died) on 21 Jan 1912 (Date of event)
in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parent-Mother (Bible record, insurance policy, etc.) prepared on Oct 22 19 4 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Burl Hubert Holland

Subscribed and sworn to before me this 22d
day of October 1945
Myrna L. Brewer
Notary Public residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Mabel Holland Farrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
315 16th Ave S Nampa,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

433-121-003-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3594

County of Bannock

City of Pocatello

Registration District No. 19

File No. 13

No. 1022 S. 2nd St.

Primary Registration District No. 1002

Registered No.

Hospital

FULL NAME OF CHILD Raymond Thomas McConkay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan. 21, 1912

FATHER	MOTHER
FULL NAME: Thomas H. McConkay	FULL MAIDEN NAME: Mabel McCormick
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: New York City. N.Y.
OCCUPATION: Brick mason	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Jan 21, 1912 at 1:25 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1/23 1912 Earl D. Jones

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1946

969-224-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3595

County of Bannock

City of Pocatello

Registration District No. 19

File No. 14

No. ____, ____ St.

Primary Registration District No. 100

Registered No. ____

Hospital ____

FULL NAME OF CHILD Alice Margaret Rork

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	✓	1	yes	1-24-, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles F. Rork	FULL MAIDEN NAME Jeanette Smith
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white	AGE AT LAST BIRTHDAY 32 (Years)
AGE AT LAST BIRTHDAY 30 (Years)	COLOR white
BIRTHPLACE Franksville, Wis	BIRTHPLACE Logan, Utah
OCCUPATION Traveling Salesman	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Healey

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19....

Filed 1/25 1912 Earl Lyons

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RECEIVED
IDAHO DEPARTMENT OF HEALTH
VITAL STATISTICS
BUREAU OF VITAL STATISTICS
10 26 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3595

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Rork (Name on Original Certificate) who was born (Was Born or Died) on Jan. 24, 1912 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	~~Alice Joanette Rork~~
		~~ALICE MARGARET~~
		ALICE MARGARET RORK

Subscribed and sworn to before me this 10th day of December, 19 76.
Joan S. Geddes
Notary Public, residing at Salt Lake City, Utah
My commission expires 5/30/78
(Seal)

Signed Lionel C Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1844 Athen Ave - Salt Lake City, Ut
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

FORM DH 60-155

Ka Rork

Temporary Driving Permit issued June 28, 1937 gives name as Alice M. Rork. Permit # 21244 State of Idaho. License expires July 1, 1939 Dept. of Law Enforcement

JUN 1 1 1976

Viewed by V.S.

Insurance Policy issued by the Equitable Life Assurance Co. gives name as Alice Margaret Rork born January 24, 1912 in Pocatello, Idaho. Policy issued January 13, 1936.
Viewed by V.S.

253-227-003-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3596

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 3 Harrison St.

Hospital

Registration District No. 19 File No. 13

Primary Registration District No. 1002 Registered No.

FULL NAME OF CHILD Frances Elizabeth Kelly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 1 (Day) 27 (Year) 1912
female			yes	

FATHER		MOTHER	
FULL NAME	Walter H. Kelly	FULL MAIDEN NAME	Eugenie J. Maddener
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Prescott, Ontario	BIRTHPLACE	Tyrol, Germany
OCCUPATION	Bridge Foreman	OCCUPATION	housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Kelly

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/29 1912 Earl L Imus

Registrar

S-Y CO., 16670

MAY 10 1967

O-name of infant - changed from (Frances E. Kelly) to Frances Elizabeth Kelly to match correction affidavit. a/p LO and PR. 10/27/2009sc

1/28/77

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 8 2 23 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3596

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Kelly (Name on Original Certificate) who was born (Was Born or Died) on January 27, 1912 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Kelly	Frances Elizabeth Kelly

Subscribed and sworn to before me this 22 day of January, 1977

Marguerite Vera
Notary Public, residing at Lea
My commission expires September
(Seal)

Signed Florence K. Tipton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

315 N. Hawaii, Lovington, NM
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Mexico
County of Lea } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1977

Christine Riley
Notary Public, residing at Hobbs, N. M.
My commission expires 10/15/80
(Seal)

Signed John R. Kelly
(Signature of Any Credible Person)

106 E. Taylor, Hobbs, NM 88240
(Street Address, City, State)

Voters registration dated 10 May 1948 gives name as Frances E. Kelly, viewed by Vital Statistics.

FEB 8 1977

Personnel Action sheet from Federal Home Loan Bank Administration dated 5/17/47 gives name as Frances E. Kelly. viewed by V.S.

555-29-007-435

[redacted]

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3597

County of Bannock

City of Inkom

No ....., ... St.

Registration District No 19 File No. 16

Hospital .....

Primary Registration District No. 1002 Registered No. .....

FULL NAME OF CHILD not named Ada Margaret Neeser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Jan 29 1917

FATHER		MOTHER	
FULL NAME	Alma J. Neeser	FULL MAIDEN NAME	Margaret McNamara
RESIDENCE	Inkom Idaho	RESIDENCE	Inkom Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Walla Walla Washington
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casperian Care

Pocatello Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Filed Jan 30 1917 Earl D Jones

Registrar

155-109-003-253

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

3598

County of Bannock

City of Dempsey

No ....., ... St.

Hospital .....

Registration District No 19 File No. 17

Primary Registration District No. 1007 Registered No. .....

FULL NAME OF CHILD Jesse Lavell Avery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan. (Month) 9 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Jesse E. Avery	FULL MAIDEN NAME	Emma Bell
RESIDENCE	Dempsey Ida.	RESIDENCE	Dempsey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Dempsey Ida.	BIRTHPLACE	Weston Ida.
OCCUPATION	Farmer.	OCCUPATION	Domestic

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Address Inkom Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/18 1912 Earl Dyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

966-222-095-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ney Perce

City of Webb

Registration District No. 16 File No. 3599

No. ____, ____ St.

Primary Registration District No. 217 Registered No. 18

Hospital ____

FULL NAME OF CHILD Elizabeth Rowla

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♀		7	yes	1, 22, 1912

FATHER	MOTHER
FULL NAME Celas Rowla	FULL MAIDEN NAME Flora Wallie
RESIDENCE Webb	RESIDENCE Webb
COLOR W AGE AT LAST BIRTHDAY 37 (Years)	COLOR W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ark	BIRTHPLACE Ark
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Elizabeth Rowla (Born alive or stillborn) on the date above stated., at 10 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Celas Rowla

John M. Alley (Physician or Midwife)

Given names added from a supplemental report

Jan 23 1912

John M. Alley Registrar

Address Webb

Filed Feb. 10 1912

L. J. Larkin Registrar

S-Y CO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793-10-035-235

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ____, ____ St.

Hospital ____

Registration District No. 12

File No. 3600

Primary Registration District No. 2023

Registered No. 27

FULL NAME OF CHILD Arthur Ubri Gillette

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	1-1-, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Andrew Gillette	Laura E. Stevens
RESIDENCE	Myrtle	Myrtle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Mo	Ida
OCCUPATION	Blacksmith	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or Midwife)

Address Gifford Ida

Given names added from a supplemental report

....., 19.....

Filed 2-10 19 12 R. J. Perkins

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 24, 1941. E.W.

4/2-101-038-7738
Amended 9/26/69

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

Registration District No. 12

File No. 3601

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 1

Hospital ____

FULL NAME OF CHILD William Edward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				1 - 1 - 1912.

FATHER		MOTHER	
FULL NAME	LeRoy Dash	FULL MAIDEN NAME	Ida Schultz
RESIDENCE	St. Maries, Ida.	RESIDENCE	St. Maries, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph G. Gehr

Physician
(Physician or Midwife)

Address St. Maries, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb 10 1912 D D Drennan
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 9 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 26 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Michigan } ss.
County of Berrien }

Certificate No. 3601

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Edward Dash (Name on Original Certificate) who was born (Was Born or Died) on January 1, 1912 (Date of Event)
in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's maiden name	Lillian Wood	Ida Schultz

Subscribed and sworn to before me this 14 day of August, 19 69

Burt C. Luth

Notary Public, residing at BURT C. LUTH

My commission expires Notary Public, Berrien County, Michigan
(Seal) My Commission Expires Jan. 18, 1970

X Signed Ida (Schultz) Dash
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of Berrien }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of August, 19 69

Burt C. Luth

Notary Public, residing at BURT C. LUTH

My commission expires Notary Public, Berrien County, Michigan
(Seal) My Commission Expires Jan. 18, 1970

Signed L. Ray Dash
(Signature of Any Credible Person)

1411 Fort Street
(Street Address, City, State)
Niles, Michigan 49120

FORM DH 60-155

CL 8/6/69 1 cc pd.

Certificate of Marriage between LeRoy Dash and Ida Anna Schultz dated ~~March~~ April 15, 1908. Signed by W. J. Heillman, Pastor. Viewed by V. S. SEP 26 1969

Certificate of Marriage in the state of Wisconsin between William E. Dash and Evelyn Goodell gives Maiden Name of Groom as Ida Schultz. Dated June 19, 1934. Viewed by V. S.

285-203-028-997

PLACE OF BIRTH

County of Kootenai

City of St. Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14 File No. 3602

Primary Registration District No. 2049 Registered No. 2

FULL NAME OF CHILD Francis May

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 - 3 - 12.

FATHER		MOTHER	
FULL NAME	George H. Sherbondy	FULL MAIDEN NAME	May Riggins
RESIDENCE	St. Maries, Ida.	RESIDENCE	St. Maries, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Carpenter	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph G. Gehr

Physician (Physician or Midwife)

Address St. Maries, Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 D D Drennan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 3 1967

386.203.028-353

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootani

City of St Joe

No ____, ____ St.

Hospital ____

Registration District No 12

File No. 3603

Primary Registration District No. 2049

Registered No. 3

FULL NAME OF CHILD Marie Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2nd	Yes	Jan 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm H. Thomas.	Martha Caroline Telatel
RESIDENCE	St Joe	St Joe.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	26.
BIRTHPLACE	California.	Utah
OCCUPATION	Rancher.	housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Lindsay.

Physician

(Physician or Midwife)

Address St Joe.

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1912 D. D. Freeman

Registrar

SYMS - YORK CO., PTRS. & BDRS 17328

Registrar

APR 23 1942

JAN 7 1976

159-105-028-045

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootani

City of St Joe

No ____, ____ St.

Hospital ____

Registration District No 12

File No. 3604

Primary Registration District No. 2049

Registered No. 4

FULL NAME OF CHILD Alfred Ernest Amiksdal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	Jan 5th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Amiksdal	Anna Victoria Sundholm
RESIDENCE	St Joe	St Joe
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Norway	Sweden
OCCUPATION	Meat Market man	Home wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or Midwife)

Address St Joe Idaho

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 W. D. Brennan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 16

APR 9 1952

236-110-028-369

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 17

File No. 3605

Primary Registration District No. 1003

Registered No. 6

FULL NAME OF CHILD JOHN CLINTON STONE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes.	Jan. 10, 1912

	FATHER	MOTHER
FULL NAME	John M. Stone	Gertrude A. Swiss.
RESIDENCE	Coeur d'Alene. Ida.	Coeur d'Alene. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Antigo. Wis.	St. Paul. Minn.
OCCUPATION	Millwright	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Wood.

Physician (Physician or Midwife)

Address Coeur d'Alene. Ida.

Given names added from a supplemental report

....., 19.....

H. H. Freeman Registrar

Filed Feb 10 1912 H. H. Freeman Registrar

J. H. Shepherd asst.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

SEP 10 1941

Certificate No. 3605
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for no name given (Name on original certificate) who born (Was born or died) on Jan. 10, 1912 (Date of event)
in Coeur d'Alene, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	John Clinton Stone

Subscribed and sworn to before me this 5th day of September 1941

F. H. Thomas
Notary Public, residing at Spokane
My commission expires June 17, 1944
[SEAL]

Signed Gertrude A. (Stone) Greenberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Mother

1115-W-Main Ave. Spokane Wash.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September 1941

F. H. Thomas
Notary Public, residing at Spokane
My commission expires June 17, 1944
[SEAL]

Signed Frank V. Greenberg
(Signature of any credible person other than the previous affiant)

W 1115 Main. Spokane. Wn.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

NOV 20 1962

SEP 18 1941

434-212-028-435

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Garwood

Registration District No. 12

File No. 3606

No. ....., ... St.

Primary Registration District No. 2051

Registered No. 7

Hospital .....

FULL NAME OF CHILD Catherine Ruth McDonald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Jan. 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William C. McDonald	Sarah M. McNeil
RESIDENCE	Garwood, Idaho	Garwood, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Mich.	Mich.
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

(Physician or ~~Midwife~~)

Address Rathdrum Idaho 1/12/12

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 D. L. Drennan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 2/26/41 rmf

JAN 2 1964

391-108-028364

PLACE OF BIRTH

County of Koot

City of Spr Lake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14

File No. 3607

Primary Registration District No. 2054

Registered No. 5

FULL NAME OF CHILD Joseph Earl Craig

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	other		yes	Jan 6, 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter H Craig	Margaret M Commerford
RESIDENCE	Spr L	Spr L
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Kansas	N D
OCCUPATION	Drayman	

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

(Signature) Earl L Arndt MD

(Physician or Midwife)

Address Spr L

Filed July 10 1912 J S Dreeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

3-25-12, 19..

J. M. S. Deputy Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

239-112-028-913

PLACE OF BIRTH

County of K

City of Post Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1N

File No. 3608

Primary Registration District No. 2051

Registered No. 8

FULL NAME OF CHILD Harold Everett Scribner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan 12 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	W E Scribner	FULL MAIDEN NAME	Mary Racy
RESIDENCE	Sp L	RESIDENCE	Sp L
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ind.
OCCUPATION	Laborer	OCCUPATION	Farm

Number of child of this mother, including present birth V

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

(Signature) Earle S Drudy M D

(Physician or Midwife)

Address P. Lake

Filed Feb 10 19 12 S S Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

٥٥٠/٢٤/٤٥

168-113-028-599

PLACE OF BIRTH

County of Kootenai

City of Post Lake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 142

File No. 3609

Primary Registration District No. 2051

Registered No. 9

FULL NAME OF CHILD ELMER HERBERT JOHNSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 13 1912

FATHER		MOTHER	
FULL NAME	Carl Johnson	FULL MAIDEN NAME	Elvira Ericksen
RESIDENCE	Sp L	RESIDENCE	Sp L
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emil S Brindley M.D.

(Physician or Midwife)

Given names added from a supplemental report

3-25-12, 19__

Address Post Lake

J.M.S. Deputy Registrar

Filed July 10 1912 D D Freeman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. FEB 2 1942 Certificate No. 3609
County of Pend Oreille Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Elmer Herbert Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 11, 1912 (DATE OF EVENT)
in Saint Maries, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by "Birthday Book" (BIBLE RECORD, INSURANCE POLICY, ETC.) owned by parent since 1907 prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Elmer Erickson Johnson	Elmer Herbert Johnson

Subscribed and sworn to before me this 24th day of January, 1942

Oswald Mott

Notary Public, residing at Newport

My commission expires April 3, 1945

(SEAL)

Signed Carl A Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pend Oreille

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1942

Oswald Mott

Notary Public, residing at Newport

My commission expires April 3, 1945

(SEAL)

Signed Inga Elvina Johnson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

FEB 2 1942

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 2 3 1976

238714-028-8 S-Y

PLACE OF BIRTH

County of Kootenai

City of Fish Lake

No. ____, ____ St.

Hospital Tony Anthony

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—1Fm-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 12

File No. 3610

Primary Registration District No. 2051

Registered No. 15

FULL NAME OF CHILD ~~Tony Anthony~~ J Schoener

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Jan 14, 1912

FATHER		MOTHER	
FULL NAME	Harry Schoener	FULL MAIDEN NAME	Eva Derrybrys
RESIDENCE	Fish Lake	RESIDENCE	Fish Lake
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis	BIRTHPLACE	Mont
OCCUPATION	Mill Labor	OCCUPATION	Hse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Greenacre M D

(Physician or Midwife)

Address Parkline

Filed Feb 10 1912 D D Greenacre Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth ~~or Death~~

State of Washington } ss.
County of Spokane }

Certificate No. 6-10
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Tony Anthony (Birth or ~~death~~)
for Samuel S. Schooner who was born on 1912 (Name on original certificate) (Was born or died) (Date of event)
in Steptoe (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Jan 14, 1912 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	Samuel S. Schooner	Tony Anthony

Subscribed and sworn to before me this 6th day of Sept 1941

Notary Public, residing at Spokane
My commission expires Jan 13 1942
[SEAL]

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
E. 3612 Wellesley Ave (Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Sept 1941

Notary Public, residing at Spokane
My commission expires Jan 13 1942
[SEAL]

Signed Henry A. Johnson (Signature of any credible person other than the previous affiant)
E. 3612 Wellesley Ave (Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

APR 17 1970

783-215-028462

PLACE OF BIRTH

County of Kootenai

City of Sp. Lake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12

File No. 3611

Primary Registration District No. 2051

Registered No. 11

FULL NAME OF CHILD Evelyn Gertrude Pyle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	ultimo	and	yes	Jan 15, 1912

FATHER		MOTHER	
FULL NAME	Albert J Pyle	FULL MAIDEN NAME	Charlotte Jobes
RESIDENCE	Sp Lake	RESIDENCE	Sp Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill	BIRTHPLACE	Minn
OCCUPATION	Fireman (Stationary)	OCCUPATION	

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Priddle MD.

(Physician or Midwife)

Address Sp Lake

Given names added from a supplemental report

3-25-12, 19

Filed July 10 19 12

J.M.S. Deputy Registrar

Registrar

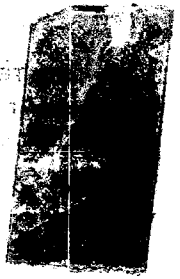
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 11 1942



413-116-027993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Gibbs Ave. St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 3613

Primary Registration District No. 1008 Registered No. 13

FULL NAME OF CHILD Allen Richardson Mathes

Sex of Child M. | Twin, Triplet, or other? Single | and Number in order of birth 3 | Legitimate? Yes | Date of birth Jan. 16 (Month) (Day) 191[illegible] (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Herbert S. Mathes

RESIDENCE Coda.

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Mich

OCCUPATION Saw Foreman

MOTHER

FULL MAIDEN NAME Anna Richardson

RESIDENCE Coeur d'Alene Ida

COLOR Wht AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Norfolk Co Canada

OCCUPATION Nurse

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Ryan

Physician

(Physician or Midwife)

Address Coeur d'Alene Ida

Filed July 10 19 17 D. D. Brennan

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

DUP OF 1912-298037

MATHER
2 HANDWRITING

294-219-00 7313

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 12

File No. 3614

Primary Registration District No. 2051

Registered No. 14

FULL NAME OF CHILD Ethel Ruby Kimes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	1		yes	Jan 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Wm Kimes	Laura Catterson
RESIDENCE	Ranch Bonner Co - Tallman	Bonner Co Tallman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Mich	Mich
OCCUPATION	farmer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ezra S. Driddle M D

(Physician or Midwife)

Address Salt Lake

Filed Feb 16 1912 S. D. Freeman Registrar

Given names added from a supplemental report

3-25-12, 19

J.M.S. Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 12 1958

219-21-028-366

PLACE OF BIRTH

Form V. S. No. 11-C—15-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Near Granite

No. ____, ____ St.

Hospital

Registration District No. 12

Primary Registration District No. 2051

File No. 3615

Registered No. 15

FULL NAME OF CHILD Hazel Bernice Bartholomew

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 11 1912

FATHER		MOTHER	
FULL NAME	Clarence Albert Bartholomew	FULL MAIDEN NAME	Cora Coffman
RESIDENCE	Near Granite	RESIDENCE	Near Granite
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Vanessa, Ontario, Canada	BIRTHPLACE	Sumner, Illinois
OCCUPATION	Rancher	OCCUPATION	Nurse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Freeman M.D.

(Physician or Midwife)

Address Bartlett

Given names added from a supplemental report

....., 19....

Filed 2/10 1912 A. L. Freeman

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

We are enclosing certified copy of Frank Allen's record and returning 50¢ due you.

We have the record for Hazel Bernice, but her birth date is given as Jan. 19, 1912 # 3615. We cannot change the date without a statement sworn to before a Notary. The enclosed form must be used, and we must have 2 different signatures, your own as mother and one other person's knowing the facts to be as stated. Return this note, and affidavit, together with the completed blanks for the births not on file. Write Jefferson City Missouri for the birth which occurred in that state. Send them $1.

Bureau of Vital Statistics
Boise, Idaho

Please send me one more of these forms as I have one more to send in

C A Bartholomew

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

APR 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File [redacted]
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Gronite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Gronite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Gronite Idaho

3. **RESIDENCE of FATHER** (city, state) Gronite Ida

4. **FULL NAME OF CHILD** Hazel Berneice Bartholomew

5. Date of Birth (Month, day, year) January 11 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Allen Bartholomew
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Canesga Ont Canada (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Coffman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sumner Illinois (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 7:15 P M. on the date and at the place stated above, and that personal particulars were furnished by Clara Coffman Bartholomew (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Bonner } ss.

Clara Coffman Bartholomew, being first duly sworn, say that I am related (Related to (or) acquainted with) Hazel Berneice Bartholomew (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D P Brennan (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara Bartholomew Signature

Post Falls P. O. Address

Subscribed and sworn to before me on this 10 day of April 1941

(SEAL) M E Draper Notary Public, residing at Post Falls Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/18/41. W.H.

433-19-028966

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of McGuire

No. ____, ____ St.

Hospital

Registration District No. 14

File No. 3616

Primary Registration District No. 2051

Registered No. 16

FULL NAME OF CHILD Merle Mellier McCall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 19, 1912

FATHER		MOTHER	
FULL NAME	Norman E McCall	FULL MAIDEN NAME	Margrett A. Rowland
RESIDENCE	McGuire	RESIDENCE	McGuire
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Penn	BIRTHPLACE	Penn.
OCCUPATION	Teacher	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D S Brennan MD

(Physician or Midwife)

Address Rathdrum Ida

Given names added from a supplemental report

..... 19....

Filed 2/10 19 12 D D Brennan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

SEP 1 1942

AUG 1 6 1976

813-220-028 365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Hauser

Registration District No. 14

File No. 3617

No. ____, ____ St.

Primary Registration District No. 2051

Registered No. 17

Hospital ____

FULL NAME OF CHILD Osea Natchen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Jan 20, 191[illegible]

FATHER		MOTHER	
FULL NAME	Harry Natchen	FULL MAIDEN NAME	Mabel Lovell
RESIDENCE	Hauser	RESIDENCE	Hauser
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	Hse

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Freeman

(Physician or Midwife)

Address Parkline

Given names added from a supplemental report

....., 19.....

Filed 2/10 191[illegible] D D Freeman

Registrar

S-Y CO.; 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 26 1943

790-12-028365

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Cor. 9th & St. Maries St.

Registration District No. 12

File No. 3619

Primary Registration District No. 1003

Registered No. 20

Hospital No

FULL NAME OF CHILD Harold James Brazer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	Single	2	Yes	Jan.	22	1917

	FATHER	MOTHER
FULL NAME	James L Brazer	Ruth Long
RESIDENCE	Coeur d'Alene	Dead
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Kansas	St Paul Minn
OCCUPATION	Manager Fireman Ice & Fuel Co.	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Myers

Physician (Physician or Midwife)

Address Coeur d'Alene, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 10 19 17 L. L. Freeman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

963-224-028963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 3620

Primary Registration District No. 2051 Registered No. 21

FULL NAME OF CHILD Edith Catharine Rold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M	1		Yes	Jan 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christian E Rold	Della R Roland
RESIDENCE	Post Falls	Post Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	28
BIRTHPLACE	Denmark	Iowa
OCCUPATION	Farmer	wife

Number of child of this mother, including present birth 8 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Rold Father

Mrs. Attending Midwife (Physician or Midwife)

Post Falls

Address ____

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2/10 1912 D D Freeman
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

APR 2 6 1967

84/42402844/59

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 12

File No. b 3621

No. ____, ____ St.

Primary Registration District No. 2057

Registered No. 22

Hospital ____

FULL NAME OF CHILD H. M. Gordon Martin Quarnstrom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 24 — 1912

	FATHER	MOTHER
FULL NAME	Gus Quarnstrom	
FULL MAIDEN NAME		Jennie Martinson
RESIDENCE	Sp Lake	Sp Lake
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Sweden	Norway
OCCUPATION	Blacksmith	

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Smith MD

(Physician or Midwife)

Address Spt Lake

Given names added from a supplemental report

3-25-12, 19....

J.M.S. Deputy

Registrar

Filed 2/10 19 17 D D Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1966

843.227.028-395

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Blackwell Hill St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14 File No. b 3622

Primary Registration District No. 1003 Registered No. 23

FULL NAME OF CHILD Infant Child Hutchins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		8	Yes	1 27 191?

FATHER		MOTHER	
FULL NAME	Melvin Hutchins	FULL MAIDEN NAME	Fanny Turney
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry E. Dahlman Phys.

(Physician or Midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 10 1917 A. M. Brennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713-22 8 028 253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of St Joe.

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 3623

Primary Registration District No. 2049 Registered No. 24

FULL NAME OF CHILD Elizabeth Patterson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)	5th	Yes	Jan 28 1912

FATHER		MOTHER	
FULL NAME	Jas Patterson	FULL MAIDEN NAME	Flora Bell
RESIDENCE	St Joe.	RESIDENCE	St Joe.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Switzerland.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth ..... 5 Ths

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Lindsay - Dr Seeley

delivered above (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Absarokee

Filed 2/10 19 12

..... Registrar

D D Brennan Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

168-230-002-314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 14

File No. 3624

No. 1102 Lakeside St.

Primary Registration District No. 1003

Registered No. 25

Hospital

FULL NAME OF CHILD Marcia Margaret Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes.	Jan. 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E. Johnson.	Julia Campbell.
RESIDENCE	1102 Lakeside Cd'A.	Same.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Lewiston Ida.	Philadelphia Pa.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Wood.

Physician.

(Physician or Midwife)

Address Coeur d'Alene. Idaho.

Given names added from a supplemental report

3-25-12, 19

J.M.S. Deputy

Registrar

Filed 2/10 19 12 D. D. Denman Registrar

J. H. Shepherd Dep.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 1982

133-230-028-695

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries

Registration District No. 12

File No. 3625

No. ____, ____ St.

Primary Registration District No. 20X9

Registered No. 26

Hospital ____

FULL NAME OF CHILD Melba Marie Alleman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Jan 30, 1912

FATHER		MOTHER	
FULL NAME	Fred Alleman	FULL MAIDEN NAME	Marie Freitag
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Switzerland	BIRTHPLACE	Wisconsin
OCCUPATION	Station Agt	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Commuall

(Physician or ~~Midwife~~)

Address St Maries Ida

Given names added from a supplemental report

....., 19....

Filed 2/10 1912 L L Freeman

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 1954

[redacted] 528-208-001-264

CE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Rural No. 1 Registration District No. 1 File No. 3629

No. Franklin School St Dist. Primary Registration District No. 2004 Registered No. 6

Hospital

FULL NAME OF CHILD Dorothy Estella Eby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Jan 8, 1912

FATHER		MOTHER	
FULL NAME	Daniel Alley Eby	FULL MAIDEN NAME	Verna Mabel Boding
RESIDENCE	Nmo - Ida	RESIDENCE	Nmo - Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29 yrs	AGE AT LAST BIRTHDAY (Years)	24 yrs
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	N. R.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should [illegible]. A stillborn child is one that [illegible] shows other evidence of life

(Signature) Dr. Carl Kiefer

(Physician or ~~midwife~~)

Address Boise, Ida.

Filed Jan. 9, 1912 E. E. Shawhan M.D.

Registrar

[illegible] added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1945

239-204-001-669

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 3630

Primary Registration District No. 2002 Registered No. 7

FULL NAME OF CHILD Gladys Leona Scrivner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Ye	Jan 4, 1912

FATHER		MOTHER	
FULL NAME	Doc Scrivner	FULL MAIDEN NAME	Leona May Farnum
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Tetrick

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

, 19

Registrar

Filed Jan. 9, 1912 G E Strawhan M.D.

Registrar

S-Y CO., 16670

177-110-001-412

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1815, N 17th St.

Hospital

Registration District No. 1

File No. 3631

Primary Registration District No. 2004

Registered No. 8

FULL NAME OF CHILD Dick Masten Appel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan. 10th, 1912

FATHER	MOTHER
FULL NAME C. R. Appel	FULL MAIDEN NAME Sarah E. Masten
RESIDENCE 1815 Harrison Boul. Boise	RESIDENCE 1815 Harrison Boul. Boise
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Delaware
OCCUPATION Clothing Salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor, M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 11, 1912 C. E. Shawhan M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 6 1949

199-10A-001-356

PLACE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. b 3632

No. Franklin School Dist. Primary Registration District No. 2004 Registered No. 9

Hospital _____

FULL NAME OF CHILD Lawrence Thompson Grisham

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	1 1 1912

FATHER	MOTHER
FULL NAME Sam C. Grisham	FULL MAIDEN NAME Nora Thompson
RESIDENCE Franklin School Dist.	RESIDENCE Franklin School Dist.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Dan Burch R

(Physician or ~~Midwife~~)

Address Boise Idaho

Filed Jan 12 1912 C. E. Shawhan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAY 20 1942

DECEASED

255-204.001-394

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1515 N. 21 St.

Registration District No. 1

File No. b 3633

Primary Registration District No. 2004

Registered No. 10

Hospital

FULL NAME OF CHILD Mary Elizabeth Senger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	1 4 1912

FATHER		MOTHER	
FULL NAME	Henry L Senger	FULL MAIDEN NAME	Mable Brush
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Nebraska
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) [signature]

(Physician or Midwife)

Address Boise Idaho

Filed Jan 12 1912 G. E. Thornton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 8 1962

SEP 8 1967

OCT 1 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367-205-001-814

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Soldiers Home St.

Registration District No. 1

File No. 3634

Primary Registration District No. 2004

Registered No. 16

Hospital

FULL NAME OF CHILD Sarah F.T. Cox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	1 2 1912

FATHER		MOTHER	
FULL NAME	James W Cox	FULL MAIDEN NAME	Lilly M Hamilton
RESIDENCE	Soldiers Home	RESIDENCE	Soldiers Home
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	So Carolina	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive ~~or stillborn~~) at 9.30a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Bacon

(Physician or ~~Midwife~~)

Address Boise Ida

Filed Jan 12 1912 E.E. Shawhan Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

APR 20 1964

Amended 11/16/72

766-107-001-815

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. Ivaville Addn.

Registration District No. 1

File No. 3635

Primary Registration District No. 2004

Registered No. 12

Hospital

FULL NAME OF CHILD Gerald Lester Powers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 7 191 2

FATHER		MOTHER	
FULL NAME	William J Powers	FULL MAIDEN NAME	Randine Hansen
RESIDENCE	Ivaville Addn - So Boise	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barr

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 12 1912 G. E. Strowhan

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 27 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3635

Date Filed Jan. 12, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Powers (Name on Original Certificate) who was born (Was Born or Died) on Jan 7, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Powers	Gerald Lester Powers
Mother's maiden name	Irene Hanson	Randine Hansen

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of
October, 1972.

Signed Margaret J. Powers
(Signature of Any Credible Person)

Notary Public, residing at Redwood City, Calif.
My commission expires 5/15/73

2632 Town & Country Lane - Santa Clara, California
(Street Address, City, State)

155 CL11/27/70 NM

Census record for Jan. 1, 1920 gives child's name as Gerald L. Powers son of William J. and Irene H. Powers. Viewed by V. S.

NOV 1 6 1972

Certif. of Baptism and Confirmation from LDS Church gives name as Gerald Lester Powers son of Wm. Joseph Powers and Randine Hansen. Born January 6,1912. Was Baptized Nov. 6, 1920 and Confirmed Nov. 7, 1920. Viewed by V. S.

Family record for Gerald Lester Powers born Jan. 6, 1912 gives place of birth as Boise, Idaho. Mother's maiden name as Randine Hansen and father's name as William Joe Powers. Viewed by V. S.

268-107-001-394

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

Registration District No. 1

File No. 3636

No. ____, ____ St.

Primary Registration District No. 2004

Registered No. 13

Hospital ____

FULL NAME OF CHILD Hobbiam, Harland Boyd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 7, 1912

FATHER		MOTHER	
FULL NAME	Harland Boyd	FULL MAIDEN NAME	Cordelia Crumley
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Letts

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

..... 19....

Filed Jan 13, 1912 E E Shawhan M.D.

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15 1942

APR 5 1976

844-107.00-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 3637

No. R. # I St. Primary Registration District No. 2003 Registered No. 14

Hospital

FULL NAME OF CHILD Neal Ward Hudson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		5th	yes	Jan 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J. Hudson	Lorena Jones
RESIDENCE	Meridian R # I	Meridian R # I
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Mo.	Ill
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Address Meridian Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 17, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-301356

814-108-00-364

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 3640

No. _____, _____ St. Primary Registration District No. 2004 Registered No. 17

Hospital _____

FULL NAME OF CHILD Clarence Adrian Hamman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	Jan. 8, 1912

FATHER		MOTHER	
FULL NAME	James A Hamman	FULL MAIDEN NAME	Ruth Coulter
RESIDENCE	R.F.D. No 11 Boise	RESIDENCE	R.F.D. No 11 Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H-W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4. a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Sites

(Physician or Midwife)

Address Boise Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan 20, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, must be stated. Twins, Triplets, etc., are to be numbered in order of birth, as 1st, 2nd, 3rd, etc.

364-[redacted]-001-316

PLACE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1 File No. 3642

Primary Registration District No. 2001 Registered No. 18

FULL NAME OF CHILD Aldura Louise Couzens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. M.			yes	January 16, 1912

FATHER		MOTHER	
FULL NAME	Jeremiah Couzens	FULL MAIDEN NAME	Minnie E. Lawrence
RESIDENCE	Star	RESIDENCE	Star
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Hall M.D.

(Physician or Midwife)

Address Star Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan. 20, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

85-219-007995

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1

File No. 3643

No. 1919, N. 19 St.

Primary Registration District No. 2004

Registered No. 19

Hospital

FULL NAME OF CHILD Grace Virginia Headrick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	1 19, 1912

FATHER	MOTHER
FULL NAME Warren C. Headrick	FULL MAIDEN NAME Louseda May Pinard
RESIDENCE 1919 N 19.	RESIDENCE 1919 N. 19.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Mail Clerk.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) on the date above stated. at 10.8 M.

(Signature) John Brock

(Physician ~~or Midwife~~)

Address Boise Ida

Filed Jan 25, 1912 G. E. Shawhan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 3643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was Born (Was Born or Died) on 1-19-1 (Date of Event)
in Boise Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Grace Headrick
Grace Virginia Headrick		

Subscribed and sworn to before me this 20th
day of April 1944
Ira E Hyde
Notary Public, residing at Boise Idaho
My commission expires 5/29-1946
(Seal)

Signed May L Headrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2200 N 20 - Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of April, 1944
Ira E Hyde
Notary Public, residing at Boise Idaho
My commission expires 5/29-1946
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)
May L Headrick
(Street Address, City, State)
2200 N 20 - Boise Idaho

APR 2 0 1944

819-218-001-296

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 1

File No. 3644

No. ____, ____ St.

Primary Registration District No. 2002

Registered No. 21

Hospital ____

FULL NAME OF CHILD Edith Elizabeth Harrison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	1 — 18 — 1912

FATHER		MOTHER	
FULL NAME	Otis G. Harrison	FULL MAIDEN NAME	Mamie Mary Kromrei
RESIDENCE	Eagle. Idaho.	RESIDENCE	Eagle. Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21.
BIRTHPLACE	Tennessee	BIRTHPLACE	Coeur d'Alene. Idaho
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:05 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Peterson

(Physician or Midwife)

Address Eagle Idaho

Given names added from a supplemental report

____, 19____

Filed Jan. 27, 1912 G. E. Shawhan

Registrar

Registrar

S-Y CO., 16670

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 5 1972

DECEASED

315-220-001-959

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Franklin School Dist. Registration District No. 1 File No. 3645

No. ..... St. Primary Registration District No. 2004 Registered No. 20

Hospital .....

FULL NAME OF CHILD Ruth F. Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	1 20 1912

FATHER		MOTHER	
FULL NAME	Fred L. Davis	FULL MAIDEN NAME	Fern S. Reed
RESIDENCE	Franklin School Dist	RESIDENCE	Franklin School Dist.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebr.
OCCUPATION	Chief Clerk Reclamation Serv.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2:30 P.M. on the date above stated.

(Signature) John Bracken

(Physician or Midwife)

Address Boise Idaho

Filed Jan. 25, 1912 E. E. Shawhan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 9 1952

766-22-004699

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ____, ____ St.

Registration District No. 1 File No. 3646

Primary Registration District No. 2002 Registered No. 22

Hospital ____

FULL NAME OF CHILD Mary Ella Goodman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	1, 22, 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Gilbert Goodman	Rosa Wright.
RESIDENCE	Eagle Idaho	Eagle Idaho
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	43	41
BIRTHPLACE	Iowa.	Cove Oregon
OCCUPATION	Rancher.	Housewife

Number of child of this mother, including present birth 10th

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Witcraft

(Physician ~~or Midwife~~)

Address Eagle. Idaho

Given names added from a supplemental report

....., 19....

Filed Jan 27 1922 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1974

819-101-001-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Main & Mich. St. S. Boise.

Hospital

Registration District No. 1

File No. 3647

Primary Registration District No. 2004

Registered No. 23

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	1 — 1 — 191

FATHER		MOTHER	
FULL NAME	Robert Hartin	FULL MAIDEN NAME	Lydia M. Hartin
RESIDENCE	California	RESIDENCE	S. Boise. (at present)
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

(Physician ~~or Midwife~~)

Address Boise, Ada.

Given names added from a supplemental report

....., 19.....

Filed Jany 27 19 12 G. E. Shawhan M.D.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-146879

168-106-00-994

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1

File No. 3648

No. 515 S. Boise St.

Primary Registration District No. 2004

Registered No. 24

Hospital

FULL NAME OF CHILD Howard Sidney Johnston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	1-6-12

FATHER		MOTHER	
FULL NAME	Marris Johnston	FULL MAIDEN NAME	Dorothy Ella Zimmer
RESIDENCE	515 S. South Boise	RESIDENCE	South Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cadenwood

Physician

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan. 27, 19 12 G. E. Shawhan M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 9 1943

Duplicate 1912-146878

3648

MAY 18 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Sidney Johnston

3. Sex

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth 1 — 6, 1942 (Month, Day, Year)

FATHER

9. Full name Morris Johnston

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race W | 12. Age at last birthday 47 (years)

13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ella Zimmer

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race ..... | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

DEC 10 1976

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) Mary A Caceaway, M. D.

or ....., Midwife

Address Boise Idaho

Filed ....., 193...

Registrar.

319-130-001-769

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3649

County of Ada

~~City of~~ 1 Mi N. of Duncan S/A Registration District No. 1

~~No~~ R.F.D., 2. Boise St.

Primary Registration District No. 2002 Registered No. 25

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Jan 30th 1912

FATHER	MOTHER
FULL NAME: J. K. Carman	FULL MAIDEN NAME: Eliz. S. Poulo
RESIDENCE: 1 mile No. Duncan Ida	RESIDENCE: 1 mile No. Duncan Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Dakota	BIRTHPLACE: Idaho
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor MD

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 30, 1912 G. E. Shawhan, M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

663-12 1-00-469

PLACE OF BIRTH

Form Y. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Beach-Boise Registration District No. 1 File No. 3650

No. ....., ... St. Primary Registration District No. 2004 Registered No. 26

Hospital .....

FULL NAME OF CHILD Thomas M Wolfe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	January 21, 191[illegible]

FATHER		MOTHER	
FULL NAME	Oliver F Wolfe	FULL MAIDEN NAME	Florence E. Morcom
RESIDENCE	Boise RFD #2	RESIDENCE	Beach Boise RFD #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:52 A.M. on the date above stated.

(Signature) W. C. Allen M.D.

(Physician or Midwife)

Address 557 Jonna Blvd Boise

Filed Feb. 2, 1912 G. E. Lewton M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-112-001-335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Kuna

No — — —, — — — St.

Hospital Residence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 3651

Primary Registration District No. 2003 Registered No. 27

FULL NAME OF CHILD Roger Burmont Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	1 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Stephen Matthews	Hazel Beatrice Cleaves
RESIDENCE	Kuna Idaho	Kuna Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Beatrice Neb.	Eagle Point Wis.
OCCUPATION	Carpenter & Builder	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Victoria Hamilton

Midwife

(Physician or Midwife)

Address 2111 Harrison Blvd

Given names added from a supplemental report

....., 19.....

Filed Feb. 5 1912 G. E. Shrewsbury M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 17 1942

393-209-001-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

No ____, ____ St.

Hospital

Registration District No 1

File No. 3652

Primary Registration District No. 2004

Registered No. 5

FULL NAME OF CHILD Lilla Frances Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Solomon Asher Little	Laura Dreitzler
RESIDENCE	Beach (Post. Corners)	Beach Post Corners
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	23
BIRTHPLACE	Me.	Kansas
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettengill

(Physician or Midwife)

Address 1 Rhodes Bldg Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 9, 1912 G. E. Shawhan, M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 20 1959

DECEASED

864-123.001-214

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Fur Ostrich

No. ____, ____ St.

Hospital ____

Registration District No. 37 1

File No. 3653

Primary Registration District No. 2004

Registered No. 29

FULL NAME OF CHILD Earl Young Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Jan 23 1912

FATHER		MOTHER	
FULL NAME	Earl Young	FULL MAIDEN NAME	Lillian Badraun
RESIDENCE	Spokane Wash.	RESIDENCE	Spokane Wash.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 yrs. (Years)
BIRTHPLACE	Sundvall Surdeu	BIRTHPLACE	Warren Minn.
OCCUPATION	City Fireman.	OCCUPATION	House wife -

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

S-Y CO., 16670 Registrar

(Signature) Mrs Nick Badraun

Mrs Mc

(Physician or Midwife)

Address R. F. D. No 2. Boise Idaho

Filed Feb. 10 1912 C. E. Shawhan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

449-109.00-344

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ——, ——— St.

Hospital ——

Registration District No. 1

File No. 3655

Primary Registration District No. 2003

Registered No. 31

FULL NAME OF CHILD Charlie Murray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	——	——	yes	1 9 1912

FATHER	MOTHER
FULL NAME Charlie Henry Murray	FULL MAIDEN NAME Mary Anna Summers
RESIDENCE 1 Mi So Meridian	RESIDENCE 1 Mi So Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Meridian Ida.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Address

——, 19

Filed 1/9 — 1912 C. L. Dutton

Registrar

Registrar

Feb. 10, 1912 G. E. Shawhan

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 30 19
NOV 2 1976
DECEASED

819-11 4.00-318

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 3656

Primary Registration District No. 2003 Registered No. 32

FULL NAME OF CHILD Lawrence Fredrick Harms

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	1 (Month) — 14 (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Linus Rose Harms.	FULL MAIDEN NAME Addie Hazel Taylor
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas.
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or ~~Midwife~~)

Address Meridian

Filed Feb 15th 1912 C. L. Dutton Registrar

Feb 10-12 A. R. Shawhan

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

769 / 25 · 09 · 331

PLACE OF BIRTH

County of Ada

City of Meridian

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1

File No. 3657

Primary Registration District No. 2003

Registered No. 33

FULL NAME OF CHILD Wilbert Lee Gore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	2nd	yes	Jan 25 1912

FATHER		MOTHER	
FULL NAME	Roscoe B Gore	FULL MAIDEN NAME	Dora B. Clark
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

(Signature) W. F. Neal

Physician

(Physician or Midwife)

Address Meridian

Filed Feb. 10 1912 E. E. Shawhan

Registrar

* *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

168-227-001-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

Registration District No. 1

Primary Registration District No. 2001

File No. 3658

Registered No. 35

FULL NAME OF CHILD Elsie Gertrude Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Jan 27, 1912

FATHER	MOTHER
FULL NAME: Charles Alma Johnson	FULL MAIDEN NAME: Ella McGrath
RESIDENCE: (2 mi. E.) Star Idaho	RESIDENCE: Star Idaho
COLOR: W. AGE AT LAST BIRTHDAY: 43 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Ohio
OCCUPATION: Road master B. & M.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 03 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mangle M. D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 27 19 12 J. E. Mangle Registrar

Feb. 10 - 1912 A. E. Sheridan

S-Y CO., 16670

IDAHO DEPARTMENT OF HEALTH — 2872

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 25 2 20 PM '75

State of Idaho } ss.
County of Ada

Certificate No. 3658

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 27, 1912 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Johnson	Elsie Gertrude Johnson

Subscribed and sworn to before me this 6th day of March, 1975

Thomas G Mays

Notary Public, residing at Boise

My commission expires 10-8-77

(Seal)

Signed Elsie Gertrude Johnson

Signed Thomas G Mays

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1975

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Gerald R. Agard

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 80-155

Marriage License and Certificate # 24 # 10035 gives name of bride as Elsie Gertrude Johnson married to Gerald Osgood on Sept. 4, 1934. FEB 25 1975

Own childs birth certificate on file with State of Idaho gives name of mother as Elsie Gertrude Johnson. Child born January 9, 1944 in Boise, Idaho State file # 384859.
Viewed by V.S.

464-23-001469

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

Registration District No. 1

File No. 3659

Primary Registration District No. 2001

Registered No. 36

FULL NAME OF CHILD MILDRED ALTA DOUGLAS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Jan. 31, 1912

FATHER	MOTHER
FULL NAME: Claude Hamilton Douglas	FULL MAIDEN NAME: Etta May Morgan
RESIDENCE: Star	RESIDENCE: Star
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Nangle M. D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 31 1912

J. S. Nangle
Sub-Registrar

Feb. 10-1912 E. E. Shawhan

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 3659

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Jan. 31, 1912 (Date of Event)

in Star, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by this affidavit (Bible Record, Insurance Policy, Etc.) prepared on June 11, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred Alta Douglas

Subscribed and sworn to before me this 11th day of June, 1942

Notary Public, residing at Portland, Oregon

My commission expires NOTARY PUBLIC FOR OREGON (Seal)

MY COMMISSION EXPIRES MAY 24, 1944

Signed Hollis W Straw

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1710 S.W. 3rd Ave. Portland, Ore.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1942

Notary Public, residing at Portland, Oregon

My commission expires NOTARY PUBLIC FOR OREGON (Seal)

MY COMMISSION EXPIRES MAY 24, 1944

Signed Mae Coon

(Signature of Any Credible Person Other Than Previous Year)

5200 N. Stanton St.

(Street Address, City, State)

Portland, Oregon

JUN 12 1942

JUL 2 9 1942

JUN 17 1942

141-108 385

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts

Registration District No 9

File No. 3660

No ____, ____ St.

Primary Registration District No. 2040

Registered No. 100

Hospital ____

FULL NAME OF CHILD Carlos James Adams

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 8 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. T. Adams	Lucy Cherry
RESIDENCE	Roberts	Roberts
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Idaho	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr J. E. Melton

Physician

(Physician or Midwife)

Address Menan, Idaho

Filed Feb 10 1913 Ray Risley, M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 3660

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Jefferson
City of Rabeste
No. ____ St.
P.O. Box 63 Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Carlos Jarvis Adams

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth February 8 1942 (Month, Day, Year)

FATHER

9. Full name George Thomas Adams
10. Residence (usual place of abode) (If non-resident, give place and State) Rabeste
11. Color or race White | 12. Age at last birthday 74 (years)
13. Birthplace (city or place) (State or Country) Market Lake Idaho Now Jefferson County

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Road & Building
16. Date (month and year) last engaged in this work April-42, 1942
17. Total time (years) spent in this work 50 yrs

MOTHER

18. Full maiden name Lucy Ellen Cherry
19. Residence (usual place of abode) (If non-resident, give place and State) Rabeste
20. Color or race White | 21. Age at last birthday 67 (years)
22. Birthplace (city or place) (State or Country) Hookersville Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Still working 19____
26. Total time (years) spent in this work 45 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 8 (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 12-10 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
Kate Bahmer, Midwife
Address Rabeste Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed JUN 8 1942, 193____

Registrar. Registrar.

213-17-022-766

Amended 6/2/75

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Registration District No 9 File No. 3661

No ____, ____ St.

Primary Registration District No. 2040 Registered No. 92

Hospital ____

FULL NAME OF CHILD Winslow Poole Ballantyne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE	— and —	—	yes	Jan 17 1912

FATHER		MOTHER	
FULL NAME	Zach. Ballantyne	FULL MAIDEN NAME	Ethel Poole
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. E. Melton

(Physician or Midwife)

Address Menan, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 19 12 Ray St. Poole M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 5 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 15 8 53 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Minidoka } ss.

Certificate No. 3661

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ballantyne (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 17, 1912 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Oct. 25, 1950 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Winslow Poole Ballantyne
sex of child	F	Male

Subscribed and sworn to before me this 14th day of May, 1975

Notary Public, residing at Rupert, Idaho
My commission expires Life
(Seal)

Signed Don R Ballantyne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1142 Link St., Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5/5/75

Honorable Discharge from the Army gives name as Winslow P. Ballantyne. dated Aug 6, 1938. viewed by V. S.

MAY 29 1975

Insurance policy from Jefferson Standard Life Ins. Co. gives name as Winslow Poole Ballantyne. dated Nov. 1, 1950. No. 1, 110, 205. viewed by V. S.

JUN 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

242-108-022-593

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 3662

Primary Registration District No. 2040 Registered No. 101

FULL NAME OF CHILD Lawrence Leslie Bush

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Feb 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Leslie Bush.	Edna Pickburg.
RESIDENCE	Rudy	Rudy.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Utah.	Montana
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ca. Fullmore

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Feb 10 1912 Mary L. Fisher M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

SEP 18 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

162-1161 022-366

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2064

File No. 3663

Registered No. 90

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Jan 16, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum J. Moss	Nora Cooke
RESIDENCE	Rigby	Rigby
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Paxton M.D.

(Physician or ~~Midwife~~)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 10, 19 12 Ray A. Rose M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

917-23-022-993

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rugby

Registration District No. 9 **File No.** b 3664

*No.*_____, _____ *St.*

Primary Registration District No. 2040 **Registered No.** 81

Hospital _____

FULL NAME OF CHILD JESSIE LUELLA RAPP

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Jan 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wallace Rapp	Louisa Ritter
RESIDENCE	Rugby	Rugby
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	South Dakota	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton M.D.

(Physician or Midwife)

Address Rugby Idaho

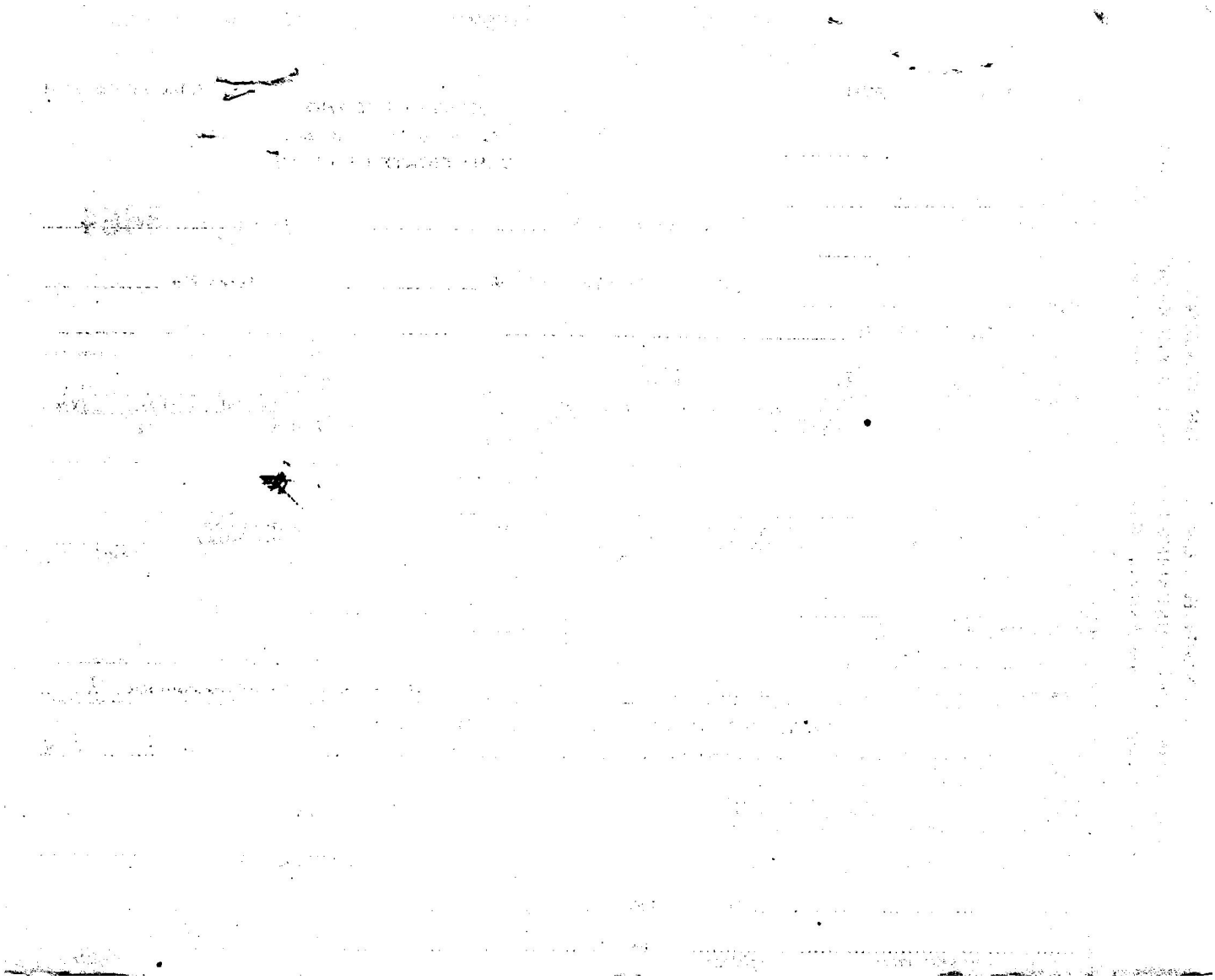
Filed Feb. 10 1913 Ray Hyde, Mar. Registrar

Given names added from a supplemental report

_____, 19____

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 3664
Date Filed APR 8 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jessie Luella Rapp (Name on Original Certificate) who Born (Was Born or Died) on Jan. 31, 191[illegible] (Date of Event)
in Rigby, Jefferson, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on Date as above (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Jessie Luella Rapp

Subscribed and sworn to before me this 7 day of April, 19 4[illegible]

Ruth R. Jensen
Notary Public, residing at Roberts, Idaho
My commission expires 10.21.44
(Seal)

Signed Louise Rapp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Roberts, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of April, 19 4[illegible]

Ruth R. Jensen
Notary Public, residing at Roberts, Idaho
My commission expires 10.21.44
(Seal)

Signed Mabel Woods
(Signature of Any Credible Person Other Than Previous Year)

Roberts, Idaho
(Street Address, City, State)

753-21-1022-552

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 3665

Primary Registration District No. 7040

Registered No. 80

FULL NAME OF CHILD MARY JUNE PETTINGILL

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	yes	Feb 11, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo Pettingill	FULL MAIDEN NAME	Lela Nebeker
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby, Idaho

Filed Feb 22, 1912

Given names added from a supplemental report

....., 19.....

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 3665

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Pettingill (Name on Original Certificate) who was born (Was Born or Died) on February 11, 1912 (Date of Event)
in Rudy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth certificate Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on State File #178226 - Idaho Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Mary June Pettingill

Subscribed and sworn to before me this 20th day of February, 1956

Notary Public, residing at Boise, Idaho
My commission expires Aug. 13, 1956
(Seal)

Signed Leo E. Pettingill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

223 Wallace, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1956

Notary Public, residing at Boise, Idaho
My commission expires Aug. 13, 1956
(Seal)

Signed Lela Pettingill
(Signature of Any Credible Person)

223 Wallace Street Boise Idaho
(Street Address, City, State)

FORM DPH 55.155

MAR 16 1956 SEP 4 1974

618-107-022-213

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Rigby

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 3666

Primary Registration District No. 2040 Registered No. 79

FULL NAME OF CHILD JOSEPH WILLIAM FAY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph W. Fay	Mary Bates
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Missouri	Ohio
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby Idaho

Filed Feb. 10 19 12 Ray H. Fisher
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Calif } ss.
County of Los Angeles }

Certificate No. 2 6 2 6
Date Filed MAR 4 1942

The undersigned does solemnly swear that certain facts on the certificate of Births (Birth or death)
for Joseph William Fay (Name on original certificate) who was Born Feb (Was born or died) on Feb 7 1912 (Date of event)
in Rigby Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Joseph William Fay	.....	Joseph William Fay
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this 2nd day of October, 1941

..... Notary Public, residing at Bell Calif.

My commission expires .....
[SEAL]

Signed Mary A Fay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on MAR 1942 by .....
(Registrar's signature)

249-224-022-339

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 3667

Primary Registration District No. 20x0

Registered No. 78

FULL NAME OF CHILD Arbella Smith

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	yes	Jan 24, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. P. Smith	FULL MAIDEN NAME	Lucinda Clifford
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby Idaho

Filed Feb. 1 19 12 Ray H. Fisher M.D.

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 6 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Primary Registration District No. ..... Registered No. .....

Registration District No. ..... File No. .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Sex of Child	Twin, Triplet or other?	and / Number in order of birth	Legiti-mate?	Date of birth (Month) (Day) (Year) 19....
	(To be answered only in cases of plural births)			

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive at ..... M. on the date above stated.

(Born alive or stillborn)

(Signature) .....

(Physician or Midwife)

Address .....

Filed ..... 19.....

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

U.S. GOVT. PTG. & ENGR. 17329

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Jefferson

Certificate No. 3667

JAN 25 9 04 AM '74

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 24, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 1 February 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Smith	Arbella Smith

Subscribed and sworn to before me this 17th day of January, 1974

Notary Public, residing at Rigby, Idaho
My commission expires 1 February 1975
(Seal)

Signed George William Smith (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
126 So. 3d W., Rigby, Idaho 83442
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of January, 1974

Notary Public, residing at Rigby, Idaho
My commission expires
(Seal)

Signed Hope B. Jones
(Signature of Any Credible Person)
Box 13, Rigby Idaho 83442
(Street Address, City, State)

, 1972

FORM DH 80-155

CL 12/18/73 nm MY COMMISSION EXPIRES JULY 15, 1977

FEB 14 1974

Own child's birth certificate on fiel in Idaho (285668) gives child's name as Sandra Sue McCandless born Aug. 13, 1939. mother's name given as Arbella Smith. Viewed by V. S.

Family Bible record give name as Arbella Smith born in Rigby, Idaho on Jan. 24, 1 1912. married Aug. 8, 1936. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

217-126-052-314

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No ____, ____ St.

Hospital ____

Registration District No 9 File No. 3668

Primary Registration District No. 2040 Registered No. 68

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Jan 26 1912

	FATHER	MOTHER
FULL NAME	John A. Sapton	FULL MAIDEN NAME Sylvia E. Campbell
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	England	BIRTHPLACE Utah
OCCUPATION	Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Sapton

(Physician or Midwife)

Address Rigby Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb. 10, 19 12 Ray Fisher, M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

169-227-022-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No ____, ____ *St.*

Hospital ____

Registration District No. 9

Primary Registration District No. 9040

File No. 3669

Registered No. 69

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	Jan 27, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Jorgensen	Olivia Christensen
RESIDENCE	Rigby	Rigby
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Sexton

(Physician or Midwife)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 10 19 12

Clay Clerk

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS 17326

435-226-02-953

Amended 9/23/74

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 9

File No. 3672

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 76

Hospital ____

FULL NAME OF CHILD Afton McEntire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Jan 26 1972

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond McEntire	Sarah A. Zellinger
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Walker M.D.

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 19 72 Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9-9-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 10 11 39 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3672

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed McIntire (Name on Original Certificate) who was born (Was Born or Died) on January 26, 1912 (Date of Event)

in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Afton McEntire
Father's last name	McIntire	McEntire

Subscribed and sworn to before me this 12th day of September, 1974

Kathryn Peterson

Notary Public, residing at Twin Falls Idaho

My commission expires 11-10-75

(Seal)

Signed Delbert Orville Miller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

834 Fir Twin Falls Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

1 Cp pd. Rush 1c

SEP 23 1974

Own child's birth certificate on file with state of Idaho, #324568, gives name of mother as Afton McEntire. Child born September 30, 1941
Viewed by V.S.

A brother's certificate on file with State of Idaho gives name of father as McEntire. Brother born Sept. 29, 1917 in Rexburg, Idaho. Mother - Sarah Zollinger. Certificate# 52875.
Viewed by V.S.

133-28-022-793

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Cache

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 3673

Primary Registration District No. 2059 Registered No. 75

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Jan 28, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Brent J. Allen	FULL MAIDEN NAME	Laverna Pitcher
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M. Nelson

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19....

Filed Feb 10 19 12 Mary A. Fisher, M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Dup of 1912-5023

753-209-022-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

Registration District No. 9

Primary Registration District No. 7039

File No. 3674

Registered No. 82

*No.*_____, _____*St.*

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	January 9, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno R. Peterson	Johanna Peterson
RESIDENCE	Sugar City	Sugar City
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Utah	Germany
OCCUPATION	Engineer	Housewife

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe M.D.

(Physician or Midwife)

Address Sugar City Ida.

Given names added from a supplemental report

_____, 19____

Filed Feb. 10 19 13 Ray H. Fisher Registrar

_____ Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

863-209. 022-863

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No ____, ____ St.

Hospital ____

Registration District No 9

Primary Registration District No 2039

File No. 3678

Registered No. 89

FULL NAME OF CHILD ALTA ELVA HOLCOMB

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	Jan 8 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Holcomb	Sophia Holcomb
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.0 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuler M.D.

(Physician or Midwife)

Address Sugar City Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 10 19 B. Taylor Reg. M.

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL-14 1942.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nebraska }
County of Dundy } ss.

Certificate No. 3678

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alta Elva Holcomb (Name on Original Certificate) who was (Was Born or Died) on Jan. 8, 1912 (Date of Event)
in Fremont Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alta Elva Holcomb

Subscribed and sworn to before me this 10th day of July, 1942

Notary Public, residing at Haigler Nebr.

My commission expires June 19, 1945
(Seal)

Signed Sophia Mabell Holcomb (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 15 1942

692-112-022-069

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No 9

File No. 3681

No. ....., ... St.

Primary Registration District No. 2039

Registered No. 96

Hospital .....

FULL NAME OF CHILD Clarence E. Fisher

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— and —	(To be answered only in event of plural births)	yes	Jan 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lloyd E Fisher	Margaret Morton
RESIDENCE	St Anthony	St Anthony
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	25	29
BIRTHPLACE	Nebraska	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 2 15 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Malotte M.D.

(Physician or Midwife)

Address St Anthony Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 1912 Ray S. Pike

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

DUP OF 12-283030

MMN MORETON

NAME
CHANGE

NOT

753 227 022652

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No ____, ____ St.

Registration District No 9 File No. 3683

Primary Registration District No. 2039 Registered No. 73

Hospital ____

FULL NAME OF CHILD Donnetta Petersen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	——	——	——	yes	Jan 27 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter B. Peterson	FULL MAIDEN NAME	Blanche Webster
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Walker MD

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19....

Filed Feb. 10 19 12 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 6 1944

314-216-072-000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Haden

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 File No. 3684

Primary Registration District No. 2037 Registered No. 61

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Jan 16, 1912

FATHER		MOTHER	
FULL NAME	Hyrum A Campbell	FULL MAIDEN NAME	
RESIDENCE	Haden	RESIDENCE	Haden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

[Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ora D. Keith

Drugg ga Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address ____

Filed Feb. 10 1912 Clayton Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

FEB 28 1967

I to mother

459-210-021-643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Clawson

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 3687

Primary Registration District No. 2037 Registered No. 64

FULL NAME OF CHILD Wilma Lucinda Merrill

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 19 (Year) 2
F.		yes	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jerrod Merrill	Edna Fulmer
RESIDENCE	Clawson	Clawson
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ora D Keith

Driggs Ida (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb. 10 1921 Ray S. Parker M.D. Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

To Whom It May Concern:

This will certify that a daughter was born to Samuel Jared Merrill and Edna Fullmer Merrill in the town of Clauson, Fremont County, Idaho and was given the named of Wilma Lucinda Merrill. The time of birth was January 10, 1912.

Signed:----------Edna Fullmer Merrill

Date 7/7/70

Edna

Edna Fullmer Merrill

Grace Vander Stek
Notary Public

My commission expires Feb. 15, 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 23 1971
Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3687

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Merrill (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 10, 1912 (Date of Event)
in Clawson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilma Lucinda Merrill

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 12-28-62. nm

Certificate of Blessing from LDS Church dated May 22, 1912 gives name as Wilma Lucinda Merrill daughter of Samuel J. Merrill, Jr. and Edna Fullmer. Born Jan. 10, 1912 Was Blessed April 7, 1912. Viewed by V. S.

MAR 29 1972

Certificate of Baptism and Confirmation from LDS Church gives name as Wilma Lucinda Merrill daughter of Samuel J. Merrill and Edna Fullmer. Born Jan. 10, 1912. Was Baptized Aug. 28, 1920 and Confmed Aug. 29, 1920. Viewed by V. S.

418-114-022-666 ADDED CHILD'S NAME 8-9-2000 MS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Bates

*No*_____, _____*St.*

Hospital _____

Registration District No. 9 **File No.** 3689

Primary Registration District No. 2037 **Registered No.** 67

FULL NAME OF CHILD → LESTER IRA MAY

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Jan 14, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry May	Haddon Woods
RESIDENCE	Grovont Wyo	Grovont Wyo.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Ida	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 6:15 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Driggs Idaho

Filed Feb. 10 1913 Ray S. Fiske M.D.

Registrar

Given names added from a supplemental report

_____, 19_____

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

7-6-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 04 2000
VITAL STATISTICS UNIT

State of _____
County of _____ ss

Certificate No. 1912-3689
Date Filed FEB. 10, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED MAY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JAN. 14, 1912 (Date of Event)

in BATES (FREMONT) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED MAY	LESTER IRA MAY

Subscribed and sworn to before me this 1ST day of August, 2000

Notary Public, Bethany A. Boris

Residing at Jackson, Wy

My commission expires BETHANY ANN BORIS - NOTARY PUBLIC (Seal) County of Sublette State of Wyoming My Commission Expires April 24, 2004

Signature of Applicant

10 Eastgate Box 562 Jackson Wy
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

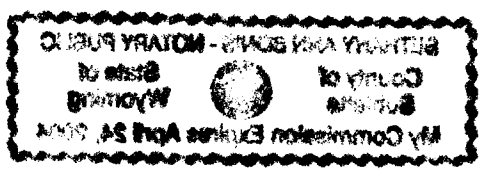
Supporting Signature

Street Address, City, State

2nd Pd

WYOMING DRIVER'S LICENSE ISSUED TO LESTER IRA MAY ON 9/25/1987
VIEWED VS.

APPLICATION TO THE BENEFICIAL LIFE INS. CO. FOR LESTER IRA MAY DATED
AUG. 10, 1942 VIEWED VS.



864-115-032-499

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Driggs

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 3690

Primary Registration District No. 2037 Registered No. 70

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Jan 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ethelbert H. Young	Hattie Driggs
RESIDENCE	Driggs	Driggs
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M P Crosier M.D.

(Physician or Midwife)

Address Driggs Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb. 10 1912 Ray S. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

25-206.02-735

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Victor

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 3692

Primary Registration District No. 2037 Registered No. 72

FULL NAME OF CHILD Amy Ruth Kearsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	Jan. 6, 1912

FATHER		MOTHER	
FULL NAME	Edwin N. Kersley	FULL MAIDEN NAME	Mary L. Stephens
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth B. Curtis

Midwife

(~~Physician~~ or Midwife)

Address Victor Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 1912 Clay A. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 12 1953

318-214-022-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Driggs

*No*_____, _____ *St.*

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 **File No.** 3693

Primary Registration District No. 2037 **Registered No.** 66

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	—	yes	Jan 14, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E. Taylor	Dora Brunton
RESIDENCE	Chapin	Chapin
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Sheep Raising	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

(Physician or Midwife)

Address Driggs, Idaho

Given names added from a supplemental report

_____, 19____

Filed Feb. 10 1912 Ray H. Fiske M.S.

_____ *Registrar*

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

689-226-032-842

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of St Anthony

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2038

Primary Registration District No 9

File No. 3694

Registered No. 52

FULL NAME OF CHILD Mae White

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Jan 26, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno M. White	FULL MAIDEN NAME	Mary Hubbard
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:25 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~Midwife~~)

Address St. Anthony

Filed Feb. 10, 19 12 Ray H. Fisher M.D.

Registrar

Given names added from a supplemental report

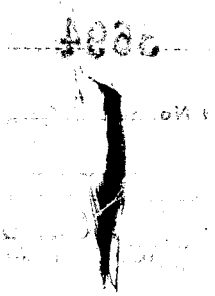
....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 9 1976



719-22-022-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No 9 File No. 3695

No ____, ____ St.

Primary Registration District No. 2038 Registered No. 53

Hospital ____

FULL NAME OF CHILD Dena Hortense Parks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F.	— (To be answered only in event of plural births)	—	yes	Jan 21 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac H. Parks	Emily Miller
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

St Anthony Ida (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 10 19 12 Ray H. Fisher, M.D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 3 0 1973

133-230-022-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No ____, ____ St.

Registration District No 9 File No. 3696

Primary Registration District No. 2038 Registered No. 54

Hospital ____

FULL NAME OF CHILD Mabel Allen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	—	yes	Jan 30, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Allen	FULL MAIDEN NAME	Lois Winegar
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West.

St. Anthony, Ida.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19....

Registrar

Filed Feb 10 19 12 Clay H. Lee M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 1 6 1973

760-220-02 -253

PLACE OF BIRTH

Amended 5-11-60

County of Fremont

City of Parker

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 3697

Primary Registration District No. 2038 Registered No. 55

FULL NAME OF CHILD LaRue Powell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 20, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Francis Cleve Powell	FULL MAIDEN NAME: Delia Secrist
RESIDENCE: Parker	RESIDENCE: Parker
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) W. B. West

(Physician or midwife)

Address St. Anthony, Idaho

Filed 2-10-12 192 Ray H. Hiske, M. D.

Registrar.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Parker

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 3697

Primary Registration District No. 2038 — Registered No. 55

FULL NAME OF CHILD ~~Lawrence~~ LaRue Powell

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	—	yes	Jan 20, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Clive Powell	Delia Secrest
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

St Anthony Ida

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Filed Feb 10 1912 Ray M Hicks

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 3 1943

FEB 4 1959

MAY 11 1960

(on back)

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3697

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for LaRue Powell (Name on Original Certificate) who was born (Was Born or Died) on Jan. 20, 1921 (Date of Event)
in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by I have known her since birth (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	Jan. 20, 1921	Jan. 20, 1912

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of
May, 1950

Notary Public, residing at Boise, Idaho
My commission expires 9-18-52
(Seal)

Signed Vernon Dicks
(Signature of Any Credible Person)

1416 N. 24 Boise, Idaho
(Street Address, City, State)

FORM DPH 55.155

Statement of hospitalization from Modoc Medical Center, Alturas, California, issued May 3, 1960; original date Dec. 20, 1953, gives age as 41. Viewed by V.S. Driver's License, Issued in California in 1955, gives birth date as Jan. 20, 1912. Viewed by V.S.

15-X-117.022-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Parker

*No*_____, _____*St.*

Hospital _____

* *Registration District No.* 9 **File No.** 3698

Primary Registration District No. 2038 **Registered No.** 56

FULL NAME OF CHILD Warren Melrose Anderson

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth Jan. 17, 1912 (Month) (Day) (Year)
M			

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Anderson	Hannah J. Rosenwall
RESIDENCE	Parker Ida	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 6 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

St. Anthony Ida (Physician or ~~Midwife~~)

Address

Given names added from a supplemental report

_____, 19____

Filed Feb. 10, 19 12

Ray N. Parker M.D. Registrar

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7SK·215·022-365

Amended 5-22-81

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 9 File No. 3699

No. ____, ____ St.

Primary Registration District No. 2038 Registered No. 57

Hospital ____

FULL NAME OF CHILD Dorothy Luella Pearce

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	—	yes	Jan 15, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Thomas Joseph Pearce	FULL MAIDEN NAME Harriet Amanda Loveland
RESIDENCE Parker	RESIDENCE Parker
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 21 (Years)
	BIRTHPLACE Idaho
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 5:45 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M.D.

St Anthony Ida

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 10, 19 12 Ray M. Fisher, M.D.

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

K

NOV 19 1971

DECEASED

9-16-80

RECEIVED

APR 27 1981

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 3699
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lula Pierce (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 15, 1912 (Date of Event)

in Parker (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Lula Pierce	Dorothy Luella Pearce
fathers name	T.J. Pierce Thomas	Joseph ~~Thomas~~ Pearce
mothers name	Hazel Loveland	Harriet Amanda Loveland

Subscribed and sworn to before me this 22nd day of April, 1981

Notary Public, Lorin L. Ward
Residing at Idaho Falls, Idaho
My commission expires June 1, 1982
(Seal)

Dorothy Luella Pearce (Prestwich)
Signature of Applicant

3280 E Lincoln Idaho Falls Ida 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1981

Notary Public, Lorin L. Ward
Residing at Idaho Falls, Idaho
My commission expires June 1, 1982
(Seal)

Veda A. Nelson
Supporting Signature

324 N. state Rigby, Idaho 83442
Street Address, City, State

Certificate of Blessing gives name of child as Dorthy Luella Pearce born to Thomas Joseph Pearce and Harriett Amanda Loveland. ~~County records of births of 1912.~~ Shows child born January 15, 1912 at Parker, Idaho. Baptized Blessed March 1912, by Elder Henry Jackson.

MAY 26 1981

Viewed by V.S.

Family Record of birth gives name as Dorothy Luella Pearce born at Parker, Idaho on January 15, 1912 and Blessed March 1912 by Henry S. Jackosn. Family Record also shows Baptismal Date as June 13, 1920, and Confirmed June 20, 1920, by Robert H. Fife. Schooling Commenced at Dehlin, Idaho, in October 1919, and Graduated from Iona, Idaho May 13, 1929. Married Feb. 14, 1935.
Viewed by V.S.

413.219-022-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of ~~~

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 File No. 3700

Primary Registration District No. 2038 Registered No. 58

FULL NAME OF CHILD Viola Mathews

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	Jan 19 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Laurence E Mathews	Stella E. Cazier
RESIDENCE	Fremont Co	Fremont Co
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Illinois	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Eby M D

(Physician or Midwife)

Address H. Ashton Ida.

Filed Feb. 10 19 17 Ray H. Kirk M.D. Registrar

Given names added from a supplemental report

_____, 19____

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 3700

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Viola Mathews

Subscribed and sworn to before me this 30 day of April, 1942

O. Reserve, ~~Notary Public~~, residing at Probate Judge

My commission expires

(Seal)

Signed Stella E. Mathews

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. 1, St. Anthony Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

_____ (Street Address, City, State)

MAY 6 1942

MAY 12 1942

MAR 22 1974

219-219-022-216

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

County of Fremont name added 4-27-83 CERTIFICATE OF BIRTH

City of Ashton

Registration District No 9 File No. 3701

No ....., ... St.

Primary Registration District No. 2038 Registered No. 59

Hospital .....

FULL NAME OF CHILD Leah Burnham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Jan 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Frank Burnham	Hannah Bowman
RESIDENCE	Ashton	Ashton
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Hummel

(Physician or ~~Midwife~~)

Address Marysville

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 19 13 Capt. Clerk, Md

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

APR 22 4 16 PM '83

Certificate No. 3701
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Burnham (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 19, 1912 (Date of Event)

in Ashton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Leah Burnham

Subscribed and sworn to before me this 21 day of April, 1983

Notary Public, Amelia E. Horrocks

Residing at 424 No. 13th

My commission expires non-expiring

(Seal)

Florence B. Smith
Signature of Applicant

424 North 13th
Street Address, City, State

Pocatello, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 2-3-83

1 copy pd Rec. #12047

Certificate of Baptism from LDS Church gives Leah Burnham born Jan 1912 in Fremont County to J Frank Burnham and Hannah M Bowman and was baptised May 16, 1920. Viewed by V.S.

APR 27 1983

Marriage record of Leah Burnham and Lloyd A Norris at Soda Springs, Idaho in March 1, 1930. Viewed by V.S.

285-27-022-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of St Anthony

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 File No. 3702

Primary Registration District No. 2038 Registered No. 60

FULL NAME OF CHILD Lee Shelton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Jan 27 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Shelton	FULL MAIDEN NAME	Sarah A Murray
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) I. R. Malotte M.D.

St Anthony Ida
(Physician or Midwife)

Address .....

Filed Feb 10 1912 Clay Risher M.D.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

154-104-040-168

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 3707

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD John Andrew Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1-4-1912

FATHER		MOTHER	
FULL NAME	John Anderson	FULL MAIDEN NAME	Emily Johnson
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M D

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Jan 9 1912 Dr. Chas. C. Dettman Registrar

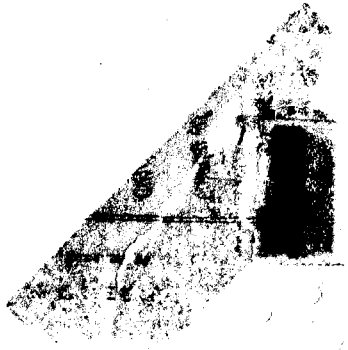
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 5/9/41. w.h.



573-108-040-436

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ——, ——St.

Hospital ——

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 3708

Primary Registration District No. 2109 Registered No. ——

FULL NAME OF CHILD Kenneth Bonde Nilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 – 8 – 1912

	FATHER	MOTHER
FULL NAME	Olaf B. Nelson	FULL MAIDEN NAME Beulah Mary McFadden
RESIDENCE	Mace	RESIDENCE Mace
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Nebraska
OCCUPATION	Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Evans M.D.

(Physician or Midwife)

Address Burke Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1912 W. Chas. A. Hartman

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 20 1942

593-2091040-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 3709

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Hill

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One (To be answered only in event of plural births)	2nd	Yes	Jan 9 1912

FATHER		MOTHER	
FULL NAME	Howard Hill	FULL MAIDEN NAME	Edith Smith
RESIDENCE	1 mile from Wallace	RESIDENCE	1 my from Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physician (Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1912 Dr. Chas. A. Hartman

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

243-224-040-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ....., ... St.

Registration District No. 25 File No. 3710

Primary Registration District No. 209 Registered No. .....

Hospital .....

FULL NAME OF CHILD Chastea Butler, Thelma Ann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE	One	and	Yes	Jan 24 1917

	FATHER	MOTHER
FULL NAME	Edward Butler	FULL MAIDEN NAME Kathryn Callahan
RESIDENCE	Burke	RESIDENCE Burke
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years) 44
BIRTHPLACE	Mich	BIRTHPLACE Canada
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) Dr. Chas. A. Hellman

(Physician or Midwife)

Address Burke Ida

Filed Jan 24 1917 Dr. Chas. A. Hellman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

12/30/40 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#3710
money ret.

STATE OF Minnesota)
) SS.
COUNTY OF Otter Tail.)

RECEIVED
DEC 20 1940

AFFIDAVITS FOR CORRECTION OF A RECORD

Edward Butler of Warden Idaho

Being first duly sworn, deposes and says that he is father
(if related, specify degree,

of Miss Thelma Butler
if friend or otherwise, so state)

who ~~born~~ born Jany 24 1912 in the city of Burke, County of Shoshone
(was born, died)

on the 24 day of Jany, 1912, as stated in a certificate of birth
birth or

filed by Dr. Dittman
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Burke, County of Shoshone
Idaho, on the 31 day of Jany 1912.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Her name should be listed Miss Thelma Butler Instead of Master

That affiant upon his own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, Miss Thelma Butler Instead of Master Thelma Butler

(SEAL)

Affiant Edward Butler

Address Warden Idaho

Subscribed and sworn to before me this 10th day of Dec 1940

M. J. Gans

Notary Public.
M. J. GANS.
Notary Public, Otter Tail County, Minn.
My Commission expires March 22 1941

STATE OF Minnesota)
) SS.
COUNTY OF Otter Tail.)

995·114·040-397

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke Ida

Registration District No. 25 File No. 3711

No. ....., ... St.

Primary Registration District No. 2109 Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Edward Ringle

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	second	Y	Jan 14 1912

FATHER		MOTHER	
FULL NAME	Joseph B Ringle	FULL MAIDEN NAME	Mathe A Lepner
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minn.
OCCUPATION	Grocery Delivery man	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 50 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Address Burke Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 19 1912 Dr. Chas. A. Dettman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

995·114·040-397

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 3712

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Joseph H~~a~~ Ringle

Sex of Child	Twin, triplet or quintuplet? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	Y	Jan 14 1912

	FATHER	MOTHER
FULL NAME	Joseph B Ringle	Mathie Lispner
RESIDENCE	Burke Ida	Burke
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Canada	Minn
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Address Burke Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 19 1912 Dr. Chas. A. Dettman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 15 1942

235.211.040-491

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ——, ——St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 25

File No. 3715

Primary Registration District No. 2108

Registered No.

FULL NAME OF CHILD Gertrude Beatrice Glenn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
g	X	X	yes	Jan 11, 1912

FATHER		MOTHER	
FULL NAME	A. H. Glenn	FULL MAIDEN NAME	Clara Dial
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Missouri
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

....., 19....

W. Chas. C. Hoffman Registrar

Feb 2-1912

Filed Jan 31 19 12 Ralfs Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

15-212-040-315

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25

File No. 3716

No. ____, ____ St.

Primary Registration District No. 2108

Registered No. ____

Hospital 1

FULL NAME OF CHILD Emma Edith Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Jan 12, 1912

FATHER		MOTHER	
FULL NAME	John A. Anderson	FULL MAIDEN NAME	Dott Ander
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Arkansas
OCCUPATION	Millman	OCCUPATION	Wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:10 P.M. on the date above stated.

(Signature) F. W. Ralfs

(Physician or Midwife)

Address Mullan Idaho

Filed Jan 31 1912 Dr. Ralfs Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Dr. Chas. C. Dittman Registrar

Feb 2-1912

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

569-1215 1040-1613

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

3719

Registration District No. 25 File No. .....

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD xxxxxxx xxxxxxxxxxxx FRANCES HALLOCK NORTHRUP

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 15 1912

FATHER		MOTHER	
FULL NAME	Francis H Northrop	FULL MAIDEN NAME	Merle Watkins
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Nevada
OCCUPATION	Salesman	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Dean

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 20 1912 R. Chas. A. Bettman Registrar

S-Y CO., 16870

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michigan } ss.
County of VanBuren

Certificate No. 3719
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for Uliss Northrop (Name on original certificate) who was born (Was born or died) on January 15th, 1912 (Date of event)
in Mullan, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bank a/c #4880-West Mich Savings Bank (Bible record, insurance policy, etc.) opened prepared on September 17, 1930 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Uliss Northrop	Frances H. Northrup (Frances Hallock Northrup)

Subscribed and sworn to before me this 24
day of September, 1941
Virin N. Cross
Notary Public, residing at Bangor Mich
My commission expires April 13 1943
[SEAL]

Signed Merle Northrup (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bangor, Michigan
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of VanBuren

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of Sept. 1941
Virin N. Cross
Notary Public, residing at Bangor Mich
My commission expires April 13 1943
[SEAL]

(Mrs) Signed Frances E. H. Mereness
(Signature of ~~any~~ credible person other than the previous affiant.)
Bangor Michigan
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JAN 28 1963

569-15-040-449

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25 File No. 3722

No. ____, ____ St.

Primary Registration District No. 2108 Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Baby Nordin~~, James Cedric Nordin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan 15 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Albert E. ~~Nordin~~ NORDIN	FULL MAIDEN NAME Musia Murphey
RESIDENCE Mullan	RESIDENCE Mullan
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Illinois
OCCUPATION Miner	OCCUPATION None

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McDermott

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 20 1912 Dr. Chas. A. Dettman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 3722

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Master Nordin (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR ~~DIED~~) on Jan 15 - 1942 (DATE OF EVENT)
in Mullen, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Original Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Norden	James Cedric Nordin
Surname	Norden	Nordin

Cedric

Subscribed and sworn to before me this 20th
day of January, 1942

Notary Public, residing at

My commission expires
(SEAL)

Signed Musia Nadin Montgomery
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R #3 Boise
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of January, 19 42

Notary Public, residing at

My commission expires
(SEAL)

Signed Virgil J. Pedemonte
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

6/17 Ash St Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 21 1949

693-128-040-766

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 3725

Primary Registration District No. 705 Registered No. ____

FULL NAME OF CHILD Benjamin Hershel Wilcox

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes.	Jan. 28, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Wilcox	FULL MAIDEN NAME	Mary Goodwin
RESIDENCE	Kellogg. Ida.	RESIDENCE	Kellogg. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 A. M. on the date above stated.

(Signature) Alex. D. McCracken M.D.

Physician (Physician or Midwife)

Address Kellogg. Ida.

Filed Feb 3 1912 Wm. Chas. G. Hettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

383-102-040-714

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Kellogg — Registration District No. 75 — File No. 3726

No. ____ St. — Primary Registration District No. 7105 — Registered No. ____

Hospital Wardner.

FULL NAME OF CHILD ~~Lloyd~~ William Alexander Lyle

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	A (in ink)	Yes.	Jan 2, 1917

FATHER		MOTHER	
FULL NAME	Henry Lyle	FULL MAIDEN NAME	Mildred Violet Pauliat
RESIDENCE	Wardner, Ida.	RESIDENCE	Wardner. Ida.
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	St. Louis Mo.	BIRTHPLACE	Minneapolis, Minn
OCCUPATION	Manager of Theatre	OCCUPATION	Home wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:35a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken. M.D.

(Physician or Midwife)

Address Kellogg. Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 14 1917 W. Chas. A. Hettman

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

APR 29 1959

c.c. 4/28/41. w.h.

715-209-040-793

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 25 File No. 3727

Primary Registration District No. 2105 Registered No. ____

FULL NAME OF CHILD Sylvi Marija Jantti

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan. 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Jantti	Helen Marija Pitkanen
RESIDENCE	Kellogg. Ida.	Kellogg. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Finland	Finland
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

(Signature) Alex. D. McCracken M.D.

(Physician or Midwife)

Address Kellogg. Ida.

Filed Jan 16 1912 Dr. Chas. A. Bethman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

997 [redacted] 092 -256

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 315, 4th Ave W. St.

Registration District No. 23

File No. 3730

Primary Registration District No. 2085

Registered No.

Hospital CARL CECIL

FULL NAME OF CHILD ~~XXXXXXXXXXXXXX~~ Rigney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 10, 1912

FATHER		MOTHER	
FULL NAME	W. B. Rigney	FULL MAIDEN NAME	Memphis Snook
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Coal dealer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

(Signature) Chas R. Scott

(Physician or ~~Midwife~~)

Address Twin Falls Idaho

Filed 1-15 19 12 John W Douglas Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma }
County of Creek } ss.

Certificate No. 3730

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Carl Cecil Rigney (Birth or Death)
for not named (Name on Original Certificate) who was born (Was Born or Died) on January 10, 1912 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on January 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named Rigney	Carl Cecil Rigney
Carl Cecil Rigney		

Subscribed and sworn to before me this 25th day of February, 1942

Stanley T. Cleaff

Notary Public, residing at Depew Okla

My commission expires Sept. 9, 1943
(Seal)

Signed William Benjamin Rigney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Depew Okla
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma }
County of Creek } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1942

Stanley T. Cleaff

Notary Public, residing at Depew, Okla

My commission expires Sept. 9, 1943
(Seal)

Signed Memphis Ann Rigney
(Signature of Any Credible Person Other Than Previous Year)

Depew Okla
(Street Address, City, State)

497-210-042-256

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 3731

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
♀		Yes	1 – 10 – 1912

FATHER		MOTHER	
FULL NAME	W. B Rigney	FULL MAIDEN NAME	Memphis Snook
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mo.	COLOR	White
OCCUPATION	Coal Dealer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Ill.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas R Smith M. D.

(Physician or Midwife)

Address Twin Falls

Filed 1-15 19 12 John F Gallagher Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated

86K-2291642-284

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23 File No. 3732

No. La Verne Rooms St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Helen Alice Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 29, 191 2

FATHER		MOTHER	
FULL NAME	August E. Young	FULL MAIDEN NAME	Ethel D. Shurtleff
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Payette, Idaho	BIRTHPLACE	Payette, Idaho.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Worlton M.D.

Physician (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-31 19 12 John T. Engleden Registrar

S-Y CO., 16670 Registrar

OCT 1 3 1967

AUG 2 8 1973

962-227.042-652

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ..

No. ..., 7th Ave N. St.

Registration District No. 23 File No. 3733

Primary Registration District No. 265 Registered No. ..

Hospital ..

FULL NAME OF CHILD ANNA BERNICE Robinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			ye	Jan 29 1912

FATHER		MOTHER	
FULL NAME	Clarence A. Robinson	FULL MAIDEN NAME	Anna F. West
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ann Arbor Mich.	BIRTHPLACE	Nebraska
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Wilson M D

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..., 19...

Filed 7-31 1912 Robert Daughton

Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 3733

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Anna Bernice Robinson (Name on Original Certificate) who born (Was Born or Died) on Jan. 29, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Feb. 5, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Anna Bernice Robinson

Subscribed and sworn to before me this 25th
day of March, 1943

Notary Public, residing at Twin Falls, Idaho

My commission expires
(Seal)

Signed Clarence A. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

117 Shoshone St. So. Twin Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of March, 1943

Notary Public, residing at Twin Falls, Idaho

My commission expires
(Seal)

Signed H. H. Lute
(Signature of Any Credible Person Other Than Previous Year)

107 Blue Lakes Blvd. No.
(Street Address, City, State) Twin Falls, Ida.

OCT 16 1968

MAR 29 1943

459-175-1042-559

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ____, ____ St.

Hospital ____

Registration District No. 23

File No. 3734

Primary Registration District No. 2045

Registered No. ____

FULL NAME OF CHILD Joseph Dries Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph J. Dries	Charlotte Neilson
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	24
BIRTHPLACE	Kentucky	Alabama
OCCUPATION	Retired	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.W. Wilson M.D.

Physician (Physician or Midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-31 19 12 Julius Douglas

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 1968

261-21604 2-669

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No 23 File No. 3735

No ....., ... St.

Primary Registration District No 2045 Registered No. .....

Hospital .....

FULL NAME OF CHILD ANNA MARY Swanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	and	Yes	1 16 1912

FATHER	MOTHER
FULL NAME Richard Swanson	FULL MAIDEN NAME Mamie Wood
RESIDENCE Twin Falls Ida.	RESIDENCE Twin Falls Ida.
COLOR W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Illinois
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Fake

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 1-20 1912 Julius Douglas

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 3735

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Anna Mary Swanson (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) born on Jan. 16 - 1912 (DATE OF EVENT)
in Twin Falls Idaho (PLACE OF EVENT) ~~are erroneous or were~~ omitted; and that, to the best of his knowledge, the
true facts as shown by Mother - Mamie Swanson (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 15 - 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Anna Mary Swanson

There is no corrections to be made. place of birth date of birth & parents names on next paper

Subscribed and sworn to before me this
day of Jan 15 Jan., 1943
Leah Dougherty Justice of Peace
~~Notary Public~~, residing at Garbidge
My commission expires Jan 4 1945
(SEAL)

Signed Mamie Swanson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of ....., 19 .....

Signed ~~Mamie Swanson~~
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 22 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

619-106-042-916

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 206, 8th Ave. St.

Registration District No. 23 File No. 3736

Primary Registration District No. 208½ Registered No.

Hospital

FULL NAME OF CHILD Thomas Farnsworth Warner Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. F. Warner	Eda M. Rawson
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Iowa.	Iowa
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or Midwife)

Address Twin Falls Idaho

Filed Jan 15 19 12 Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

154-120 1042-25

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 320, 5th East St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23 File No. 3737

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Edward Andrew Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gilbert V. Anderson	Lilliand L. Sandstedt
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.W. Wilson

Physician (Physician or Midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan 31 1912 Robert Engelken Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

942 / 31 : 042 - 652

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23

File No. 3738

No. Blue Lakes Blvd & 4th East St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Gordon Stewart Russell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David G. Russell	Etta Webb
RESIDENCE	Milner Idaho	Milner, Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 21	White / 26
BIRTHPLACE	Kentucky	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 31 1912 Joliet Engleman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 6/10/41. w.h.

JUN 27 1975

75/1/15 042-239

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital no

FULL NAME OF CHILD THOMAS CUMMINGS PEAVEY

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 3739

Primary Registration District No. 2085 Registered No. ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			yes	Jan 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Arthur J Peavy PEAVEY	FULL MAIDEN NAME	Elizabeth Strong
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Cal	BIRTHPLACE	Wisconsin ~~Twin Falls~~
OCCUPATION	Abstractor	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Boyd MD (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 1912 John F Coughlin Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of TWIN FALLS }

Certificate No. 3739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for UNNAMED PEAVEY (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on JANUARY 10TH 1912 (DATE OF EVENT)
in TWIN FALLS, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Thomas Cummings Peavey

Subscribed and sworn to ~~before~~ me this 1ST
day of FEBRUARY, 1943

Notary Public, residing at TWIN FALLS
My commission expires May 28-1945.
(SEAL)

Signed Elizabeth S. Peavey - Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON)
144 8th Ave E. Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the ~~corrected~~ facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1ST
day of FEBRUARY, 1943

Notary Public, residing at TWIN FALLS
My commission expires October 1st 1943
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
119 - 9th Ave. North Twin Falls Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

1943 8 MAR

MAR 3 1943

395-213-042-253

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 3740

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 13 19 12

FATHER		MOTHER	
FULL NAME	Bennie Linn	FULL MAIDEN NAME	Returah Beckley
RESIDENCE	Wilson Wyo.	RESIDENCE	Wilson Wyo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 1-20 19 12 John W Coughlin Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

993-223-042-693

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 3741

No. _____, _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan 23, 1912

FATHER		MOTHER	
FULL NAME	Wm Richardson	FULL MAIDEN NAME	Stella Wilkin
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or ~~Midwife~~)

Address Twin Falls Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 1-25 1912 Julius Coughlin Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 4 1973

259-116-042-259

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, 2 Main St.

Hospital ____

Registration District No. 23 File No. 3742

Primary Registration District No. 205 Registered No. ____

FULL NAME OF CHILD Alfred William Berg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 16, 191[illegible]

FATHER		MOTHER	
FULL NAME	E V Berg	FULL MAIDEN NAME	Beatrice Camins Berg
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Boyd M.D.

(Physician or Midwife) †

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed June 16 19 12 John H Coughlin

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 8 1941
County of Ada }

Certificate No. 3742
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Alfred William Berg (Birth or death)
for No name given (Name on original certificate) who was born (Was born or died) on January 16, 1916 (Date of event)
in Twin Falls, Idaho (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	None	Alfred William Berg

Subscribed and sworn to before me this 8th
day of October 1941
Wardley M. Gray
Notary Public, residing at Boise, Idaho
My commission expires October 24, 1943
[SEAL]

Signed Edwin V. Berg—Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
615 Hays-Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 8 1941

MAY 2 2 1942

JUN 2 0 1972

992-13-002-063

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 3743

No. _____, _____ St. Primary Registration District No. 285 Registered No. _____

Hospital _____

FULL NAME OF CHILD HAROLD WALTMAN Rising

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)	1	Yes	Jan 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett M. Rising	Fay Waltman
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Wyo.	Clarkston Okla.
OCCUPATION	Supt. Telephone Co	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7½ A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician

(Physician or Midwife)

Address 108½ Main Ave N.

Given names added from a supplemental report

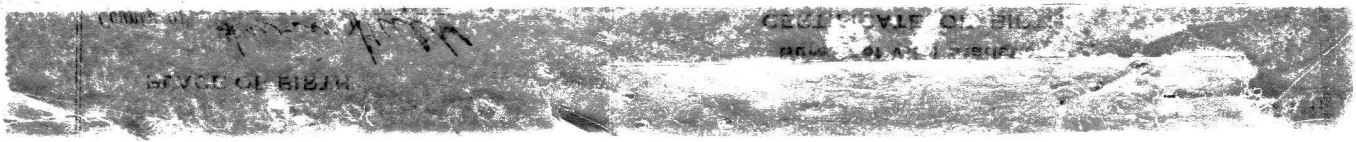
_____, 19____

_____ Registrar

Filed Jun 30 19 12 Robert Coughlin Registrar

S-Y CO., 16670

DEC 2 1941



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 3743
Date Filed 6-30-1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Baby-Name omitted (Name on original certificate) who was born on Jan. 13-1912 (Was born or died) (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Harold Waltman - Pvt. 1 cl.

Subscribed and sworn to before me this 26th day of November, 1941

Notary Public, residing at Nampa
My commission expires Nov. 25, 1945
[SEAL]

Signed Fay Waltman Rising - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1403-4th St. So., Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of November, 1941

Notary Public, residing at Nampa
My commission expires Nov. 25, 1945
[SEAL]

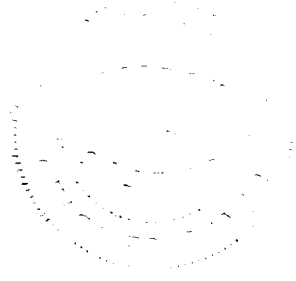
Signed Mrs. Helen Rising
(Signature of any credible person other than the previous affiant.)

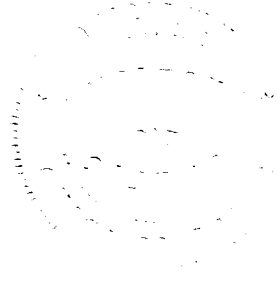
402 6th So. Nampa, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 15 1962

JAN 18 1974





713-21-1042-54

PLACE OF BIRTH

County of Twin Falls

" "

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 3 File No. 3744

Primary Registration District No. 2045 Registered No.

FULL NAME OF CHILD Louise Patrick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Other	3	Yes	Jan 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Patrick	Helen Columbia
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Iowa Ill.	Pleasant Grove Kans
OCCUPATION	Rancher	Home

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 1130 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Stevenson

Physician

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 30 1912 Joliet Coughlin

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

DEC 21 1950

SIX-III-042-363

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23 File No. 3745

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Mackey Vaughn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 11, 1912

FATHER		MOTHER	
FULL NAME	Curry V. Vaughn	FULL MAIDEN NAME	Harriet Cox
RESIDENCE	Twin Falls	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer,	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver, M. D.

Physician (Physician or Midwife)

Address Twin Falls.

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Jan 20 1912 Johnnie Vaughn Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 25 11 25 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 3745

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Vaughn (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 11, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mackey Vaughn

Subscribed and sworn to before me this 22nd day of July, 19 75

Notary Public, residing at Peoria, Ill.

My commission expires 11-5-76

(Seal)

Signed Mackey Vaughn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burton, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Peoria }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 19

Notary Public, residing at Peoria, Ill.

My commission expires 11-5-76

(Seal)

Signed Fred G. Fletcher
(Signature of Any Credible Person)

Burton, Ida
(Street Address, City, State)

FORM DH 60-155 CL 7/3/75 nm

Separation Qualification record from the Army of the United States gives name as Mackey Vaughn. born Jan. 11, 1912. date of Separation Nov. 30, 1945. viewed by V. S.

JUL 2 0 1975

Employment application from Kaystone Steel & Wire Co. gives name as Mackey Vaughn born Jan. 11, 1912. dated 5/17/47. viewed by V. S.

253-213-042-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No _____, _____ St.

Hospital _____

Registration District No 23 File No. 3746

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Hazel Joyce Beckley (Beckley)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	No (To be answered only in event of plural births)	and	Yes	Jan. 18 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Walter Brakley	FULL MAIDEN NAME: Mildred Reeves
RESIDENCE: Twin Falls Ida	RESIDENCE: Twin Falls Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. F. Pike

Physician (Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 1-20 19 12 Juliet Coughlin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

own Child's Birth Cert. on file: (Idaho Birth) #223177 gives full maiden name of mother as Hazel Joyce Beckley - viewed by V.S. Twin Falls High School Diploma, Twin Falls, Idaho dated May 20, 1932 gives full name as Hazel Joyce Beckley - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED
SEP 4 1963

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Bureau of Vital Statistics

Certificate No. 3746

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Beckley (Name on Original Certificate) who was born (Was Born or Died) on January 13, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Beckley	Hazel Joyce Beckley

Subscribed and sworn to before me this 27 day of August, 1963

Hazel F. Hurlburt
Notary Public residing at Eagle Idaho
My commission expires Sept 27 1964
(Seal)

Signed Nina Mildred Beckley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Star Rt E. Othello Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60. 155

1 Copy Paid - rec. #09790.

OCT 7 1963

748 209.042-249

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23 File No. 3747

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Dorothy Frances Guy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 9, 192[illegible]

FATHER		MOTHER	
FULL NAME	Daniel Guy	FULL MAIDEN NAME	Rose Smith
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls Ida

Filed 1-20 19 12 John F. Douglas Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

253-210-042-316

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of Kimberly Registration District No. 23 File No. 3748

No. ____, ____ St. Primary Registration District No. 2084 Registered No. ____

Hospital ____

FULL NAME OF CHILD Vern Kelly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	2	Yes	Jan. 10, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otis Kelly	Cora Lawson
RESIDENCE	Kimberly	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Farmer	At Home

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J White

Kimberly, Idaho

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1-15 19 12 John H Coughlin

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-102-042-154

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 3749

Primary Registration District No. 2084 *Registered No. ____

FULL NAME OF CHILD Barnhill

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	2	yes	Jan 2, 191 2

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Barnhill	Mamie Cunderson
RESIDENCE	Arlesian Idaho	Arlesian. Idaho
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	76	25
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L White

(Physician or Midwife)

Address Kimberly, Idaho

Given names added from a supplemental report

____, 19____

Filed Jan 10 1912 Velva Coughlin

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 2 1976

296-106042-381

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 3750

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Lance Kenneth Broyles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 6, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. S. Broyles	Laura Fletcher
RESIDENCE	Buhl Ida	Buhl Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Ind.	Iowa
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellington M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Filed 1-10 191[illegible] J. T. Mumley

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 3750

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lance Kenneth Broyles (Name on Original Certificate) who was born (Was Born or Died) on Jan. 6, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Lance Kenneth Broyles

Subscribed and sworn to before me this 10th
day of April, 1943

Mabel Sandgren
Notary Public, residing at Buhl, Idaho

My commission expires Oct 19, 1946
(Seal)

Signed G. L. Broyles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. 1, Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of April, 1943

Mabel Sandgren
Notary Public, residing at Buhl, Idaho

My commission expires Oct 19, 1946
(Seal)

Signed Laura Broyles (mother)
(Signature of Any Credible Person Other Than Previous Year)

R1, Buhl, Idaho
(Street Address, City, State)

APR 13 1943

334/103-042-614

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl

Registration District No. 1087 File No. 3751

No. ____, ____ St.

Primary Registration District No. 13 Registered No. ____

Hospital ____

FULL NAME OF CHILD Clute

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	Jan 3, 1912

FATHER		MOTHER	
FULL NAME	Fred Clute	FULL MAIDEN NAME	Goldie Pancher
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ill.	BIRTHPLACE	Penn
OCCUPATION	rancher.	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellhausen M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19....

Filed 1-5 1912 J. T. Humphrey

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8G-12/1042-168

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2087 File No. 3752

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Samuel James Hogg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1 21 1912

FATHER		MOTHER	
FULL NAME	John Hogg	FULL MAIDEN NAME	Mary Jane Johnston Hogg
RESIDENCE	2½ W 18 S Buhl	RESIDENCE	2½ W 1 S Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kilrea Ireland	BIRTHPLACE	Garvah Ireland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky

(Physician or Midwife)

Address Buhl Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 26 1912 J. A. Murphy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 29 1955

156-171042-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hallwell

No ....., ... St.

Registration District No 23 File No. 3753

Primary Registration District No 208 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Olson Jewett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Jan 17 1912

FATHER		MOTHER	
FULL NAME	Frank Jewett	FULL MAIDEN NAME	Eva Olson
RESIDENCE	Jackson Idaho	RESIDENCE	Hollwell Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Grantsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Duckett M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.12 Address Hollwell

Filed 1-30 1912 John A. Coughlan

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

25 & 11 - 042 - 513

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Hailstea

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3754

Registration District No. 23 File No. .....

Primary Registration District No. 2088 Registered No. .....

FULL NAME OF CHILD Gerald Eugene Knudson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)		Yes	Jan 17th (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Calvin George Knudson	FULL MAIDEN NAME: Sadie Mathias
RESIDENCE: Hailstea	RESIDENCE: Hailstea
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Lyon Co Iowa	BIRTHPLACE: Angelus Iowa
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Duckett M D

(Physician or Midwife)

Address Hailstea Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 20 1912 John T. Engleman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-0-Rev.8-7-41

JUN 10 1942

145-J091042-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. Adell Ave

Hospital Home

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 3755

Primary Registration District No. 2046 Registered No.

FULL NAME OF CHILD ~~Harmon~~ HARMON GARY Munyon, JR.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Jan 9th 1912

FATHER		MOTHER	
FULL NAME	Harmon Munyon	FULL MAIDEN NAME	Cora Lane
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Auctioneer	OCCUPATION	House wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Barnes

Physician (Physician or Midwife)

Address Filer Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-15 1912 Juliet Coughlin Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

NOV 13 1942

NOV 12 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 3755

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Harmon Gary Munyon Jr. (Name on Original Certificate) who was born (Was Born or Died) on Jan. 9, 1913 (Date of Event)

in Filer, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 9, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harmon	Harmon Gary Munyon, Jr.
Date	Jan. 13th	Jan. 9, 1913

Subscribed and sworn to before me this 9th day of November, 1942

Lenore Stack

Notary Public, residing at Filer, Idaho

My commission expires Jan 20. 1945

(Seal)

Signed Harmon G. Munyon Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Filer, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1942

Lenore Stack

Notary Public, residing at Filer, Idaho

My commission expires Jan 20. 1945

(Seal)

Signed Pat Smith

(Signature of Any Credible Person Other Than Previous Year)

Filer, Idaho

(Street Address, City, State)

NOV 1 3 1942

255-213-042-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Filer

No ....., ... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 3756

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Jan. 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Wilson Snelson	Laura Bell Snelson
RESIDENCE	Filer	Filer
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 41	White / 36
BIRTHPLACE	Arkansaw	Ohio
OCCUPATION	Ast. Post Master	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) January 13, at 4 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

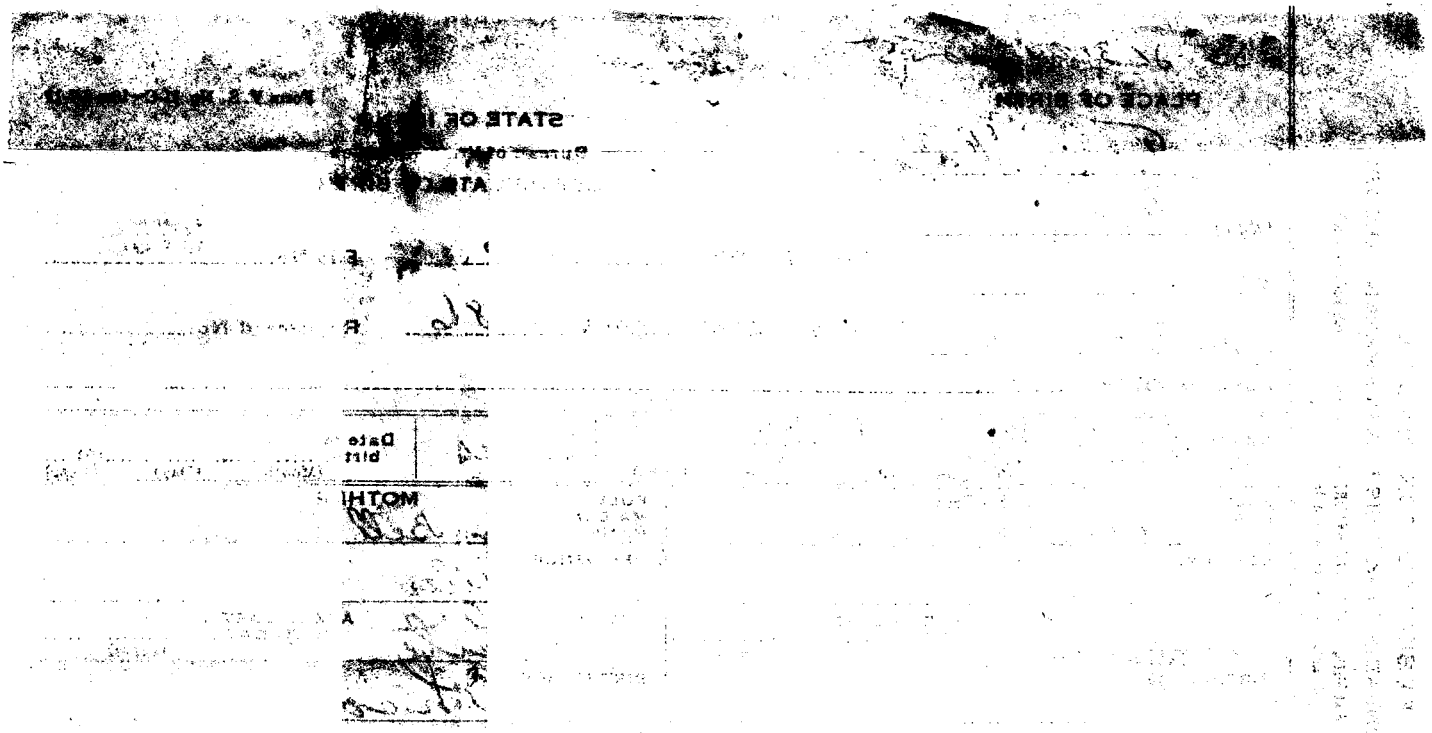
(Signature) P. L. Armes

Physician (Physician or Midwife)

Address Filer

Filed Jan 15 1912 John Creighton Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328



DUP OF 1912-303093

389-220-00 [redacted]-ve

PLACE OF BIRTH [redacted]

Amended 3/27/74

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3757

County of Bannock

City of Downey

Registration District No. 11 File No.

No. ____, ____ St.

Primary Registration District No. 2046 Registered No. 4d

Hospital

FULL NAME OF CHILD Gertrude Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	1	Yes	Jan. 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Christensen	Phoebe Bowman
RESIDENCE	Downey	Downey
COLOR	W	W
AGE AT LAST BIRTHDAY	42 (Years)	33 (Years)
BIRTHPLACE	Hyde Park, Utah	Richmond, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.50P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. C. Rasmussen

Physician (Physician or Midwife)

Address Downey, Idaho.

, 19

Filed June 6, 1912

L. C. Cook Registrar

Ellis Kaskey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended

OCT 2 6 1973

10-26-73

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3757

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (1st twin) Unnamed Christiansen (Name on Original Certificate) who was born (Was Born or Died) on Jan. 20, 1912 (Date of Event)
in Downey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Gertrude Christensen
Father's name	Christiansen	Christensen

Subscribed and sworn to before me this 22nd day of January, 1974

Notary Public, residing at Burley, Idaho
My commission expires RESIDING AT BURLEY, IDAHO COMMISSION EXPIRES JULY 1, 1977
(Seal)

Signed Irma Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2246 Normal Ave - Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1974

Notary Public, residing at Burley, Idaho
My commission expires RESIDING AT BURLEY, IDAHO COMMISSION EXPIRES JULY 1, 1977
(Seal)

Signed Wayne A. Hatch
(Signature of Any Credible Person)

638 West 17 St. Burley, Idaho
(Street Address, City, State)

FORM DH 60-155

XXXXXXXX

MAR 2 7 1974

Certificate of Blessing from LDS Church gives name as Gertrude Christensen daughter of Albert Christensen and Pheobe M. Bowman. Born Jan. 20, 1912 at Cambridge, Idaho. Was Blessed June 2, 1912. Viewed by V. S.

Membership record from the LDS Church gives name as Gertrude Hatch born Jan. 20, 1912. father's name given as Soren Albert Christensen. mother's name given as Pheobe Mettie Bowman. Blessed June 2, 1912 and Baptized June 6, 1920. Viewed VS

655-216 1883-897

Amended 1-10-62

(Be sure the information is complete and accurate)

State File No. 3758
Local Reg. No. 46
Reg. Dist. No. 11

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Esther b. (Middle) c. (Last) Weekes

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 12 - 16 - 1912

FATHER OF CHILD

7. FULL NAME: a. (First) Willard b. (Middle) Henry c. (Last) Weekes

8. COLOR OR RACE: White

9. AGE (At time of this birth): 51 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Emmerleen b. (Middle) c. (Last) Higgins

13. COLOR OR RACE: White

14. AGE (At time of this birth): 43 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): England

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: G. H. Cooper

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: McCammon, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Feb. 10, 1913

20. REGISTRAR'S SIGNATURE: Ellis Kackley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY (WEEKS):

22b. WEIGHT AT BIRTH (LBS. OZS.):

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner c the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

PLACE OF BIRTH

County of Bonner

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

City of Mc Cammon — Registration District No. 11 — File No. 3758

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 46

Hospital ____

FULL NAME OF CHILD Charlotte Weeks

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
female	other	10	yes	12 (Month) 16 (Day) 191 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Millard Weeks	Emerleen Huggins
RESIDENCE	Mc Cammon	Mc Cammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	43
BIRTHPLACE	Wisconsin	England
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

Ellis Kaseley
Registrar

(Signature) G H Cryer
Physician
(Physician or Midwife)

Address Mc Cammon

Filed Feb 19 1912 Ellis Kaseley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1949-C-80-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

JAN 10 1962

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3758

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Weeks (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 16, 1912 (Date of Event)
in at McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Weeks	Esther Weekes
Full Name of Father	Willard Weeks	Willard Henry Weekes
Full Maiden Name of Mother	Emerleen Higgins	Emmerleen Higgins

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of
October, 1961

.....
Notary Public, residing at Brigham City, Utah
My commission expires Nov. 24, 1963
(Seal)

Signed Estella Weekes Davis
(Signature of Any Credible Person)

1177 Fillmore Ln Ogden
(Street Address, City, State)

FORM DH 60-155 CL 8-15-61. nm

~~L.D.S. Church Certificate of~~

L.D.S. Church Certificate of Record of Membership, baptized June 5, 1920 gives full name of child as Esther Weekes Storrer (Storrer is married name), born Dec. 16, 1912 at McCammon, Idaho to Willard Henry Weekes and Emmerleen Higgins - viewed by V.S.

Certificate of Award, for being Neither Tardy or Absent, School Record, dated Feb. 9, 1923, School Dist. No. 49 gives full name of student as Esther Weekes - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #367744, child born Dec. 9, 1894, birth cert. filed Mar. 16, 1943 gives full name of parents as Willard Henry Weeks and Emmerleen Higgins - viewed by V.S.

Idaho New Memorial Art, Inc., Contract of Sale, Idaho Falls, Idaho, contract dated August 19, 1952 - Memorials for Emmerlene Higgins Weekes and Willard Henry Weekes - contract has been signed by Esther Storrer - viewed by V.S.

PLACE OF BIRTH AMENDED 2/26/54

229-127603-384

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 3762

Primary Registration District No. 2048 Registered No. 13

FULL NAME OF CHILD William Layon Skinner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1	Yes	January 27, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER

FULL NAME: Archibald C. Skinner

RESIDENCE: Nounan Valley

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Nounan Valley, Idaho

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Ethel May Chugg

RESIDENCE: Nounan Valley

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Nounan Valley

OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

Ellis Kaney
Registrar.

(Signature) R. J. Smith

Physician
(Physician or midwife)

Address Logan, Utah

Filed 2/10/ 1912 Wm. H. Anderson
Registrar.
Dept.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs — Registration District No. 11 — File No. 3762

No. ____, ____ St. — Primary Registration District No. 2648 — Registered No. 13

Hospital ____

FULL NAME OF CHILD LeRoy Skinner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	Twin (To be answered only in event of plural births)	1	Yes	January 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archibald L. Skinner	Ethel May Chaney
RESIDENCE	Nounan Valley	Nounan Valley
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Nounan Valley, Idaho	Nounan Valley
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

Elsie Kinsley
Registrar

(Signature) D. E. R. Ramsdell

Physician
(Physician or Midwife)

Address Logan, Utah

Filed Feb 10, 1912, 191.. W. H. Anderson
Registrar

S-Y CO., 16670

FEB 26 1954

FEB 9 - 1954
Division of Vital Statistics

RECEIVED
FEB 2 3 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 3762

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for LeRoy Skinner (Name on Original Certificate) who Was Born (Was Born or Died) on Jan 27th, 1912 (1/27/12) (Date of Event)
in Soda Springs Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L D S Church Records (Bible Record, Insurance Policy, Etc.) prepared on June 3rd, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	LeRoy Skinner	William Lavon Skinner
Birth Date 1/27/1912 Jan 27th, 1912		

Subscribed and sworn to before me this 8th day of February, 1954

Lee M Wallace
Justice Of The Peace / Notary Public residing at Soda Springs Idaho
My commission expires January 1955
(Seal)

Signed Archibald Simms
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1954

Samuel A Blank
Notary Public, residing at Inglewood Calif
My commission expires My Commiss... Expires December 27, 1954
(Seal)

Signed Leonora Hansen
(Signature of Any Credible Person)

10519 S Freeman
(Street Address, City, State)
Inglewood Calif

DPH 52.155

389-21-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Lago (Idaho)

Registration District No. 11

File No. 3763

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 11

Hospital

FULL NAME OF CHILD Harry Fredrie Christenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry C Christenson	Emeline Jensen
RESIDENCE	Lago Idaho	Lago Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	29
BIRTHPLACE	Lago Idaho	Lago Idaho
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive [illegible]) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

Midwife

(Physician or Midwife)

Address Lago Idaho

Given names added from a supplemental report

____, 19____

Edis Kaerley

Registrar

Filed FEB 10, 1912 Edis Kaerley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

312-202-0003-553

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 3764

Primary Registration District No. 2078 Registered No. 15

FULL NAME OF CHILD RUTH LEONA LAKEY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	—	Yes	Feb. 2, 1912

FATHER		MOTHER	
FULL NAME	Vance Lakey	FULL MAIDEN NAME	Annie Jane Nelson
RESIDENCE	Soda Springs Ida.	RESIDENCE	Soda Springs Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	N. C	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) W. H. Anderson

(Physician or Midwife)

Address Soda Springs Ida

Filed Feb 10 1912 Ellis Kaney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325566
Local Reg. No.
Reg. Dist. No. REUSED

PLACE OF BIRTH (All items at time of this birth)
a) County then Bannock (b) City Soda Springs
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County then Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs
3. RESIDENCE OF FATHER (city, state) Soda Springs, I

FULL NAME OF CHILD RUTH LEONA LAKEY

5. Date of Birth of Child (Month, day, year) Feb. 2, 1912

Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Vance Tilden Lakey
Color or Race White
12. Age at time of THIS birth 36 yrs.
Birthplace Etna, North Carolina
(City or town) (State or foreign country)
Exact Occupation Rancher
Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Jane Nelson
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Minkcreek, Franklin Co., Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 A. M. on the dat
and at the place stated above, and that personal particulars were furnished by Anna Jane Nelso (First name) (Last name), who i
related to this child as Mother (Mother, etc.)

Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 12-2-41

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended 5/12/72

4/15230 1003-745

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3765
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Florence
b. (Middle):
c. (Last): Davis

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 30, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Taylor
b. (Middle):
c. (Last): Davis

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
31 YEARS	Soda Springs, Idaho	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Celia
b. (Middle):
c. (Last): Gunnell

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
25 YEARS	Wellsville, Utah	0	0	

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. H. Anderson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Soda Springs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: W | RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness?

INSTRUCTIONS: Use BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address notice to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3765

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for [redacted] (Name on Original Certificate) who was born (Was Born or Died) on Jan. 30, 1912 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child' sname	Celia Gunnell Davis	Florence Davis

Subscribed and sworn to before me this 18th day of April, 1972

E. Wallace Christensen

Notary Public, residing at Soda Springs

My commission expires 5-28-72

(Seal)

Signed Celia Davis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 River Drive Soda Springs, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 8/2/71 ■ 1cc pd. rec'd 20106

Record of membership for Florence Davis Foster daughter of Taylor Davis and Celia Gunnell. Born Jan. 30, 1912 at Soda Springs, Idaho. Was Blessed June 2, 1912. Viewed by V. S.

Daughter's birth certificate on file in Idaho (File No. 429718) gives child's name as Florence June Foster born Dec. 23, 1946. Gives father's name as William Floyd Foster and Florence Davis.(mother's name). Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 3765

Primary Registration District No. 2048 Registered No. 16

FULL NAME OF CHILD Celia Gunnell Davis

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	One		yes	Jan 30, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jayley Davis	FULL MAIDEN NAME	Celia Gunnell
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Soda Springs, Idaho	BIRTHPLACE	Wellsville Utah
OCCUPATION	Rancher	OCCUPATION	Nurse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Ellis Kaseley Registrar

S-Y CO., 16670

(Signature) W. H. Anderson

Physician

(Physician or Midwife)

Address Soda Springs, Ida

Filed Jan 30 19 12 Ellis Kaseley

Registrar

MAY 1 2 1972

253-22-0003-573

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek Registration District No. 11 File No. 3770

No. ____, ____ St. Primary Registration District No. 2048 Registered No. 23

Hospital ____

FULL NAME OF CHILD Crystle Keller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	January 21, 1912

FATHER		MOTHER	
FULL NAME	Leslie Keller	FULL MAIDEN NAME	Clara Egley
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Manti Utah	BIRTHPLACE	Mink Creek
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek, Id

Given names added from a supplemental report

____, 19____

Registrar

Filed Feb 10, 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 8 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3770

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Keller (female child) (Name on Original Certificate) who was born (Was Born or Died) on January 21, 1912 (Date of Event)

in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Crystle Keller

Subscribed and sworn to before me this 6th day of January, 1971

Lillian Tobias

Notary Public, residing at 1769 Trinity Rd Raleigh NC

My commission expires 2-18-71

(Seal)

Signed Ruby A Smith (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2716 Rosedale ave Raleigh NC 27607 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1971

Lillian Tobias

Notary Public, residing at 1769 Trinity Rd, Raleigh NC

My commission expires 2-18-71

(Seal)

Signed W C McFullan (Signature of Any Credible Person)

2512 Rosedale Raleigh NC (Street Address, City, State)

FORM DH 60-155 CI 4-8-64. nm

FEB 19 1971

Photocopy of Certificate of Blessing certifies that Crystle Keller, daughter of Leslie Keller and Clara Egley was born January 21, 1912 at Mink Creek, Idaho, was blessed March 3, 1912 by Elder Torval Keller of the Church of Jesus Christ of Latter-Day Saints. Viewed by V.S.

Certificate of Baptism and Confirmation dated February 7, 1920 certifies that Crystle Keller, daughter of Selestres Keller and Clara Egley was born Jan. 21, 1912 at Mink Creedk, Idaho was baptized January 31, 1920 by Adam Keller and confirmed a member of the Church of Jesus Christ of Latter-Day Saints Feb. 1, 1920 by Elder Angus Keller. Viewed by V.S.

Ellen Ellis, Notary Public, from Raleigh, North Carolina, certified that the two above documents were true photocopies of the originals.

753-216-003-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Bancroft

Form V. S. No. 11-C—Rev. 3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 3771

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 24

Hospital ____

FULL NAME OF CHILD Olive Peck

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	—		—	yes	Jan 16 (Month) Jan (Day) 16 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Everett Peck	FULL MAIDEN NAME	Olive Knoles
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wyoming	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at Noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Easton

Midwife (Physician or Midwife)

Address Bancroft, Ida

Given names added from a supplemental report

..... 19....

Alice Kearney Registrar

Filed Jan 16 1912

Alice Kearney Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

366-203-003 249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ____, ____ St.

Registration District No. 11 File No. 3772

Primary Registration District No. 2048 Registered No. 25

Hospital ____

FULL NAME OF CHILD Laverne Lowe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 3 — 1912

FATHER		MOTHER	
FULL NAME	Marion H Lowe	FULL MAIDEN NAME	Mary Ann Burton
RESIDENCE	Grace	RESIDENCE	Grace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard M D

Physician

(Physician or ~~Midwife~~)

Address Grace — Idaho

Given names added from a supplemental report

____, 19____

Ellis Kasey Registrar

Filed Feb 10, 1912 Ellis Kasey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

256-212-003-243

PLACE OF BIRTH

County of Bannock

City of Grace

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11

File No. 3773

Primary Registration District No. 2048

Registered No. 27

FULL NAME OF CHILD Flora Snow.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2nd	Yes.	Jan. 2, 1912

FATHER	MOTHER
FULL NAME Frank M Snow.	FULL MAIDEN NAME Mary E. Sullivan.
RESIDENCE Turner - Idaho	RESIDENCE Turner - Idaho.
COLOR White. AGE AT LAST BIRTHDAY 35 (Years)	COLOR White. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION Housekeeper.

Number of child of this mother, including present birth. 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Chas Kearsley
Registrar

(Signature) John H Hubbard M. D.

Physician.
(Physician or Midwife)

Address Grace - Idaho.

Filed Jan 19, 1912 Chas Kearsley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 31 1958

25R-2L2-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

Registration District No. 11 File No. 3774

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 26

Hospital

FULL NAME OF CHILD Caroline Snow.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin (To be answered only in event of plural births)	1st	Yes	Jan. 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M. Snow.	Mary E. Sullivan
RESIDENCE	Turner - Idaho.	Turner - Idaho
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Utah.	Idaho
OCCUPATION	Farmer.	Housekeeper.

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John H. Hubbard M.D.

Physician. (Physician or Midwife)

Address Grace Idaho.

....., 19.....

Ellis Kaney Registrar

Filed Feb 19, 1912 Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

515-128-003-695

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 3775

County of Bannock

City of Grace

Registration District No. 11 File No. 2

No. ( ), St.

Primary Registration District No. 2048 Registered No. 28

Hospital Eliza Grace Memorial

FULL NAME OF CHILD Baby Nanney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	Jan. 28 1912 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Sylvarious Nanney	FULL MAIDEN NAME	Josephine Winchell
RESIDENCE	Grace - Idaho	RESIDENCE	Grace - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housekeeper

Number of child of this mother, including present birth 4th.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaercy Registrar

(Signature) John Hubbard M D

Physician

(Physician or Midwife)

Address Grace, Idaho

Filed Jan 10 1912 Ellis Kaercy Regist

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

465-131-003-419

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

Registration District No. 11

File No. 3776

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 29

Hospital

FULL NAME OF CHILD ~~Baby~~ Evert Montague

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Jan. 31, 1912

FATHER		MOTHER	
FULL NAME	Edward Montague	FULL MAIDEN NAME	Ellen Marriott
RESIDENCE	Grace	RESIDENCE	Grace - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Hubbard M.D.

Physician (Physician or Midwife)

Address Grace - Idaho

Given names added from a supplemental report

....., 19....

Ellis Kaufman Registrar

Filed Feb 10, 1912 Ellis Kaufman Registrar

S-Y CO., 16670

11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 3 1968

19K-128-003-316

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Robin

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 3778

Primary Registration District No 2046 Registered No. 24

FULL NAME OF CHILD Walter Venables Armstrong

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 28, 1912

FATHER		MOTHER	
FULL NAME	Geo. Washington Armstrong	FULL MAIDEN NAME	Etta Lawrence
RESIDENCE	Robin Idaho	RESIDENCE	Robin Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	a Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley
(Physician or Midwife)

Address Robin Idaho

Given names added from a supplemental report

....., 19.....

Ellis Carney
Registrar

Filed Feb 19, 1912 Ellis Carney
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

389-205-003-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

*No*_____, _____ *St.*

Hospital _____

Registration District No 11 **File No.** 3779

Primary Registration District No. 2046 **Registered No.** 39

FULL NAME OF CHILD Nora Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb. 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Moses Christiansen	Mary Hartvigsen
RESIDENCE	Downey	Downey
COLOR	W	W
AGE AT LAST BIRTHDAY	36 (Years)	30 (Years)
BIRTHPLACE	Hyrum, Ut.	Hyrum, Ut.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) [signature]

Physician (Physician or Midwife)

Address Downey, Idaho.

_____, 19____

J. C. Cook Registrar

Filed Feb 10, 1912 [signature] Registrar

EVANS - YORK CO., PTRS. & SDRS. 17326

JUL 18 1963

99-128-005-867

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No ____, ____ St.

Hospital ____

Registration District No 11 File No. 3780

Primary Registration District No 2 & 4 Registered No. 42

FULL NAME OF CHILD Bartlett Tripp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan. 28, 1912

FATHER		MOTHER	
FULL NAME	Carroll Tripp	FULL MAIDEN NAME	Ellen Hope
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hunch

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at Noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

D. C. Amick Registrar

(Signature) Harvey E. Marley

(Physician or Midwife)

Address Robin Idaho

Filed Feb 19, 1912 Edith Kinney Registrar

SYMS - YORK CO., PTRS. & BORS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

86K-12?.003-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

*No*_____, _____ *St.*

Hospital _____

Registration District No 11 **File No.** 3781

Primary Registration District No. 2046 **Registered No.** 41

FULL NAME OF CHILD Hugh Lenly Hough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Jan 27, 1912

FATHER	MOTHER
FULL NAME Benjiman F. Hough	**FULL MAIDEN NAME** Bernadette Byrne
RESIDENCE Downey	**RESIDENCE** Downey
COLOR W **AGE AT LAST BIRTHDAY** 28 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 25 (Years)
BIRTHPLACE Lenox, Ia.	**BIRTHPLACE** Chicago, Ills.
OCCUPATION Pharmacist	**OCCUPATION** Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. Brunoch

Physician (Physician or Midwife)

_____, 19____

Address Downey, Ida.

J. C. Leach
Registrar

Filed Feb 16, 1912 Ellis Kaysing
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

FEB 29 1944

693-102-003-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____, ____ St.

Hospital ____

Registration District No. 11 — File No. 3785

Primary Registration District No. 2046 — Registered No. 86

FULL NAME OF CHILD Edna Erma Barnes Wilding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 2 12

FATHER	MOTHER
FULL NAME: Joseph A. Wilding	FULL MAIDEN NAME: Eliza Barnes
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W — AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Hunter, Utah	BIRTHPLACE: Downey, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.,20P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) J. C. Arnold

Physician (Physician or Midwife)

Address Downey, Idaho.

Filed Feb 10, 19 12 Ellis Kaseley Registrar

J. C. Arnold Sick Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Y32-107:003-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No ____, ____ St.

Hospital ____

Registration District No 11 File No. 3786

Primary Registration District No. 2046 Registered No. 37

FULL NAME OF CHILD Charles McKenzie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Feb 7-12, 191

FATHER	MOTHER
FULL NAME: Charles McKenzie	FULL MAIDEN NAME: Sina Emelia Swenson
RESIDENCE: Swan Lake, Ida.	RESIDENCE: Swan Lake, Ida.
COLOR: W	AGE AT LAST BIRTHDAY (Years): 28
COLOR: W	AGE AT LAST BIRTHDAY (Years): 25
BIRTHPLACE: Swan Lake, Ida.	BIRTHPLACE: Hyde Park, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 6.15P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. McKenzie

Physician (Physician or Midwife)

Address Downey, Ida.

..... 19....

J. C. Cook Registrar

Filed Feb 16, 1912 Ellis Kearsley Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

867-214-003-235

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln / Bunc

City of Lincoln

No ____, ____ St.

Registration District No 11 File No. 3787

Primary Registration District No. 2048 Registered No. 30

Hospital ____

FULL NAME OF CHILD Mila Hoopla

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Jan 14 1912

FATHER		MOTHER	
FULL NAME	Carlos Hoopla	FULL MAIDEN NAME	Katherine Stealing
RESIDENCE	Lund Idaho	RESIDENCE	Lund Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Spanish Fork	BIRTHPLACE	Spanish Fork
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Celia, at Noon M. on the date above stated.

(Born alive or stillborn) alive

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Celia Carlson

(Physician or Midwife)

Address Lund Idaho

Given names added from a supplemental report

..... 19....

Ellis Kaseley Registrar

Filed Feb 10, 1912 Ellis Kaseley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

749-231-003-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No ____, ____ St.

Hospital ____

Registration District No. 11 — File No. 3789

Primary Registration District No. 2048 — Registered No. 33

FULL NAME OF CHILD Eva Purser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				yes	Jan. 31, 1912

FATHER		MOTHER	
FULL NAME	Roswel John Purser	FULL MAIDEN NAME	Sarah May Carver
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hyde Park, Utah	BIRTHPLACE	Treasureton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

(Signature) Mary Lundgreen

Mid Wife (Physician or Midwife)

Address Treasureton Ida

Filed Feb 10 1912 Ellis Kaercy Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

7/5-12 6 1 E 93 - 318

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3790
Local Reg. No.
Reg. Dist. No. 11

Amended 8/13/76.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Perry
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Perry
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Donald
b. (Middle): Cahoon
c. (Last): Panter

4. SEX: Boy

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 26, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): R.
c. (Last): Panter

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Murray, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margaret
b. (Middle):
c. (Last): Cahoon

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 9
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary Landgreen

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Treasureton

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackly

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 5 PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

METHOD OF DELIVERY

PRINT in BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address notice to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Perry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 3790

Primary Registration District No. 2048 Registered No. 34

FULL NAME OF CHILD Schuler Alvin Panther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Jan 26 1912

FATHER		MOTHER	
FULL NAME	Charles Panther	FULL MAIDEN NAME	Maggie Cahoon
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Murray, Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Brigham City Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or Midwife)

Address Treasureton

Given names added from a supplemental report

____, 19____

Ellis Kanely Registrar

Filed Feb 10, 1912 Ellis Kanely Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 6 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUL 21 10 56 AM '76
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3790

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles Alvin Panther (Name on Original Certificate) who was born (Was Born or Died) on Jan 26, 1912 (Date of Event)
in Perry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 3 day March 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Chalres Alvin Panther	Donald Cahoon Panter
father's name as	Charles Panther	Charles R. Panter
Mother's name	Margie Cahoon	Margaret Cahoon

Subscribed and sworn to before me this 22nd day of
June, 1976

Notary Public, residing at Pocatello, Ida
My commission expires 3-1-80
(Seal)

Signed Kenneth D Panter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1097 Wilson Ave Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of
June, 1976

Notary Public, residing at Grace Idaho
My commission expires 2-9-1977
(Seal)

Signed Eddie Dean Panter
(Signature of Any Credible Person)

631 E. 2nd S. Grace, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4/6/76

AUG 1 3 1976

Certif of Ordination fot the Office of Deacon xxx. gives name as Donald C. Panter son os Charles R. Paneter and Margaret Cahoon.. bonr Jan 26, 1912 at Perry, Idaho. Baptized Jan 31, 1920. ordiened March 2, 1924. viewed by V. S.

Certif of birth from the LDS Church gives name as Xxxx Donald Cahoon Panter born Jan 26, 1912. father's name as Chalres R. Panter and mother's nameas Margaret R. Cahoon. entered on record March 3, 1912. viewed by V. S.

Patriarchal Blessing for X Donald Cahoon Panter. dated July 19, 1942. given by William Xxxxx Wesley Williams. son of Chalres Richard Panter and Margaret Cahoon. viewed by V. S.

365-206-003-659 amended 1/14/83

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3791

County of Bannock

City of Treasureton

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2048 Registered No. 35

Hospital

FULL NAME OF CHILD Vera Eliza Conlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Feb. 6, 1912

FATHER		MOTHER	
FULL NAME	Ernest Edward Conlin	FULL MAIDEN NAME	Ruby May Teisl
RESIDENCE	Treasureton	RESIDENCE	Treasureton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Lind Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lon Agreen

Mid'l wife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

, 19

Ellis Kaercher Registrar

Filed Feb 14, 1912 Ellis Kaercher Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of FRANKLIN } ss.

JAN 13 4 04 PM '83

Certificate No. 3791

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Phebe Conlin (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1912 (Date of Event)
in Treasureton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CHURCH, (Bible Record, Insurance Policy, Etc.) prepared on Jan. 6 - 1983 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Phebe Conlin	Vera Eliza Conlin

Subscribed and sworn to before me this 6 day of
JANUARY, 19 83
Roland E. Hall
Notary Public, residing at 4929 Jay
My commission expires Life
(Seal)

Signed X Vera Eliza Conlin Atkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/21/74

Church Blessing record (photo-copy of page out of Blessing book) gives name as Vera E. Conlin born Feb.6,1912 in Treasureton, Idaho. date of Blessing April 7, 1912. viewed by V. S.

JAN 14 1983

Marriage record from Utah, County of Cache(Notarized) gives groom's name as Von Richard Atkinson and the bride's name as Vera Eliza Conlin. dted Sept. 26, 1933. viewed by V. S.

693/110 · 003-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonner

City of Monsen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 3793

Primary Registration District No. 2048 Registered No. 47

FULL NAME OF CHILD Geo. Ellis Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Y	Feb 10, 1912

FATHER		MOTHER	
FULL NAME	Geo. Williams	FULL MAIDEN NAME	Sadie Bloyer
RESIDENCE	Monsen, Id.	RESIDENCE	Monsen, Id.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Sweden
OCCUPATION	Saw Mill	OCCUPATION	Nurse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaseley

(Physician or Midwife)

Address Sandpoint

Filed Feb 10 1912 Ellis Kaseley Registrar

Given names added from a supplemental report

..... 19.....

Ellis Kaseley Registrar

S-Y CO., 16670

229-209-007-269

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 3795

Primary Registration District No. 2048 Registered No. 47

FULL NAME OF CHILD Ester S Kinner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 9, 1912

FATHER		MOTHER	
FULL NAME	Smith S Kinner	FULL MAIDEN NAME	Rena Sorensen
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mail Contractor	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie Kinney

(Physician or Midwife)

Address Soda Springs Ida

Given names added from a supplemental report

____, 19____

Elsie Kinney Registrar

Filed Feb 9 1912 Elsie Kinney Registrar

S-Y CO., 16670

MAR 1 9 1970

315.202.004.75

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Wardboro

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 3797

Primary Registration District No. 2099 Registered No. 3

FULL NAME OF CHILD Flora Bell Lucile Langford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 2nd, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. Langford	Mina Genge
RESIDENCE	Wardboro	Wardboro
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Wardboro	Wisconsin
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.15 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 12 19 12 Jill Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

FEB 8 1951

255-112-00624 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Wardboro

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 3798

Primary Registration District No. 2099 Registered No. 9

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 12 1912

FATHER	MOTHER
FULL NAME: William Kent	FULL MAIDEN NAME: Bertha Smidth
RESIDENCE: Wardboro	RESIDENCE: Wardboro
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Wardboro	BIRTHPLACE: Germany
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. F. Ashley (Physician or ~~Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 18 1912 Alice Hayward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-285485

494-22 9100X-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Wardboro

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2099 (~~2099~~) File No. 3799

Primary Registration District No. 2099 Registered No. 19

FULL NAME OF CHILD Vanda Victoria Dimmick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Dimmick	Maud Clayton
RESIDENCE	Wardboro	Wardboro
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Wardboro	Dingle
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy
Registrar

Filed Feb 17 1912 J.H. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 1 9 1973

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-206-00X-312

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3800

Primary Registration District No. 2098 Registered No. 6

FULL NAME OF CHILD Baby Baby Maple Lois Viola

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry H Baby Maple	Nora L Lakin
RESIDENCE	Montpelier Idaho	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	44
BIRTHPLACE	Brookfield Wisc	St Charles Idaho
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 14

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Payne M D

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report 5-7-12 19

J.M.S. Deputy Registrar

Filed Feb 1 1912 J.W. Hayward Registrar

S-Y CO., 16670

AUG 3 1966

795-210-004-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3801

Primary Registration District No. 2099 Registered No. 7

FULL NAME OF CHILD Julia Martha Greene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Jan. 10, 1912

	FATHER	MOTHER
FULL NAME	H. G. Greene	FULL MAIDEN NAME Julia Sullivan
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	43 (Years)
BIRTHPLACE	Illinois	Utah
OCCUPATION	Druggist	School teacher

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

5-7-12, 19.....

J. M. S. Deputy Registrar

Filed Jan 22 1913 Jill Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 5 1972

FEB 7 1944

235-211-008-653

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 24 File No. 3802

No. ____, ____ St.

Primary Registration District No. 2098 Registered No. 8

Hospital

FULL NAME OF CHILD Baby Stephens, Dorothea

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan 11th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. Stephens	Elena Meeker
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Utah	Idaho
OCCUPATION	Mgr. Livery Barn	Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos Coyle

M D (Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1912 Jill Hayward

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

981-212-1004-759

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake.

City of Montpelier

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 3803

Primary Registration District No. 2098.

Registered No. 10

FULL NAME OF CHILD Esther Ryan.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 12th 1911

FATHER		MOTHER	
FULL NAME	John Michael Ryan	FULL MAIDEN NAME	Sarah A. Perkins
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	R.R. Brakeman	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Kunz M.D.

Physician

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 18 19 12 J.M. Hayward

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

756-214-cok-653

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 24 File No. 3804

No. ____, ____ St.

Primary Registration District No. 2098 Registered No. 13

Hospital ____

FULL NAME OF CHILD Loy George

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth | Legitimate? Yes | Date of birth Jan 14th 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Joseph Ezra George	FULL MAIDEN NAME Logan Walker
RESIDENCE Montpelier	RESIDENCE Montpelier
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE New Mexico	BIRTHPLACE Bloomington Ida
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. King M.D.

Physician

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

....., 19....

Filed Jan. 20. 1912 J. M. Haymond

Registrar

S-Y CO., 16670

Registrar

693-115-00K-693

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake.

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3805

Primary Registration District No. 2098. Registered No. 14

FULL NAME OF CHILD David Chester McKinnon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 15th 1912

FATHER		MOTHER	
FULL NAME	Thos Floyd McKinnon	FULL MAIDEN NAME	Eva Leona Williams
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Stucy MD

Physician

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

..... 19....

Filed Jan 22 1912 J. H. Hammond

Registrar

..... Registrar

S-Y CO., 16870

MAR 1 9 1976

795-224-004-792

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3806

Primary Registration District No. 2098 Registered No. 16

FULL NAME OF CHILD Baby Preston Joey Phillas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan 24, 1912

FATHER	MOTHER
FULL NAME Bert Preston	FULL MAIDEN NAME Lillie Leahbrook
RESIDENCE Montpelier Idaho	RESIDENCE Montpelier
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Geneva Idaho
OCCUPATION R R Employee	OCCUPATION Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) L. M. Pomeroy M.D.

(Physician or Midwife)

Address Montpelier Ida

5-7-12, 19.....

J. M. S. Deputy Registrar

Filed Jan 31 19 12 Jill Hayward Registrar

S-Y CO., 16670

DEC 5 1973

MAR 6 1956

659-228-004-863

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24

File No. 3807

Primary Registration District No. 2098

Registered No. 17

FULL NAME OF CHILD LUCILLE CAROLYN Ferguson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 27, 1912

FATHER		MOTHER	
FULL NAME	Rocco H Ferguson	FULL MAIDEN NAME	Hester Holley
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Arkansas	BIRTHPLACE	Mississippi
OCCUPATION	Banker	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Rogers M D

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

....., 19....

Filed Feb 7 1912 Jell Hayward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Diego } ss.

Certificate No. 3807

Date Filed Feb. 23, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Ferguson (Name on Original Certificate) who was born (Was Born or Died) on January 28, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on February 1, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Ferguson	Lucile Carolyn Ferguson

Subscribed and sworn to before me this 23rd
day of February, 1942.
Notary Public, residing at San Diego County
My commission expires My Commission Expires Jan 13, 1946.
(Seal)

Signed Roscoe H. Ferguson, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Diego } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of February, 1942
Notary Public, residing at San Diego, Calif.
My commission expires My Commission Expires August 23, 1943
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Year)

2911 Jumper St San Diego Calif.
(Street Address, City, State)

APR 15 1942

613-228-004-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3808

Primary Registration District No. 2098 Registered No. 18

FULL NAME OF CHILD Levern Fallick

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? yes | Date of birth: Jan. 28 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	H. R. Fallick	FULL MAIDEN NAME	Jennie Randall
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Montpelier	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

5-7-12, 19..

J.M.S. De uty

Registrar

Filed Jan 31 1912 J.W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

818-202-004-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 — File No. 3809

Primary Registration District No. 2096 — Registered No. 2

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan. 2nd, 1912

FATHER		MOTHER	
FULL NAME	Wilford Hayes	FULL MAIDEN NAME	Althea Rasse
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Georgetown Ida	BIRTHPLACE	Bloomington Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician ~~or Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 13 1912 Jill Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

231-231-004-397

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No ____, ____ St.

Hospital ____

Registration District No 24 — File No. 3810

Primary Registration District No 2096 — Registered No. 22

FULL NAME OF CHILD Iola Black

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	January 31, 1912

FATHER		MOTHER	
FULL NAME	Ambrose Black	FULL MAIDEN NAME	Alice Pippetts
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Georgetown, Idaho.	BIRTHPLACE	Georgetown, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 7 1912 [redacted] Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 23 1961

NOV 21 1973

245-212-004767

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bern

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 3811

Primary Registration District No. 2094 Registered No. 11

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma Kunz	Vivian ~~Kunz~~ Pope
RESIDENCE	Bern	Bern
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Bern	Garden City, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 1.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 18 1912 J. H. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 1 6 1973

DuPont 1912-2753(c)1

697-202-004-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3812

Primary Registration District No. 2093 Registered No. 1

FULL NAME OF CHILD Jennie Thelma Wixom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 2nd 1912

FATHER		MOTHER	
FULL NAME	Lorenzo Wixom	FULL MAIDEN NAME	Maurine Linden
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bloomington Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Paris Idaho

Filed Jan 12 19 12 Jill S Heywood

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAR 2 9 1972

213-229-004-852

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3813

Primary Registration District No. 2092 Registered No. 21

FULL NAME OF CHILD Thelma LaRatta Bateman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Jan 29 1912

FATHER		MOTHER	
FULL NAME	John Bateman	FULL MAIDEN NAME	Hilah Hess
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Idaho
OCCUPATION	Horseman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D.

(Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy

Registrar

Filed Jan 31 1912 J. M. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 1 0 1972

299-229-004-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3814

Primary Registration District No. 2092 Registered No. 20

FULL NAME OF CHILD Blythe Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Jan. 29, 1912

FATHER		MOTHER	
FULL NAME	John H. Bird	FULL MAIDEN NAME	Etta Neat
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 17, 1912 J. H. Hayward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 2 4 1973

15-L-217100X-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

*No*_____, _____ *St.*

Hospital _____

Registration District No. 24 **File No.** 3815

Primary Registration District No. 2092 **Registered No.** 15

FULL NAME OF CHILD Audrey Marguerite Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Anderson	Jennie Newby
RESIDENCE	Kinsana	Kinsana
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	26
BIRTHPLACE	Salt Lake City Ut.	England
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4 Born alive (Born alive or stillborn) on the date above stated., at 7.10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Astley

(Physician or ~~Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed JAN. 25 1912 Jill Haymond *Registrar*

SYMS - YORK CO., PTRS. & BDRS 17326

285-113-004-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

*No*_____, _____ *St.*

Hospital _____

Registration District No 24 **File No.** 3816

Primary Registration District No. 2092 **Registered No.** 12

FULL NAME OF CHILD Lewis Daniel Shepherd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Jan 13, 1912

	FATHER	MOTHER
FULL NAME	Ernest Shepherd	FULL MAIDEN NAME Eliza Lewis
RESIDENCE	Paris Idaho	RESIDENCE Paris
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years) 41
BIRTHPLACE	England	BIRTHPLACE Idaho
OCCUPATION	Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M D

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

5-7-12, 19

J.M.S. Deputy

Registrar

Filed Jan 18 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

OCT 7 1960

819-205-004-523

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 3817

Primary Registration District No. 2092 Registered No. 5

FULL NAME OF CHILD Gwendolin Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 5 1912

	FATHER	MOTHER
FULL NAME	Leslie Hart	FULL MAIDEN NAME Amelia Eschler
RESIDENCE	Raymond Ida	RESIDENCE Raymond Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M. D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MAY 31 1972

693-203-204-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 3818

Primary Registration District No. 2091 Registered No. 4

FULL NAME OF CHILD Effie E. Wilkes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 3, 1912

FATHER		MOTHER	
FULL NAME	Quincy Wilkes	FULL MAIDEN NAME	Mamie Wallentine
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

Filed JAN 12 1912 J. L. Howard

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUL 2 3 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

35-01X-291

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 3835

No. ____, ____ St.

Primary Registration District No. 2007

Registered No. 1

Hospital ____

FULL NAME OF CHILD ELMER LeROY KEEFOVER

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	other	3rd	yes	Jan. 25th, 1912 (Month, Day, Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Leroy Keefover	Jennie Bradley
RESIDENCE	Notus Ida.	Notus Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Kansas	Greenville Tenn.
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hurry

Physician

(Physician or Midwife)

Address Notus Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 30 1912 R C Bull

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 3835

State of Nebraska }
County of Gage } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elmer La Roy Keefover (Name on Original Certificate) who born (Was Born or Died) on Jan 25 1912 (Date of Event)
in Notus Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army discharge (Bible Record, Insurance Policy, Etc.) prepared on 2-12-40 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	
Elmer LeRoy Keefover	Baby Keefover	Elmer LeRoy Keefover

Subscribed and sworn to before me this 6th
day of June 1942
Wallace T. McKinney
Notary Public, residing at Beatrice, Neb.
My commission expires 7-8-47
(Seal)

Signed Jennie Kelly Keefover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
201 So. Front St. Beatrice, Nebr.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska }
County of Gage } ss.

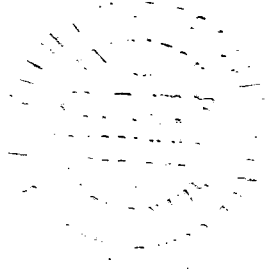
[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of June 1942.
Wallace T. McKinney
Notary Public, residing at Beatrice, Neb.
My commission expires 7-8-47
(Seal)

Signed Alfred [illegible] Keefover
(Signature of Any Credible Person Other Than Previous Year)
209 So. Front St. Beatrice, Nebr.
(Street Address, City, State)

JUN 10 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 11-25-70

PLACE OF BIRTH

~~745.200-04-113~~

County of Canyon

City of Caldwell

No. ..... St.

Hospital Canyon

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 3837

Primary Registration District No. 2005

Registered No. 3

FULL NAME OF CHILD Irene Genell Emerson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single		Yes	Jan 1, 1912

FATHER		MOTHER	
FULL NAME	Henry H. Emerson	FULL MAIDEN NAME	Mabel Jackson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child ~~of this~~ mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M D

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 20 1912 R. L. Bull

.....
Registrar

.....
Registrar

5-Y CO., 16670

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

NOV 9 - 1970

Bureau of Vital Statistics

State of Washington
County of Yakima } ss.

Certificate No. 3837

Date Filed Jan 20, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Emmerson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 1, 1912 (Birth or Death) (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Irene Genell Emerson
Father's name	Henry H. Emmerson	Henry H. Emerson

Subscribed and sworn to before me this 6 day of Nov, 19 70

Notary Public, residing at Naches

My commission expires Nov 20, 1972

(Seal)

Signed Mrs Mabel Emerson Pattison

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Naches, Washington

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Yakima } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Nov, 19 70

Notary Public, residing at Naches

My commission expires Nov. 20, 1972

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

[illegible] Wash 98937

(Street Address, City, State)

FORM DH 60-155 CL 10/28/70 nm

Emerson

Page from Baby book gives name as Irene Genell Emererson born Jan 1, 1912 to Henry H. Emerson and Mabel Jackson. Record obviously old.
Viewed by V.S.

NOV 25 1970

Report card issued by Hoquiam Public Schools lists name as Irene Genell Emerson

Card dated June 10, 1921 Second Grade.
Viewed by V.S

23.22.0.01 #365

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital Rural

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3

File No. 3838

Primary Registration District No. 2 605

Registered No. 4

FULL NAME OF CHILD Vivian Cleo Stocker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 20, 1912

FATHER		MOTHER	
FULL NAME	J. Mackay Stocker	FULL MAIDEN NAME	Emma P. Connell
RESIDENCE	Caldwell - Idaho.	RESIDENCE	Caldwell - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Oregon -
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - (Born alive or stillborn) at 6:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John D. Meyer

Physician

(Physician or Midwife)

Address Caldwell - Idaho.

Filed Jan 23 1912 R C Bull Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

JUN 13 1974

330-3061 OIK-844

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 7th, Everett St.

Registration District No. 3

File No. 3840

Primary Registration District No. 1505

Registered No. 6

Hospital

FULL NAME OF CHILD Ruth Dale Sloan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 6 1912

FATHER		MOTHER	
FULL NAME	Clarence L. Sloan	FULL MAIDEN NAME	Blanche Hodson
RESIDENCE	Caldwell	RESIDENCE	Caldwell,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kans.
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 111

Number of children, of this mother, now living, including present birth 111

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Jan 10 1912 R C Bull

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

JAN 9 1947

115-212-014-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ....., ... St.

Hospital No

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 3842

Primary Registration District No 2005 Registered No. 8

FULL NAME OF CHILD Mildred Louise Janssen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	2nd	Yes	Jan 12 1912

	FATHER	MOTHER
FULL NAME	John Janssen	FULL MAIDEN NAME Bessie Hood.
RESIDENCE	Caldwell	RESIDENCE Caldwell
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE Nebraska.
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Brumbaugh

Caldwell Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 20 1912 R C Bull

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of CANYON } ss.

Certificate No. 3842

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for JANSSEN (Name on Original Certificate) who BORN (Was Born or Died) on JANY 12, 1912 (Date of Event)
in CALDWELL, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred Louise
Surname	Janson	Janssen

Subscribed and sworn to before me this 7-24
day of January, 1946

Notary Public, residing at Caldwell, Ida

My commission expires Dec 1, 1948
(Seal)

Signed John Janssen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7-24
day of January, 1946

Notary Public, residing at Caldwell, Ida

My commission expires Dec 1, 1948
(Seal)

Signed Mrs Bessie Janssen
(Signature of Any Credible Person Other Than Previous Year)

R.R.D # 1 Wilder, Idaho
(Street Address, City, State)

FEB 2 1 1945

133-115-01X-367

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 3843

No. ....., ... St.

Primary Registration District No. 1005

Registered No. 9

Hospital .....

FULL NAME OF CHILD Stanley Grover Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	1 15 1912

FATHER		MOTHER	
FULL NAME	Charles M. Allen	FULL MAIDEN NAME	Annie Cox
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Carpenter Finisher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 530 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kaley

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address .....

Filed Jan 22 1912 R C Bull

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

132-20710X-811

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 3844

No. ....., ... St. Primary Registration District No. 2005 Registered No. 10

Hospital .....

FULL NAME OF CHILD Florence Marie Albertson

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 1 (Month) 7 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Geo Albertson	FULL MAIDEN NAME	Alma M. Haagenson
RESIDENCE	Notus Idaho	RESIDENCE	Notus Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 16 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Daley

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 23 19 12 R C Rull

Registrar

S-Y CO., 16670

JUL 2 0 1973

249-220-014-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No 3

File No. 3846

No ____, ____ St.

Primary Registration District No 2705

Registered No. 12

Hospital No

FULL NAME OF CHILD Madeline Rachel Burton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	One (To be answered only in event of plural births)	2	Yes	Jan 20 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	W M Burton	FULL MAIDEN NAME	Katheryn Claudia Coats
RESIDENCE	Caldwell	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Wisc
OCCUPATION	Rancher	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Mullen

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 30 1912

R C Bull

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 19 1943

594-12:01X-118

~~PLACE~~ OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ....., ... St.

Hospital No

Registration District No 3

Primary Registration District No 2507

File No. 3847

Registered No. 13

FULL NAME OF CHILD JOHN LESLIE EIDEMILLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	and	yes	Jan 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R Eidemiller	Alice Jay
RESIDENCE	Parma R.F.D.	
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE		
OCCUPATION	Ranchman	Home maker

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Smith

Caldwell Idaho

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 30 19 12 R C Bull

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 3847
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Idamiller unnamed + (Name on original certificate) who born (Was born or died) on January 21, 1912 (Date of event)
in Pocatello (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on January 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Idamiller	Eidemiller
Name	Unnamed	John Leslie Eidemiller
Mother's name	none given	Alice Jay

Subscribed and sworn to before me this 20th
day of December, 1941
Hartley M. Gray
Notary Public, residing at Burley, Idaho
My commission expires October 26, 1943
[SEAL]

Signed Alice Jay Eidemiller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Weldon, Idaho
(Street Address, City, State) Route #1

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 2 2 1941

249 731-014-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Caldwell~~ Notus Registration District No. 3 File No. 3849

No. ____, ____ St. Primary Registration District No. 2007 Registered No. 16

Hospital Rural

FULL NAME OF CHILD Alfred Pryor Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	Jan. 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russell M. Smith	Minnie N. McCollum
RESIDENCE	Rural - (Notus)	Rural (Notus)
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	56	40
BIRTHPLACE	Kentuckey	Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - (Born alive or stillborn), at 10.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer

Physician

(Physician or Midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 10 19 12 R C Bull

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-208-01K-236

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon,

City of Caldwell

No. 1012, Chicago St.

Hospital //////

Registration District No. 3

Primary Registration District No. 1006

File No. 3850

Registered No. 16

FULL NAME OF CHILD Helen, Louise Barker.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2,d,	yes	2-8-12, 191...

FATHER	MOTHER
FULL NAME: Barker, Clair, J.	FULL MAIDEN NAME: Scott, Mary, Belle.
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Michigan
OCCUPATION: Clerk	OCCUPATION: housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.45p, M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Wm. S. Thurman

(Physician or Midwife)

Address Caldwell, Ida.

Filed Feb 12 1912 R C Bull.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 11 1942

395-129-014-458

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3851

County of Canyon

City of New Plymouth Registration District No. 3

No. ____, ____ St. Primary Registration District No. 1009 Registered No. 17

Hospital ____

FULL NAME OF CHILD GERALD ARTHUR Creasey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James F. Creasey	Anna Meyer
RESIDENCE	New Plymouth Ida	New Plymouth Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	England	Nebraska
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on he date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida

Filed Jan 31 1912 W T Drysdale Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Please have this signed by two persons in possession of the facts to be corrected in the presence of a Notary Public. Also two documents must be submitted.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Payette } ss.

Certificate No. 3851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" Creasey (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1912 (Date of Event)
in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record Nov. 12, 1916 and School Record prepared on May, 1929 (Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed" Creasey	Gerald Arthur Creasey

Subscribed and sworn to before me this 11 day of April, 19 55

Emma Hatfield
Notary Public, residing at Boise, Idaho
My commission expires 5-26-58
(Seal)

Signed x James F. Creasey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

New Plymouth, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Payette } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of April, 19 55

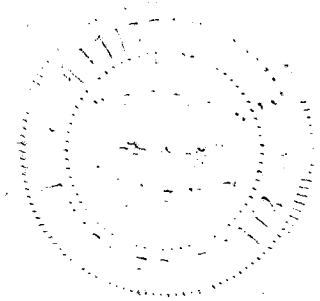
Emma Hatfield
Notary Public, residing at Boise, Idaho
My commission expires 5-26-58
(Seal)

Signed x Anna M. Creasey
(Signature of Any Credible Person)

New Plymouth, Idaho
(Street Address, City, State)

DPH 52-155

APR 14 1955



689-101-014-515

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3852

County of Canyon

City of New Plymouth Registration District No. 3 File No.

No. , St. Primary Registration District No. 2009 Registered No. 18

Hospital

FULL NAME OF CHILD Harold Edgar White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 1 1912

FATHER		MOTHER	
FULL NAME	LeRoy White	FULL MAIDEN NAME	Lillian Van Sickle
RESIDENCE	New Plymouth Idaho	RESIDENCE	New Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	New York	COLOR	White
OCCUPATION	Merchant	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Nebraska
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale MD

(Physician or Midwife)

Address New Plymouth Idaho

Given names added from a supplemental report

, 19

Registrar

Filed Jan 31 19 12 WT Drysdale RC Bull Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 29 1959

132-204-014-419

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 3 File No. 3853

No. ____, ____ St. Primary Registration District No. 2009 Registered No. 19

Hospital ____

FULL NAME OF CHILD Florence Josie Ackerman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan 4, 1912

FATHER		MOTHER	
FULL NAME	Albert Ackerman	FULL MAIDEN NAME	Josie Marnoch
RESIDENCE	New Plymouth Ida.	RESIDENCE	New Plymouth, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Switzerland	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale M D

(Physician or Midwife)

Address New Plymouth Idaho.

Given names added from a supplemental report

____, 19____

Filed Jan 21 19 12 W T Drysdale Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1969

469-218:014-714

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3

Registration District No. .....

File No. 3854

Primary Registration District No. 2-007

Registered No. 20

FULL NAME OF CHILD Gladys Meryl Morris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
fem.			yes	Jan. 18, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. C. Morris	Bertha Paul
RESIDENCE	Parma	Parma
COLOR	white	white
AGE AT LAST BIRTHDAY	40 (Years)	31 (Years)
BIRTHPLACE	Washington	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or Midwife)

Address Parma, Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/29 19 17 R. J. Allen

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 5 - 1971

699-214-014-396

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 3855

Primary Registration District No. 2-007

Registered No. 21

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	1, 14, 1912

FATHER		MOTHER	
FULL NAME	Ike A. Fritts	FULL MAIDEN NAME	Celia Crosswait
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Ranching	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen

M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 7/14 1912 R. J. Owen

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

912-101-01X-697

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3

File No. 3856

Primary Registration District No. 2007

Registered No. 22

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	1 1 1912

FATHER		MOTHER	
FULL NAME	John Rasmusson	FULL MAIDEN NAME	Mary E. Wagnall
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cluen

M. D. (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed 1/1 1912

R. J. Cluen Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

23-III-614-317

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-30-11

Registration District No. 3

File No. 3857

Primary Registration District No. 2507

Registered No. 23

FULL NAME OF CHILD Melvin Charles Platt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 / 11 / 1912

FATHER		MOTHER	
FULL NAME	Fred C. Platt	FULL MAIDEN NAME	Jennie M. Dogyork
RESIDENCE	Parma,	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Ind.
OCCUPATION	ranchman	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cluen M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1/11 1912 R. J. Cluen

Registrar

S-Y CO., 18668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Own child's birth certificate #337067 on file Idaho gives name as Melvin Charles Platt , child born Jan 21, 1942.

Registration Certificate, Selective Service dated Oct 23, 1940 Boise City Local Board, gives name as Melvin Charles Platt, viewed by V.S.

AFFIDAVIT COMPLETING BIRTH CERTIFICATE BY INSERTING OMITTED NAME.

State of Idaho,)
) SS.
County of Canyon,)

FRED C. PLATT, being first duly sworn, on oath, deposes and says; that he is now over the age of seventy-five years, and that he has resided continuously in Parma, Canyon County, Idaho, for more than fifty years; that he is the father of Melvin Charles Platt, son, who was born at Parma, Canyon County, Idaho, on the 11th day of January, 1912; that the mother of the said Melvin Charles Platt was Jennie May Platt, who has been deceased many years; that when the said child was born, or subsequently thereto, a certificate of birth was filed with the Department of Health, Bureau of Vital Statistics of the State of Idaho, but the person who filed the said birth certificate inadvertently omitted the name of said child, namely, the said Melvin Charles Platt and your affiant, knowing the facts, desires to complete the said record by the insertion of the name of "Melvin Charles Platt"; that the said child, now a mature man, has always been known as Melvin Charles Platt, and that is his full, true and correct name; that all his business transactions are done under that name, and he has always gone under the said name.

WHEREFORE, Your affiant herein prays that the records of the Department of Health, Bureau of Vital Statistics, be corrected accordingly.

Fred C Platt

Subscribed and sworn to before me this 14th day of March, 1961.

Ernest Anderson
Notary Public for Idaho.
Residing at Parma, Idaho.

JUN 12 1961

MAR 20 1974

962-128-01X-731

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 3858

Primary Registration District No. 2007 Registered No. 24

FULL NAME OF CHILD DYRE STANLEY ROBERTS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	1 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burt J. Roberts	Mary Place
RESIDENCE	Raswell	Raswell
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Ida.	Ida.
OCCUPATION	Ranching	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Queen

M. D. (Physician or Midwife)

Address Parma. Ida.

Given name added from a supplemental report

____, 19____

____ Registrar

Filed 1/28 19 12 H. J. Queen Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 9 1970

OCT 17 19

215-213-01K-213

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell

Registration District No. 3

File No. 3859

No. ____, ____ St.

Primary Registration District No. 3.007

Registered No. 25

Hospital ____

FULL NAME OF CHILD Mary Olive Kanar

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
fem.	—	—	yes	Jan. 13 (Month), (Day), 192 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E. Kanar	Nora Balsinger
RESIDENCE	Roswell	Roswell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Penn.	Penn.
OCCUPATION	Clergyman	housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 4/20 19.17 R. J. Allen

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 14 1942

---419-20.2.01.K-663

PLACE OF BIRTH

County of Canyon (Parma)

City of ____ Registration District No. ____ File No. 3860

No. ____, ____ St. Primary Registration District No. 2007 Registered No. 26

Hospital ____

FULL NAME OF CHILD Pearl Mary Martin

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem.	—	—	yes.	Jan. 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Martin	Jennie Rolwell
RESIDENCE	Parma	Parma
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Kansas	Iowa
OCCUPATION	laborer	housewife

Number of child of this mother, including present birth 5

Number of childrea, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1/10 1912 R. J. Cuen

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 2 1955

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Cowlitz }

Certificate No. 3860

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Martin (Name on Original Certificate) who was born (Was Born or Died) on January 2, 1912 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Sept 1st 1937 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Mary Martin	Pearl Mary Martin
Birth date	January 2, 1912	January 3, 1912

Subscribed and sworn to before me this 18th day of September, 19 63.
Notary Public, residing at Longview
My commission expires 1-15-67
(Seal)

Signed Mrs. Jessie Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2554 30th, Longview, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of September, 19 63.
Notary Public, residing at Longview
My commission expires 1-15-67
(Seal)

Signed Mrs. Grady Mackintosh
(Signature of Any Credible Person)
2624 30th, Longview, Wash.
(Street Address, City, State)

FORM DH 60-158

Marriage License and Certificate, State of Idaho, County of Washington, married Oct. 19, 1942 at Weiser, Idaho gives full name of groom as Arthur Colson and Pearl Morehouse - viewed by V.S.

SEP 20 1963

Own Child's Birth Cert. on file: (Idaho Birth) #16954**8** gives full maiden name of mother as Pearl Mary Martin - viewed by V.S.

Railroad Pass, dated Jan. 9, 1945 gives full name as Mrs. Pearl Mary Colson - viewed by V.S.

decided not to correct date of birth - 9-20-63.

493-105-014-692

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

[redacted] F IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 3861

Primary Registration District No. 2607

Registered No. 27

FULL NAME OF CHILD Jack Edwin Mitchel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Jan. 5, 1912

FATHER	MOTHER
FULL NAME Clarence E. Mitchel	FULL MAIDEN NAME Bessie Kirk
RESIDENCE Parma Ida	RESIDENCE Parma Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Illinois
OCCUPATION Grocer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1/10 1912 R. J. Cluen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 9 1942

699-124-014-699

PLACE OF BIRTH AMENDED 7/13/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Registration District No. 3 File No. 3862

Hospital ..... Primary Registration District No. 2007 Registered No. 28

FULL NAME OF CHILD George Washington Fritz
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1/24/12

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jacob Daniel Fritz	FULL MAIDEN NAME	Ellen Fritts
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Ranching	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) R. J. Cluen

M.D.
(Physician or midwife)

Address .....

Filed 1/24/12 R. J. Cluen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 3862

Primary Registration District No. 2607 Registered No. 28

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 24 1912

FATHER		MOTHER	
FULL NAME	Jasper D. Fritts	FULL MAIDEN NAME	Ellen Fritts
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Olsen M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed 1/24 19..... O. J. Olsen

S-Y CO., 16669 Registrar

Registrar

JUL 19 1965

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3862

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Geo. Washington Fritz
Name of Father	Jake D. Fritts	Jacob Daniel Fritz

Subscribed and sworn to before me this 13th day of July, 1938.

Notary Public, residing at Boise, Idaho
My commission expires .....
(Seal)

Signed Mrs. Nettie McClenbeck.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

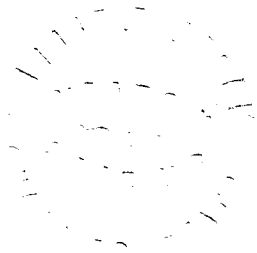
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)



456-108-014-397

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 3863

No. ____, ____ St.

Primary Registration District No. 2507

Registered No. 29

Hospital

FULL NAME OF CHILD Edward De France

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry E. De France	Grace Tippen
RESIDENCE	Parma	Parma
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B. Allen M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19....

Filed 1/15 1913 D. J. Clem

S-Y CO., 16670 Registrar

Registrar

APR 4 19

FEB 6 1945

43-202 01X 294

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1008

File No. 3864

No. ____, ____ St.

Primary Registration District No. 2006

Registered No. 30

Hospital ____

FULL NAME OF CHILD Vera Inez

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 2, 1912

	FATHER	MOTHER
FULL NAME	Angus Marion McDonald	FULL MAIDEN NAME Lilbur Simmons
RESIDENCE	Nampa, Ida	RESIDENCE Nampa, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE Penn.
OCCUPATION	Ranches	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Linck

(Physician or Midwife) Nampa, Ida.

Address Nampa Ida

Filed 1/31/ 1912 O B Beller M.D.

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

791-201-0114-458

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ——, ——— St.

Hospital ———

Registration District No. 3

File No. 3865

Primary Registration District No. 2006

Registered No. 81

FULL NAME OF CHILD Virginia Graham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	3	yes	1 / 1 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Graham	Susan Meyers
RESIDENCE	Nampa Ida	Nampa Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 31	White / 29
BIRTHPLACE	Iowa	Miss.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Belles M.D.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 1/20/1912 O B Belles M.D.

Registrar

S-Y CO., 16670

Registrar

212-216-K 493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Ida Registration District No. 3 File No. 3866

No. ____, ____ St. Primary Registration District No. 2006 Registered No. 32

Hospital ____

FULL NAME OF CHILD Amy Bobbitt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	———	1	Yes	1 / 16 / 1912

FATHER		MOTHER	
FULL NAME	Louis A Bobbitt	FULL MAIDEN NAME	Dora Miller
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Bellar M D

Phy (Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1 25 1912 O B Bellar M D Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

445-109-014-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3. File No. 3867

Primary Registration District No. 1006 Registered No. 33

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	2	yes.	1 9 1912

FATHER		MOTHER	
FULL NAME	Jack Duncan	FULL MAIDEN NAME	Ethel Snow
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Minn	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Phys (Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 20 1912 O B Beller M.D. Registrar

S-Y CO., 16670

293-103-014-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa Ida

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 3871

Primary Registration District No. 1006 Registered No. 37

FULL NAME OF CHILD HERBERT EUGENE BILLS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	1	Yes	1 — 3 — 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Bills	Anna Hansen
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Minn	Norway
OCCUPATION	Prop Cafe	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonga M.D.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 1/31/1912 O. B. Beller M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of JACKSON }

Certificate No. 3871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Herebert Eugene Bills (Name on Original Certificate) who was born (Was Born or Died) on January 3, 1912 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal information (Bible Record, Insurance Policy, Etc.) prepared on affiant is aunt of Herbert Eugene Bills (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Herbert Eugene Bills

Subscribed and sworn to before me this 7th day of March, 1945

Mabel Wiley
Notary Public, residing at Medford, Oregon

My commission expires May 27, 1946
(Seal)

Signed Mrs Marie Pence
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

501 Beatty St., Medford, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Affiant is aunt of Herebert Eugene Bills.

Subscribed and sworn to before me this 7th day of March, 1945

Mabel Wiley
Notary Public, residing at Medford, Oregon

My commission expires May 27, 1946
(Seal)

Signed Miss Jeckle Olsen
(Signature of Any Credible Person Other Than Previous Year)

501 Beatty St., Medford, Oregon
(Street Address, City, State)

MAR 17 1945

593-209-014-9796

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, 12 St.

Registration District No. 3 File No. 3872

Primary Registration District No. 1006 Registered No. 38

Hospital ____

FULL NAME OF CHILD Ida Mae Nickels

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9, 191.2

FATHER		MOTHER	
FULL NAME	Herman Nickels	FULL MAIDEN NAME	Zella B. Propenger
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Lueck M. D.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 1/31/19.2 O. B. Bellew M.D.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-359735

794-131-014-258

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 1½ miles West of City St.

Hospital x

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 3873

Primary Registration District No. 206 Registered No. 39

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Boy	x (To be answered only in event of plural births)	x	yes	January 31 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Ace Pruett	FULL MAIDEN NAME	Emma Behymer
RESIDENCE	1½ miles West of Nampa	RESIDENCE	1½ miles West of Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 2/3/1912 O. B. Bellows

Registrar

S-Y CO., 16670

Registrar

261-11201X-559

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Ida

No ....., ... St.

Hospital .....

Registration District No 3 File No. 3874

Primary Registration District No. 206 Registered No. 40

FULL NAME OF CHILD MYRL SWANSON

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no (To be answered only in event of plural births)	2	Yes	Jan 17 191 2

FATHER	MOTHER
FULL NAME James Swanson	FULL MAIDEN NAME Elsie Vernon
RESIDENCE Near Nampa, Ida	RESIDENCE Near Nampa Ida
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Georgia	BIRTHPLACE Colo.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 AM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Calanza MD

M D Physician

(Physician or Midwife)

Address Nampa Ida

Filed 1/31/1912 O B Keller MD

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of SAN BERNARDINO }

Certificate No. 3874
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for UNNAMED SWANSON (Name on original certificate) who WAS BORN (Was born or died) on JANUARY 17, 1912 (Date of event)
in NAMPA, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (Bible record, insurance policy, etc.) prepared on IN 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Swanson	Myrl Swanson

Subscribed and sworn to before me this 28TH day of NOVEMBER, 19 41.

Paul D. Howell

Notary Public, residing at NEEDLES, CALIFORNIA
My commission expires AUGUST 9, 1944
[SEAL]

Signed Edsie Vernon Swanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

435 MENLO, LOS ANGELES, CALIF.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of SAN BERNARDINO }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28TH day of NOVEMBER, 19 41.

Paul D. Howell

Notary Public, residing at NEEDLES, CALIFORNIA
My commission expires AUGUST 9, 1944
[SEAL]

Signed P. Lynn Lain
(Signature of any credible person other than the previous affiant.)

1121 BROADWAY, NEEDLES, CALIF.
(Street Address, City, State)

Received for filing on DEC 9 19[illegible] By
(Registrar's signature)

493-126-014-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No ——, —— St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 5 File No. 3875

Primary Registration District No. 2106 Registered No. 4

FULL NAME OF CHILD CLELL VIRGIL DICKMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Not a twin	1	Yes	June 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Dickman	Beulah Evans
RESIDENCE	Nampa Ida	Nampa Ida,
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 27	White / 24
BIRTHPLACE	Idaho	Va
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calanza M.D.

Physician

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 1/31/1912 O. B. Beller M.D.

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 3875

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clell Virgil Dickman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 26. 1912 (DATE OF EVENT)
in Nampa Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb 15. 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	UnnamedDickman	Clell Virgil Dickman

Subscribed and sworn to before me this 11
day of February, 1942
John P. Gray
Notary Public, residing at Melba
My commission expires May 3 - 1945.
(SEAL)

Signed Frank Dickman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R1 Kuna Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED, (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of February, 1942
John P. Gray
Notary Public, residing at Melba
My commission expires May 3 - 1945
(SEAL)

Signed J. C. Blessum
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Melba Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 18 1942

214-215-01X-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Tp. 2 R 2 - Sec 24 Registration District No. 3 File No. 3876

No. ×, ×St.

Primary Registration District No. 2006 Registered No. 42

Hospital ×

FULL NAME OF CHILD — Anna Mae Bamford

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl	×		×	yes	January 15, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. R. Bamford	Mary Brown
RESIDENCE	6 miles S.E. of Nampa	6 mi S.E. of Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Oregon	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2-15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 1/31/1912 O. B. Bellew

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of such, in order of birth stated

RECEIVED
JUN 27 19--
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Lane }

Certificate No. 3876

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Bamford (Name on Original Certificate) who was born (Was Born or Died) on Jan. 15, 1912 (Date of Event) in Canyon Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on made out by mother (Give Date), are: Family Record by Husbands Family viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Anna Mae Bamford

Subscribed and sworn to before me this 24 day of June, 1957

Robert A. Lunn
Notary Public, residing at Eugene, Oregon
My commission expires
(Seal) NOTARY PUBLIC FOR OREGON
My Commission Expires Oct. 16, 1959

Signed * Mary A. Daniel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
501 Bailey Lane City Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of June, 1957

Robert A. Lunn
Notary Public, residing at Eugene, Oregon
My commission expires
(Seal) NOTARY PUBLIC FOR OREGON
My Commission Expires Oct. 16, 1959

Signed * Zelda B. Moore
(Signature of Any Credible Person)
1375 Bailey St.
(Street Address, City, State)
Eugene, Ore.

FORM DPH 55.155

NTP 6-4-57 1 copy pd

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

839-115-014-693

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 3 — File No. 3877

No. 13th Ave. No. Bet 4 St. & 5 St — Primary Registration District No. 2006 — Registered No. 43

Hospital X

FULL NAME OF CHILD — RUSSELL ELMER KLINE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	yes	January 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. W. Kline	Alice Withers
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	West Virginia	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 1/31/1912 P. B. Bellows M.D.

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

DEC 27 1941

Certificate No. 3877
Date Filed /

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Kline (Name on original certificate) who Born (Was born or died) on Jan. 15 1912 (Date of event)
in Nampa, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, Insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Russell Elmer Kline

Subscribed and sworn to before me this 27
day of December, 19 41

Notary Public, residing at Caldwell, Idaho

My commission expires

[SEAL]

Signed Alice Minnick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 27 1941 By
(Registrar's signature)

DEC 2 7 1941

613-223-014-391

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3878

County of Canyon

City of Nampa-Kurtz addition

Registration District No. 3. File No.

No. Kurtz add St.

Primary Registration District No. 1006 Registered No. 404

Hospital X

FULL NAME OF CHILD Mary Ellen Waltman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
girl	x	x	yes	January 28 (Month) (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: L. E. Waltman	FULL MAIDEN NAME: Addie E Crawford
RESIDENCE: Nampa Idaho	RESIDENCE: Nampa Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Kansas
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/31/ 19 12 O. B. Belknap

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7/18/41

493-104-01M 493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3879

County of Canyon

City of Nampa

No. North side St.

Registration District No. 5

File No.

Primary Registration District No. 1006

Registered No. 45

Hospital X

FULL NAME OF CHILD Fred Benjamin Michener

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	yes	January 4, 1912

FATHER		MOTHER	
FULL NAME	Fred Michener	FULL MAIDEN NAME	Lola R. Miller
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 1/31/1912 O. B. Belden M.D.
Registrar

S-Y CO., 16670

MAR 4 1970

APR 29 1970
JUL 6 1970

796-114-01X-695

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1105 15th Ave. S. St.

Hospital X

Registration District No. 3

Primary Registration District No. 1006

File No. 3880

Registered No. 46

FULL NAME OF CHILD PAUL CLARENCE GROSS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	yes	January 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. L. Gross	Lanna Wine
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. O. Murray

Physician
(Physician or Midwife)

Address Nampa Idaho

Filed 1/31/1912 O. B. Bellew M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 20 12 22 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3880

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gross (Name on Original Certificate) who was born (Was Born or Died) on January 14, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Paul C. Gross
		Clarence

Subscribed and sworn to before me this 20th day of February, 1974

Florence Kirkpatrick

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Dorothy D. Gross

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho gives name of father as Paul C. Gross. Child born October 22, 1934, State File # 228857. Viewed by V.S.

FEB 21 1974

Social Security Card is listed under the name of Paul Clarence Gross. # 519 42 6261. Issued 1954 by Social Security Administration. Viewed by V.S.

714-230-01-4433 name added 1-14-86 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa 6 miles South.

No. R.R. No 4 St.

Hospital x

Registration District No. 103 File No. 3882

Primary Registration District No. 2006 Registered No. 48

FULL NAME OF CHILD Mary Agnes Gaussoin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
girl	x	x	yes	January 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. H. Gaussoin	FULL MAIDEN NAME	L. G. McCarty
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician
(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 1 31 1912 O. S. Beller M.D.

S-Y CO., 16670

Registrar

Registrar

APR 20 1972

11-6-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
JAN 13 1986
Bureau of Vital Statistics
and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Clark } ss.

Certificate No. 3882
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Gaussoin (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 30, 1912 (Date of Event)
in Nampa (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Mary Agnes Gaussoin

Subscribed and sworn to before me this 8th day of February, 19 86
Notary Public, Felipe Clark
Residing at Ridgefield
My commission expires 8-06-04-88
(Seal)

x Mary Agnes Stebon
Signature of Applicant
X5565 SE Evergreen Bl. Vancouver Wash
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Clark } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 19 86
Notary Public, Felipe Clark
Residing at Ridgefield
My commission expires 8-06-04-88
(Seal)

Supporting Signature
8505 E Evergreen Blvd Vancouver Wash
Street Address, City, State

1 cc pd

Vancouver Wa

Baptism Record lists Mary Agnes Gaussoin daughter of Charles Gaussion and Sarah G McCarty born Jan 30, 1912 in Nampa was baptised June 21, 1918 in the Church of St. Paul Catholic Church. Viewed by VS

JAN 14 1986

Confirmation record dated May 3, 1926 at St. Paul Catholic Church in Nampa, Idaho lists Mary Agnes Gaussoin born in Nampa on Jan 30, 1912. Viewed by V.S.

666-216-014-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 3 — File No. 3884

N. Cor 13th Ave & 2nd St. N. — Primary Registration District No. 1006 — Registered No. 60

Hospital X

FULL NAME OF CHILD Reta Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	X	X	yes	January 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. A. Wood	Callie Smith
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 23	White / 18
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 1/31/1912 C. T. Bell M.D.

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1942

SEP 26 1973

993-111-01K-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1003 File No. 3885

Primary Registration District No. 206 Registered No. 57

FULL NAME OF CHILD Myron Grant Richardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 11 1912

FATHER		MOTHER	
FULL NAME	Sylvester Richardson	FULL MAIDEN NAME	Lizzy Griggs
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:55a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Zwick M.D.

(Physician or Midwife)

Address Nampa, Ida

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 1 13 1 1912 O B Bellows M.D. Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

1958

355-129-01X-713

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 16 St.

Hospital

Registration District No. 3 File No. 3887

Primary Registration District No. 206 Registered No. 53

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	2	Yes	1 29 191?

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Otto A Linnaar	FULL MAIDEN NAME Mildred Palmer
RESIDENCE Nampa Ida	RESIDENCE Nampa Ida
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Ohio
OCCUPATION Ranchman	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Phys. (Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1 31 19 1? O B Beller M.D.

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 - LINSCOTT

DUP OF 1912-301744

613-126-014-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Emmett — Registration District No. 3 — File No. 3889

No. ____, ____ St. — Primary Registration District No. 20 Pd — Registered No. 55

Hospital ____

FULL NAME OF CHILD ~~Emmett Ray~~ Raymond Earnest Walters

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	1 26 1912

	FATHER	MOTHER
FULL NAME	Alvin J. Walters	FULL MAIDEN NAME Dessa Barman
RESIDENCE	Emmett Ida	RESIDENCE Emmett Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	34 (Years)	23 (Years)
BIRTHPLACE	Ark.	Mo
OCCUPATION	Laborer	Wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife) M. D.

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1-31 1912 J. L. Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 26 '42
County of Washington }

Certificate No. 3889

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Earnest Walters (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 26, 1912 (DATE OF EVENT)
in Emmett, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 26, 1912, (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Earnest Walters	Raymond Earnest Walters
Date	Dec. 26, 1911	Jan. 26, 1912

Subscribed and sworn to before me this 23rd
day of January, 19 42.

Henry P. Cunningham
Notary Public, residing at Weiser, Idaho
My commission expires Jan. 19, 1943.
(SEAL)

Signed Edna J. Walters
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1054 W 5th St., Weiser, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED, (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23d
day of January, 19 42.

Henry P. Cunningham
Notary Public, residing at Weiser, Idaho
My commission expires Jan. 19, 1943.
(SEAL)

Signed Dessa Walters
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1054 W 5th St., Weiser, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

249-127014-212

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ____, ____ St.

Hospital ____

Registration District No. 3

Primary Registration District No. ~~1120~~ 2010

File No. 3892

Registered No. 57

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~M~~		1	yes	1-27-12

FATHER		MOTHER	
FULL NAME	Charley F Smith	FULL MAIDEN NAME	Edyth May Baker
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 1-27-12 at 8 00 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

M D (Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 19 12 J L R.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719103-014653

Form V. S. No. 11-C—15m-6-29-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 3 File No. 3894

No. ....., ... St. Primary Registration District No. 2010 ~~2010~~ Registered No. 59

Hospital .....

FULL NAME OF CHILD Vernon Emmett Park

Not Known to me

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			No.	Jan. 3, 1912

FATHER		MOTHER	
FULL NAME	Emmett Park	FULL MAIDEN NAME	Margaret Welchel
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ida.
OCCUPATION	Barber	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) B. O. Clark, MD

(Physician or Midwife)

Address .....

Filed Jan 31 19 12 R C Bull Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one "that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6 1951

23610 [redacted] 618

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No ____, ____ St.

Hospital ____

Registration District No 27

Primary Registration District No 2716

File No. 3896

Registered No. 1

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Jan 3 1912

FATHER		MOTHER	
FULL NAME	Elijah Bonfield Jr.	FULL MAIDEN NAME	Grace Wagant
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 5- PM.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M. D.

(Physician or Midwife)

Address Salmon Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 5 1912 Chas. F. Hamme

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235-109-030-69,3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Gilmore

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 3897

Primary Registration District No. 2716 Registered No. 2

FULL NAME OF CHILD George David Steele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Jan 9 1912

FATHER		MOTHER	
FULL NAME	David Marcellus Steele	FULL MAIDEN NAME	Katie Edith Williams
RESIDENCE	Gilmore	RESIDENCE	Gilmore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Bingham Co. Idaho	BIRTHPLACE	Bannock Co. Idaho.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Frank A. Paull M.D.
(Physician or Midwife)

Address Gilmore Ida

Filed Feb 5 19 12 Chas. F. Hammel
Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

FEB 27 1973

8/3-1/2-030-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Gilmore

No ....., ... St.

Registration District No 27 File No. 3898

Primary Registration District No. 2116 Registered No. 3

Hospital .....

FULL NAME OF CHILD John Western Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 12 1912

FATHER		MOTHER	
FULL NAME	Ellis George Hall	FULL MAIDEN NAME	Maude Frances Western
RESIDENCE	Gilmore, Idaho	RESIDENCE	Gilmore, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Newburg Oregon	BIRTHPLACE	Idaho Falls
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Frank C. Paull M.D.

(Physician or Midwife)

Address Gilmore, Idaho

Filed Feb 15 1912 Chas. F. Hammond Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 14 1942

385-214-030-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 3899

Primary Registration District No. 3716 Registered No. 4

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			Yes	1 14 191[illegible]

FATHER	MOTHER
FULL NAME: Elmer Thos. Lynch	FULL MAIDEN NAME: Nettie Anderson
RESIDENCE: Salmon	RESIDENCE: Salmon
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Kans.	BIRTHPLACE: Kans.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamm M.D.

(Physician or Midwife)

Address Salmon

Given names added from a supplemental report

....., 19.....

Filed 1/15 19[illegible] Chas. F. Hamm

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

659-17-030-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Salmon

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 27 File No. 3900

Primary Registration District No. 2716 Registered No. 31

FULL NAME OF CHILD Robert Jefferson Ferguson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Otis Ferguson	Grace Lyndel Kerr
RESIDENCE	Salmon	Salmon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Montana	Kansas
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 5:20 A. M. on the date above stated.

(Signature) O. P. Britton, M.D.

(Physician or Midwife)

Address Salmon Ida

Filed Feb 5 1912 Chas. F. Hainmer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

841-122.030-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Salmon

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 07

Primary Registration District No 7116

File No. 3901

Registered No. 6

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	January 27 1917

FATHER		MOTHER	
FULL NAME	Gus B Duarles	FULL MAIDEN NAME	Rose Lorug
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Kentucky	COLOR	White
OCCUPATION	Banker	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Indiana
		OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) F J Wright M D

(Physician or Midwife)

Address Salmon

Filed Feb 5 19 17 Chas. E Hammel
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 2 5 1974

997-223-030-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-O—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

*No*_____, _____ *St.*

Hospital _____

Registration District No 77 **File No.** 3902

Primary Registration District No. 7116 **Registered No.** 1

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			Yes	1 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Riggle	Florence Shirts
RESIDENCE	Salmon	Salmon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE	Kans.	Idaho
OCCUPATION	Lineman (Electric Light Co.)	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hannan M.D.

(Physician or Midwife)

Address Salmon

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed Feb 5 19 12 Chas. F. Hannan *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17326

997-217030-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

*No*_____, _____ *St.*

Hospital _____

Registration District No 7 **File No.** 3904

Primary Registration District No. 116 **Registered No.** 9

FULL NAME OF CHILD Virginia Agnes Pearl Riggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Jan 17th 191[illegible]

FATHER		MOTHER	
FULL NAME	Edwin Riggs	FULL MAIDEN NAME	Maud Carey
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wyo	BIRTHPLACE	Wyo
OCCUPATION	Electric Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

(Signature) F. S. Wright

(Physician or Midwife)

Salmon Ida

Address

Filed Feb 5 19 1[illegible] Chas. F. Hammond *Registrar*

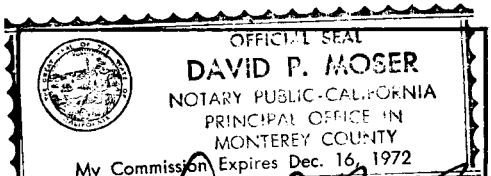
SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 14 1969
APR 25 1969

State of California
County of MONTEREY } ss.

On MAY 19, 19 69,
before me, the undersigned, a Notary Public in and for said State, personally appeared
BINA B. ELDER
, known to me to be the person whose name is subscribed to the within instrument and acknowledged that SHE executed the same.

WITNESS my hand and official seal.



David P. Moser (Sign)
Notary Public Commissioned for said County and State

DAVID P. MOSER
Type or print name (Gov't C. 8205)

MID-COUNTY TITLE COMPANY

FORM 11F

Notrary Public in and for said County and State

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 9 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3904

Date Filed .....

The undersigned does solemnly swear that certain ... on the certificate of birth (Birth or Death)

for unnamed Riggs (Name on Original Certificate) who was bron (Was Born or Died) on Jan. 17, 1912 (Date of Event)

in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Virginia Agnes Pearl Riggs

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Binah B. Elder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

51 Myrtle Ct - Salinas Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JUN 9 1969

Family Record gives name as Virginia Agnes Pearl Riggs born to Edwin Riggs and Maude Carey on Jan 17, 1912. Record obviously old. Viewed by V.S.

Own childs birth certificate on file with state of Oregon gives name of mother as Virginia Agnes Pearl Riggs. Child born Jan 23, 1935 at Burns, Oregon. -state file-
Viewed by V.S.

795-123-001-689

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of South Boise — Registration District No. 2 — File No. 3905

No 2nd S Manatau St. — Primary Registration District No. 1004 — Registered No. 44

Hospital

FULL NAME OF CHILD Ralph Andrew Giese

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		3	yes	Jan 23, 1912

FATHER		MOTHER	
FULL NAME	albert H. Giesen	FULL MAIDEN NAME	alvina White
RESIDENCE	2nd S Manatau, South Boise	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Prussia, Germany	BIRTHPLACE	Council Bluffs, Iowa
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robin L. Gregory M.D.

(Physician or Midwife)

Address 204 Bonna Block Boise

Given names added from a supplemental report

Jan 23, 1912

Filed 2/8 1912 W. E. Hall

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 28 1944

602-106-001-462

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11, C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Suite Boise

Registration District No. 2

File No. 3907

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 51

Hospital ____

FULL NAME OF CHILD Charles Henry Foster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 6, 1912

FATHER		MOTHER	
FULL NAME	Charles Joseph Foster	FULL MAIDEN NAME	Mary Moss
RESIDENCE	Suite Boise	RESIDENCE	Suite Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin Boise Ida.

Given names added from a supplemental report

....., 19.....

Filed 2/17 1912 N. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 5 1968

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Owyhee } ss.

Certificate No. 8907

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Moss Foster (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1912 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 6, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles Moss Foster	Charles Henry Foster

Subscribed and sworn to before me this 8th
day of March, 1942
P. H. Leonard
Notary Public, residing at Murphy Idaho
My commission expires Sept. 21, 1944
(Seal)

Mother
Signed Mary E. Foster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Owyhee } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of March, 1942
P. H. Leonard
Notary Public, residing at Murphy Idaho
My commission expires Sept. 21, 1944
(Seal)

Signed Elizabeth Moss.
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 1 2 1975

168-218-001-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 3908

No. 2nd Bench - RFD #4

Primary Registration District No. 1004

Registered No. 43

Hospital ✓

FULL NAME OF CHILD Hazel Grace Johnson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	yes	7 18 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Sam. H. Johnson	FULL MAIDEN NAME Miss. Addie Hazel Carlton
RESIDENCE 2nd Bench. RFD #4	RESIDENCE 2nd Bench
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Toomey

(Physician or ~~Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 7/29 1912 W E Stephens

S-Y CO., 16670

Registrar

Registrar

DEC 30 1941

515-111-00-753

PLACE OF BIRTH

County of Ada

City of Boise

No. 1302 E. State St.

Hospital

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 3909

Primary Registration District No. 1004

Registered No. 46

FULL NAME OF CHILD Carl Van Court

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 11, 1912

	FATHER	MOTHER
FULL NAME	E J Van Court	Alice M Peterson
RESIDENCE	On bench South of Boise	On bench South of Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Ill	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 11th 1912 at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Jno R Summers MD
(Physician or Midwife)

Address Boise, Idaho

Filed 7/13 1912 WE Hoffman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 11 1942

813-115-00-255

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1124, E. Wash St.

Hospital

Registration District No. 2 File No. 3910

Primary Registration District No. 1002 Registered No. 98

FULL NAME OF CHILD Jessie Hatcher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2 12 1912

FATHER		MOTHER	
FULL NAME	Orville Hatcher	FULL MAIDEN NAME	Alma Kennedy
RESIDENCE	1124 E. Washington	RESIDENCE	1124 E. Washington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burch

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/27 19 12. 10:50 P. M.

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 11 1973

791-14-00-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 1923½ State St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 3911

Primary Registration District No. 1004 Registered No. 44

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2, 14, 1912

FATHER	MOTHER
FULL NAME: John B. Gray	FULL MAIDEN NAME: Elsie Evensiger
RESIDENCE: 1923½ State St.	RESIDENCE: 1923½ State St.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Ohio
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 3 a m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bocock

(Physician or ~~Midwife~~)

Address Boise Idaho

Filed 3/29, 1912 M E Stowell

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

155-220-001-533

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1017, Rees St.

Hospital

Registration District No. 2

File No. 3912

Primary Registration District No. 1004

Registered No. 46

FULL NAME OF CHILD BONNIE LaVERE JENSEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	2 20 1912

FATHER	MOTHER
FULL NAME Ephriam L Jensen	FULL MAIDEN NAME Lucy Elliott
RESIDENCE 1017 Rees.	RESIDENCE 1017 Rees
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE England
OCCUPATION mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeke

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/29 19 12

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 3912

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jensen	Bonnie La Vere ~~Jensen~~ Jensen
Surname of father	Jensen	Jensen

Subscribed and sworn to before me this 20th
day of March 19 42
Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(Seal)

Signed: Mrs Lucy Elliott Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March 19 42
Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires 7/19/42
(Seal)

Signed Ephraim T Jensen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

K

MAR 21 1952

386-225-00-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 3913

Primary Registration District No. 1004 Registered No. 705

FULL NAME OF CHILD Vera Lucile Thompson

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓ (To be answered only in event of plural births)	3	Yes	Dec 21 1912

FATHER		MOTHER	
FULL NAME	Amos H Thompson	FULL MAIDEN NAME	Mable Roberts
RESIDENCE	30th St.	RESIDENCE	30th St.
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Penn.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Swartzmeyer M.D.

(Physician ~~or Midwife~~)

Address .....

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy

Registrar

Filed 5/7/12 19.. M E Stephens

Registrar

S-Y CO., 16670

JUL 9 1970

212-123-001-234

PLACE OF BIRTH

County of Ada

City of Boise

No. 576 McKinley St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 3914

Primary Registration District No. 1004 Registered No. 74

FULL NAME OF CHILD Richard Maxfield Bassett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	1	Yes	2 23, 1913

FATHER		MOTHER	
FULL NAME	Chas. Bassett	FULL MAIDEN NAME	Florence Stuart
RESIDENCE	576 McKinley	RESIDENCE	576 McKinley
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Attorney

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/29 19 14 W. E. Hoppes

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 20 1942

853-124-004-814

PLACE OF BIRTH

STATE OF IDAHO. Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

*No.*_____, _____ *St.*

Hospital St Lukes

Registration District No. 4

File No. 3915

Primary Registration District No. 1004

Registered No. 94

FULL NAME OF CHILD Almond John Hetherington

Sex of Child	~~Twin, Triplet,~~ or other?	and Number in order of birth	**Legitimate?**	**Date of birth** (Month) (Day) (Year)
Male	/	/	yes	Feb. 24, 1912

(To be answered only in event of plural births)

FATHER	**MOTHER**
FULL NAME A. M. Hetherington	**FULL MAIDEN NAME** Grace Hammond
RESIDENCE Boise Idaho	**RESIDENCE** Boise Idaho
COLOR White **AGE AT LAST BIRTHDAY** 30 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 24 (Years)
BIRTHPLACE Minn.	**BIRTHPLACE** Oregon
OCCUPATION Electrician	**OCCUPATION** Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Born Alive, at 5, a. m. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Feb 21 1912, 19 12

Address Boise Idaho

Filed 2/28, 19 12

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

33X-228-004-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 1819, N 11 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 File No. 3916

Primary Registration District No. 1007 Registered No. 71

FULL NAME OF CHILD Mary Pearl Cluster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	2 28 1912

FATHER		MOTHER	
FULL NAME	Carl E. Cluster	FULL MAIDEN NAME	Katie Murphy
RESIDENCE	1819 N 11th	RESIDENCE	1819 N 11th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb.	BIRTHPLACE	So Dak.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred O Tillenght (Physician or Midwife)

Address Middleton Ida

Given names added from a supplemental report

....., 19.....

J.M.B. De uty--5-7-12

Registrar

Filed 7/28/12 [illegible]

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

219-27-001-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ____, ____ St.

Hospital St Alphonsus

Registration District No 2

Primary Registration District No 1054

File No. 3917

Registered No. 70

FULL NAME OF CHILD Baer Elmer Barty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	2 27 1912

FATHER		MOTHER	
FULL NAME	Wm E. Barty	FULL MAIDEN NAME	Viola Morris
RESIDENCE	1015 Resegue	RESIDENCE	1015 Resegue
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Net.	BIRTHPLACE	Iowa
OCCUPATION	Housework	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Peters M.D.

(Physician or Midwife)

Address Mode Bldg Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/28 19 12 W. E. Hoffman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 10 1964

395-113-00-442

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1410 - No 13 St.

Registration District No. 4

Primary Registration District No. 1004

File No. 3918

Registered No. 69

Hospital

FULL NAME OF CHILD Walter Andrew Sinks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Feb 13, 1912

FATHER		MOTHER	
FULL NAME	Andrew Sinks	FULL MAIDEN NAME	Barbara E. Sutach
RESIDENCE	1410 No 13 -	RESIDENCE	1410 No - 13 -
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38 -	AGE AT LAST BIRTHDAY (Years)	35 -
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Mill man	OCCUPATION	H. W.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was V Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Sutherland MD

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2/27 19 12 W. O. Hopkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-27-41

692-224-00-753

PLACE OF BIRTH

County of Ada

City of Boise

No. 1316, Wash St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 4

Primary Registration District No. 004

File No. 3919

Registered No. 68

FULL NAME OF CHILD Dorothy Elaine Fisher

Sex of Child Fem | ~~Twin, Triplet,~~ or other? | and Number in order of birth 1st | Legitimate? yes | Date of birth Feb 24, 1912

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Jas F. Fisher	FULL MAIDEN NAME Tillie K Peters
RESIDENCE 1316 Washington St	RESIDENCE 1316 Wash. St. Boise
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Ills
OCCUPATION Clerk	OCCUPATION Housekpr

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at Noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom M.D.

(Physician or Midwife)

Address B.C.N. Bank Bldg.

Given names added from a supplemental report

5-7-12--J.M.S. Deputy, 19

Filed 2/26 19 12 M E Hodden

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1942

14125.00-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 2320 Idaho St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 3920

Registered No. 67

FULL NAME OF CHILD James Edward Judson

Sex of Child	Twin, ~~Triplet, or~~ ~~number~~ (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Feb 25, 1912

FATHER		MOTHER	
FULL NAME	Fred M. Judson	FULL MAIDEN NAME	Beulah Kell
RESIDENCE	2320 Idaho St	RESIDENCE	2320 Idaho St.
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Chicago	BIRTHPLACE	Mo.
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Feb 25, at 3:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/26 19 12 W. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

3/24/41 L. B.

144.12.001-355

PLACE OF BIRTH

County of Ada

City of Boise

No. 2324 Idaho St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 3921

Primary Registration District No. 1004

Registered No. 66

FULL NAME OF CHILD Fred Manning Judson Jr.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	2	Yes	Feb 25, 1912

FATHER		MOTHER	
FULL NAME	Fred Manning Judson	FULL MAIDEN NAME	Beulah Lee
RESIDENCE	2324 Idaho St	RESIDENCE	2324 Idaho St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Chicago	BIRTHPLACE	Mo.
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Feb 25, at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Numbers M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/20 19 12 M. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3/24/41 L. B.

JUL 27 1976
JUL 24 1987

252-220-00-765

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1520 Grove St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 3922

Registered No. 65

FULL NAME OF CHILD Ellen Mary Best

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feby 20, 1912

FATHER		MOTHER	
FULL NAME	Albert Clair Best	FULL MAIDEN NAME	Octavo Goff
RESIDENCE	1520 Grove St.	RESIDENCE	1520 Grove St
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward A Bauer M.D.

Physician
(Physician or Midwife)

Address 708 Idaho Bldg. Boise Ida.

Given names added from a supplemental report

....., 19.....

Filed 2/26 19.12 W. E. Hopkins
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 20 1954

366.124.00-246

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 407, Fort St.

Hospital

Registration District No. 2 File No. 3923

Primary Registration District No. 1004 Registered No. 64

FULL NAME OF CHILD George Francis Cook

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Feb. 24, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: George Francis Cook	FULL MAIDEN NAME: Lora Buffington
RESIDENCE: 407 Fort St	RESIDENCE: 407 Fort St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE: Tewanna Ill's	BIRTHPLACE: Boise, Ida.
OCCUPATION: Soldier, 1st Lt. Cav.	OCCUPATION: Housewife

Number of child of this mother, including present birth: first

Number of children, of this mother, now living, including present birth: first one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at full term (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Wheate, M.D.

Attending physician (Physician or Midwife)

Address Boise Barracks, Ada Co. Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/24 1912 W. E. Hopkins Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

912-124001-799

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of .....

City of .....

No ....., ... St.

Hospital .....

Registration District No 2 File No 3924

Primary Registration District No 1004 Registered No 63

FULL NAME OF CHILD Cerald Ellot Katy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2 24 1912

FATHER		MOTHER	
FULL NAME	Hubert Katy.	FULL MAIDEN NAME	Ethel Gripman
RESIDENCE	So 17th	RESIDENCE	So 17th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A Pitney Dr

(Physician or Midwife)

Address Wade Bldg Wendell Ida

Given names added from a supplemental report

....., 19.....

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Registrar

Filed 2/24 19 12

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 6 1976

AUG 27 1952

796-12-1004-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of .....

City of .....

No ....., ... St.

Hospital .....

Registration District No 2 File No. 3925

Primary Registration District No. 1004 Registered No. 62

FULL NAME OF CHILD Walter David Prowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter G. Prowell	Barbara Grove
RESIDENCE	527 So 16th	527 So 16
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Kansas	Neb.
OCCUPATION	Housewife	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A M. on the date above stated.

(Signature) Fred A Pettingill

(Physician or Midwife)

Address Meridian Ida

Filed 2/24 1912 W. E. Hollis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEE 12-413063

2 PLACE

PROVOLT

HOLD PLACE
OF BIRTH

DUP OF 12-413063

331-11-00-[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 3927A

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 60

Hospital ____

FULL NAME OF CHILD Ralph Edwin Clapp

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	Single	2	yes	Feb. 11, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME E. S. Clapp	FULL MAIDEN NAME Della Riley
RESIDENCE Boise Idaho	RESIDENCE Boise Idaho
COLOR white	AGE AT LAST BIRTHDAY 35 (Years)
COLOR white	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Idaho
OCCUPATION Banker	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Feb. 11/1912 at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. McCalla

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed 2/20 1912 M. E. Hall

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 0 1942

799-212-00-346

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1018 N. 15 St.

Registration District No. 2 — File No. 3927

Hospital —

Primary Registration District No. 1004 — Registered No. 59

FULL NAME OF CHILD Margaret Louise Griffiths

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Feb. 12, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Robert Griffiths	Grace Alldin Luff
RESIDENCE	Boise, Ida.	Boise, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Topeka, Kansas.	Cumberland, Wis.
OCCUPATION	Policeman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Shawhan

Physician

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19....

Filed 2/20 1912 W. A. Pope

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 1 0 1974

942.109.00-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Baise

No. 611½, So 13, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 3928

Primary Registration District No. 1004

Registered No. 58

FULL NAME OF CHILD Bernal Rollins Rush

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\	\	\	yes	Feb 9 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ramond Clarence Rush	FULL MAIDEN NAME	Alta Elizabeth Bowley
RESIDENCE	California	RESIDENCE	Baise, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Perhaps in Oregon	BIRTHPLACE	Oregon
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Baise, Ida.

Filed 2/20 1912 W. R. Roberts Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

14-204-0d-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 508, N. 6th St.

Registration District No. 2 File No. 3929

Primary Registration District No. 1004 Registered No. 57

Hospital —

FULL NAME OF CHILD Thelma Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Clarence Adams	Laura Adams
RESIDENCE	Idaho	508 N. 6th St.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Washington	Utah
OCCUPATION	Farmer	House work

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician

(Physician or ~~Midwife~~)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 2/20 1912 W. E. Griffiths

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 6 1961

689-214-00-989

PLACE OF BIRTH

County of Ada

City of Boise

No. 415 Resseguie St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2

File No. 3930

Primary Registration District No. 1004

Registered No. 56

FULL NAME OF CHILD Florence Margaret White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	/	/	Yes.	Feb 14, 1912

FATHER		MOTHER	
FULL NAME	Warren White	FULL MAIDEN NAME	Katharine Ihrig
RESIDENCE	415 Resseguie Boise	RESIDENCE	415 R. Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Kansas
OCCUPATION	P. O clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Howerson

Physician (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/19 1912 W. E. Hopkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 7 1976

255-113-ad-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 3931

No. 1819 W. Bannock.

Primary Registration District No. 1004

Registered No. 55

Hospital

FULL NAME OF CHILD Lloyd Edwin Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2 13 191[illegible]

FATHER	MOTHER
FULL NAME: Berk H. Bennett	FULL MAIDEN NAME: Ella Evensager
RESIDENCE: 1819 W. Bannock St.	RESIDENCE: 1819 W Bannock St.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Colo.	BIRTHPLACE: Nebr.
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/19 19.1[illegible] [illegible] Registrar

.....
Registrar

S-Y CO., 16670

294-210-09-236

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 3932

No. 812 Bannock;

Primary Registration District No. 1004

Registered No. 54

Hospital

FULL NAME OF CHILD Mary Kinsey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	2 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl S. Kinsey	Mary M. Story.
RESIDENCE	812 Bannock St.	812 Bannock St.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Ore.	Ark.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed 2/19 1912 W. E. Hoppins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 4 1942

Duo Gratias

Old File

367/09-09-255

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 411½ So 3rd St.

Registration District No. 7

File No. 3933

Primary Registration District No. 1004

Registered No. 53

Hospital

FULL NAME OF CHILD Charles Paul Cope

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2 9 1912

FATHER	MOTHER
FULL NAME Roy Cope	FULL MAIDEN NAME Pearl Seely
RESIDENCE 411½ So - 3rd	RESIDENCE 411½ So 3rd
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Blacksmith	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. M. Barnes

(Physician or ~~Midwife~~)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/19 19.. M. Hopkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 1942

NOV 15 1954

OCT 11 1972

215-231-00-845

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7

File No. 3934

No. 1416 Jeff St.

Primary Registration District No. 1004

Registered No. 52

Hospital St. Alphonsus

FULL NAME OF CHILD Margaret Ellen Sandmeyer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f				yes	1 31 1912

FATHER	MOTHER
FULL NAME Joseph Sandmeyer	FULL MAIDEN NAME Ellen Huntly
RESIDENCE	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Washington	BIRTHPLACE Nebraska
OCCUPATION Lumberman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 12 30 M. on the date above stated.

(Signature) Paul Baecht

(Physician or Midwife)

Address Boise Idaho

Filed 2/19 1912 W. E. Hospice

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 26 1941

714225-001-847

PLACE OF BIRTH

County of Ada

City of Boise

No. 1012 E. Bann. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 3935

Primary Registration District No. 1004

Registered No. 60

FULL NAME OF CHILD Murel R. Paul

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	yes	Jan 25 1912

FATHER

FULL NAME Edmund R. Paul

RESIDENCE 1012 E. Bannock

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Sara A. Hughes

RESIDENCE 1012 E. Bannock

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION H W

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Peters (Physician or Midwife)

Address Boise

Filed 7/14 19 12 M E Hoskins Registrar

Given names added from a supplemental report

5-7-12, 19..

J.M.S., Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 7 1942

418-11400-796

PLACE OF BIRTH

STATE OF IDAHO Form V. S. No. 11-C—10m-6-30-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 116, ... St.

Hospital St Alphonsus

Registration District No. 2

File No. 3936

Primary Registration District No. 1904

Registered No. 49

FULL NAME OF CHILD Walter Joseph Mayfield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 14, 1912

FATHER		MOTHER	
FULL NAME	Horace Mayfield	FULL MAIDEN NAME	Francis Proctor
RESIDENCE	116 Straughn St	RESIDENCE	116 Straughn St
COLOR	Colored	COLOR	Colored
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hart Co Ky	BIRTHPLACE	Cheyenne Wyoming
OCCUPATION	Teamster Ida Co Rd.	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 14th 1912, at 5 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/14 1912 M E Hollie

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 9 1942

JUL 1 1975

c.c. 5/15/41. w.h.

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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3937

County of Ada

City of Boise

No. 1200 No 20th St.

Registration District No. 2

Primary Registration District No. 1004

Registered No. 47

Hospital

FULL NAME OF CHILD Daniel Robert Whipple.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Feb 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. M. Whipple	Alice L. Leasy
RESIDENCE	Mayfield, Idaho	Mayfield Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	So. Dakota	Oregon
OCCUPATION	Sheep raising	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor, M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/13 1912 W. R. Stephens Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6300 31-001-335

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 3938

No. 1902, Ridenbaugh St. — Primary Registration District No. 1004 — Registered No. 45

Hospital

FULL NAME OF CHILD Margaret Merriott Floyd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Jan 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Nelson Floyd	Muriel Merriott Clements
RESIDENCE	Boise, Idaho.	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Maine	Colorado Springs
OCCUPATION	Reporter.	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Floyd
Father
(Physician or Midwife)

Address 1110 E. Hoff Ave.

Given name added from a supplemental report

....., 19.....

Filed 2/12 1912

.....
Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 1942

FEB 19 1943

236-205-00-842

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 3939

No. 712 Hays St.

Primary Registration District No. 1004

Registered No. 43

Hospital St Alphonsus

FULL NAME OF CHILD Barbara Anne Stolle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	2 - 3 - 1912

FATHER	MOTHER
FULL NAME Victor E. Stolle	FULL MAIDEN NAME Linnie Marie Hubbell
RESIDENCE 712 Hays St	RESIDENCE 712 Hays St
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Michigan
OCCUPATION Drug Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth Two.

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Dr. Wm F. Smith

(Physician or Midwife)

Address 410 Overland Bldg.

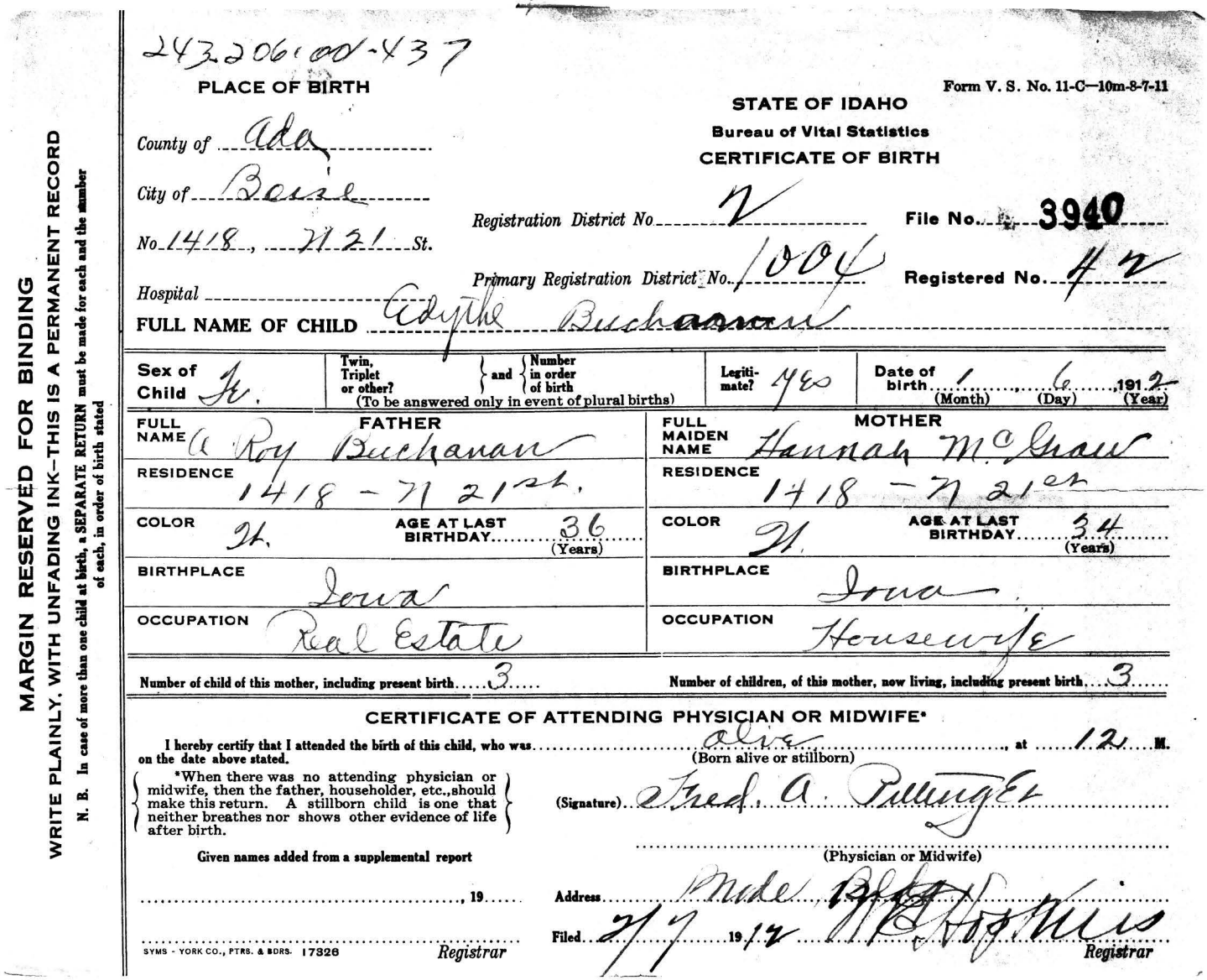
Filed 2/7 19 12 M C Hopkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



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PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1418, 21 St.

Registration District No. V

File No. 3940

Primary Registration District No. 1004

Registered No. 42

Hospital

FULL NAME OF CHILD Edythe Buchanan

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	1 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A Roy Buchanan	Hannah McGraw
RESIDENCE	1418 - 21st.	1418 - 21st
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pettingell

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/7 1912 W. A. Hopkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 0 1976

296/29-cof 349

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3942

County of Ada

City of Boise

Registration District No. 2

File No.

No. 1835, N 18 St.

Primary Registration District No. 1004

Registered No. 41

Hospital —

FULL NAME OF CHILD Diran Turner Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 29, 1912

FATHER		MOTHER	
FULL NAME	Diron Zahta Brown	FULL MAIDEN NAME	Annie Turner
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Pergamus, Turkey	BIRTHPLACE	Newport, R.I.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glass

Physician (Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 2/6 19 12 W. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 8 1975

43 7-23.00-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7

File No. 3943

No. 1514 Franklin St.

Primary Registration District No. 1004

Registered No. 39

Hospital

FULL NAME OF CHILD Leona Louesa McGuire

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan. 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Emerson McGuire	Lulu Maud Garnett
RESIDENCE	1514 Franklin - Boise -	Same -
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	42 yrs.	31 yrs.
BIRTHPLACE	Colorado.	Utah
OCCUPATION	Teamster	House wife.

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Kiefer

(Physician or Midwife)

Address Boise - Idaho

Filed 2/3 1912 E. K. Hollis

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

515-10-00-243

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 509, So. 12th St.

Registration District No. 2

File No. 3944

Primary Registration District No. 1004

Registered No. 38

Hospital

FULL NAME OF CHILD Donald Wesley Vance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	2 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter M. Vance	Rena Sullivan
RESIDENCE	509 So 12th St.	509 So 12th St.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Alabama	Idaho
OCCUPATION	Cab. Driver	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pierce Dr

(Physician or Midwife)

Address Mode Bldg

Given names added from a supplemental report

....., 19.....

Filed 7/1 1912 W E Hookee

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

MARRIAGE RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Registrar

Registrar

763-128-006-717

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland Ward

Registration District No. 13

File No. 3946

No. ____, ____ St.

Primary Registration District No. 2053

Registered No. ____

Hospital ____

FULL NAME OF CHILD Harold Arthur Potter

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	Jan 28, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Potter	FULL MAIDEN NAME	Jennie Page
RESIDENCE	Groveland Ida	RESIDENCE	Groveland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	—

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Registrar

Address ....

Filed Feb 12 19 12 W. E. Patrick

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 15 1943

MAR 2 0 1975

366-116-006-437

Amended 5/19/77

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3947
Local Reg. No.
Reg. Dist. No. 13

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Thomas Ward
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot #2
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lawrence
b. (Middle): Merrill
c. (Last): Cowden

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Feb 16, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Thomas
b. (Middle):
c. (Last): Cowden

8. AGE (At time of this birth): 39 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Ind.
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Flora
b. (Middle):
c. (Last): McGinnis

13. AGE (At time of this birth): 38 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Ind.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb 22, 1912
22. REGISTRAR'S SIGNATURE: W. E. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
Time: 3:30 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

DECEASED 1-2-04

BIRTH INJURY TO INFANT ____ YES ____ NO IF YES, DESCRIBE:
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE

ID 04-00009

366-116-006 7/37

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No 13 File No. 3947

No ....., ... St.

Primary Registration District No. 2053 Registered No. 16

Hospital .....

FULL NAME OF CHILD William Cowden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 16, 1912

FATHER		MOTHER	
FULL NAME	Thomas Cowden	FULL MAIDEN NAME	Flora McGinnis
RESIDENCE	Blackfoot, Idaho R 2	RESIDENCE	Blackfoot, Idaho. R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ind.	BIRTHPLACE	Ind
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mistchart

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Feb 22 19 12 W. E. Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

- MAY 19 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAR 21 1977 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3947

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Cowden (Name on Original Certificate) who was born (Was Born or Died) on Feb 16, 1912 (Date of Event)
in Thomas Ward, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	William Cowden	Lawrence Merrill Cowden

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Pierce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned ~~does~~ solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of
March 19 77

Notary Public, residing at Tacoma, Washington
My commission expires 12-2-80
(Seal)

Signed Edward L. Cowden
(Signature of Any Credible Person)

3717 No 44th ST
(Street Address, City, State)
Tacoma Wash 98406

FORM DH 60-155 CL 2/22/77

Family Bible record gives name as L. Merrell Cowden born Feb 16, 1912. viewed by V. S.

Discharge papers from the US Army gives name as Lawrence M. Cowden born Feb 16, 1912 at Rockford, Idaho. Date of separation is Dec 16, 1945. viewed by V. S.

Marriage License and Certif from Idaho gives name as Lawrence Merrill Cowden and the bride's name as Melba Idona Wright. dated Sept 2, 1941 viewed by V. S.

29640 1 006-395

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

~~City~~ of Blackfoot Ward Registration District No. 13 File No. 3948

No. ____, ____ St. Primary Registration District No. 2053 Registered No. 18

Hospital No

FULL NAME OF CHILD Unnamed Brown

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	2-7, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Brown	FULL MAIDEN NAME	Ruth Lindsay
RESIDENCE	Blackfoot R.F.D. #3	RESIDENCE	Blkfoot R F D 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rural mail deliver	OCCUPATION	—

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19....

Filed Feb 23 1912 W. E. Patrie

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

212-22-006-395

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham
City of Riverside
No ____, ____ St.
Hospital

Registration District No 13 — File No. 3949
Primary Registration District No. 2053 — Registered No. 19

FULL NAME OF CHILD Carol Irene Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 22, 1912

FATHER	MOTHER
FULL NAME: John L. Baker	FULL MAIDEN NAME: Goddel Irene
RESIDENCE: Blackfoot, Idaho R 2	RESIDENCE: Blackfoot R 2
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 2
Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell
(Physician or Midwife)
Address

Given names added from a supplemental report

....., 19.....
Registrar

Filed Feb 26 19 12 M. E. Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 10 1945

369-112.006-212

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D. #1 St.

Hospital No

Registration District No. 13 File No. 3950

Primary Registration District No. 2053 Registered No. 20

FULL NAME OF CHILD Samuel Lorans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	Male	Yes	Feb. 12, 1912

	FATHER	MOTHER
FULL NAME	Samuel Gardner	Ruth Robin
RESIDENCE	Portneuf	Portneuf
COLOR	white	White
AGE AT LAST BIRTHDAY	26 (Years)	25 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Mch 3 1912 M. E. Patrick Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

269-219-006-362

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R. 1, #3 St.

Hospital No.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 3951

Primary Registration District No. 2053 Registered No. 21

FULL NAME OF CHILD Delcath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Feb. 19 1912

FATHER		MOTHER	
FULL NAME	Chelse Sorenson Jr.	FULL MAIDEN NAME	Mary Ella Cobby.
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	house wife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) at 10-20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 3 19 12 M E Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

719-209-006-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No R.D., # 1 St.

Hospital No

Registration District No 13 — File No. 3952

Primary Registration District No. 2053 — Registered No. 77

FULL NAME OF CHILD Fay Leon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Feb. 9 1918

FATHER		MOTHER	
FULL NAME	Leon C. Gardner	FULL MAIDEN NAME	Minnie Leathan
RESIDENCE	Porterville	RESIDENCE	Porterville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 4-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry E. Brown

Mid wife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

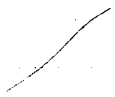
Address .....

Filed Mch 5 1918 W. E. Patrie

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar



168-208-006-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D. #1 St.

Hospital No.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 3953

Primary Registration District No. 2053 Registered No. 73

FULL NAME OF CHILD Nellie Akers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Feb. 8 1912

FATHER		MOTHER	
FULL NAME	John M. Johnson	FULL MAIDEN NAME	Celia Sabin
RESIDENCE	Portneuf	RESIDENCE	Portneuf
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4-45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mch 3 1912 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 30 1960

719-212-006212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-41

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. P.O. ..., ... St.

Hospital N.O.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 3954

Primary Registration District No. 2058 Registered No. 74

FULL NAME OF CHILD La Vaun Gardner

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	Twin	1 Female	Yes	Feb. (Month) 12 (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Samuel Gardner	Ruth Sabin
RESIDENCE	Porterville	Porterville
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 2-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Mch 2 1912 M. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 2 1972

385-214-cob-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 155 Taylor St.

Registration District No. 13 File No. 3956

Hospital No Mabel Valentine Primary Registration District No. 1007 Registered No. 26

FULL NAME OF CHILD Mormond Cheonut

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	Feb 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rufus Cheonut	Hattie Cottongim
RESIDENCE	Blackfoot Idaho	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	27
BIRTHPLACE	Ky.	Ky
OCCUPATION	Lumber yard laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys. (Physician or Midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed Mch 5 19 12 M. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

113-201-00006314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Rich Ward

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 3957

Primary Registration District No. 2053 Registered No. 27

FULL NAME OF CHILD Ruby Jeanetta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Jackson	Ethel Pearl Cameron
RESIDENCE	Rich Ward	Rich Ward
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Wyoming	Utah
OCCUPATION	Farmer	Wife & Mother

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Marion Crawford

(Physician or Midwife)

Address Blackfoot R. F. D. No. 2

Filed Mch 5 1912 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 2 5 1974

318-22-0066-993 ADDED CHILD'S NAME 8-13-96 MS

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Rexburg~~ Ward

Registration District No 13 File No. 3958

No ——, No ——St.

Primary Registration District No. 2053 Registered No. 28

Hospital No

FULL NAME OF CHILD ~~Alma Armand~~ VERNA MARGARET TAYLOR

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	—	Yes	Feb 21, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jed Taylor	FULL MAIDEN NAME	Margaret Ritchie
RESIDENCE	Blackfoot R F D. No 2	RESIDENCE	do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11-45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 5 1912 M. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & SORS. 17326

Registrar

MAR 1 3 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 01 1996
VITAL STATISTICS UNIT

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 3958

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Taylor (Fem) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1912 (Date of Event)
in Riverside Ward, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Taylor	Verna Margaret Taylor

Subscribed and sworn to before me this 30 day of
JULY, 1996.
Notary Public, residing at BLACKFOOT, IDAHO
My commission expires 9-25-2002
(Seal)

Signed x Verna M. Taylor Christiansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting ~~a death record; or other credible person.~~)

195 N. SPRUCE - BLACKFOOT, IDAHO 83221
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/12/73

RECORD OF BLESSING FROM THE LDS CHURCH SHOWS VERNA MARGARET CHRISTIANSEN BORN FEB. 21, 1912 IN RIVERSIED (BINGHAM) ID TO JEDEDIAH TAYLOR AND MARGARET RITCHIE WAS BLESSED APRIL 7, 1912 VIEWED VS.

AETNA LIFE INSURANCE POLICY SHOWS VERNA MARGARET CHRISTIANSEN WAS ISSUE A POLICY JAN. 28, 1936 VIEWED VS.

313-229-006-767

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3959
Local Reg. No. 29
Reg. Dist. No. 2058

Amended 5-10-74

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wapello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wapello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Leota
b. (Middle):
c. (Last): Call

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): February 29,1912

FATHER OF CHILD

7. FULL NAME
a. (First): Elbert
b. (Middle): Vinson
c. (Last): Call

8. AGE (At time of this birth): 30 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Bountiful, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hannah
b. (Middle): L.
c. (Last): Tolman

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Chesterfield, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. E. Patrie
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Blackfoot, Idaho
20. DATE SIGNED: Feb. 5, 1912
21. DATE REC'D BY LOCAL REG.: Feb.5,1912
22. REGISTRAR'S SIGNATURE: W. E. Patrie
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: Wht
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address Office to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Ward

Registration District No 13 File No. 3959

No —, St.

Primary Registration District No. 2053 Registered No. 29

Hospital —

FULL NAME OF CHILD Unnamed Leota Call

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)		—	Yes	Feb 29 1912

FATHER	MOTHER
FULL NAME Elbert V Call	FULL MAIDEN NAME Hannah L. Hyneth Tolman
RESIDENCE Blackfoot R 7 D #3.	RESIDENCE Do
COLOR W	AGE AT LAST BIRTHDAY 20 (Years)
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah Idaho
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patric

Phys (Physician or Midwife)

Address Blackfoot Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 5 1912 M. E. Patric

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

4-16-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. APR 29 11 46 AM '74

County of ..... }

Certificate No. 3958 (3959?)

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Leota Call (Name on Original Certificate) who was born (Was Born or Died) on Feb. 29, 1912 (Date of Event)

in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Place of birth	Blackfoot Ward	Wapello
Residence of parents	Blackfoot	Wapello

Subscribed and sworn to before me this 29th day of April, 19 74

Florence Burtright

Notary Public, residing at Burley

My commission expires 4-20-78

(Seal)

Signed Emma McGuire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Family Group Record gives name as Leota Call born Feb. 29, 1912 at Wapello, Idaho to Elbert Vinson Call and Hannah Lucretia Tolman. Record obviously old.
Viewed by V.S.

Notes taken 2 months before Hannah Tolman Call died in October 1960 states that in 1903 we moved to Riverside, Idaho, a small town about five miles out of Blackfoot, Idaho. There we lived six years. While living here our house burned down. After this, we moved to Wapello where we lived for ten years. (This includes the date that Leota was born in 1912).
Viewed by V.S.

381-213-006319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside Rural

Registration District No 13 File No. 3960

No No St.

Primary Registration District No. 2053 Registered No. 30

Hospital No

FULL NAME OF CHILD Laura Chamberlain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Chamberlain	Christine Larsen
RESIDENCE	Blackfoot R.F.D. No 2	do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Utah	Denmark
OCCUPATION	Contractor & Grader	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys.

(Physician or Midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed Mch 5 1912 W. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MAR 9 1971

694-120-000-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No ....., ... St.

Hospital Blackfoot

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 3961

Primary Registration District No. 1007 Registered No. 17

FULL NAME OF CHILD Gordon Ormiston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 20, 1912

FATHER

FULL NAME: William A. Ormiston

RESIDENCE: Blackfoot, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Scotland

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Anna Anderton

RESIDENCE: Blackfoot, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: England

OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Feb 22 19 12 W. E. Petrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

169-219-006-551

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3962

County of Bingham

City of Blackfoot

No. 759 University Ave

Registration District No. 19

Primary Registration District No. 1007

Registered No. 15

Hospital

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	2nd, 19th, 192[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Mortenson	Anna Evans
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	20
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 o'clock M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Feb 22 19 12 M. E. Patrie
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

25416-010-253

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Registration District No. 7 File No. 3964

Primary Registration District No. 2027 Registered No. 13.

Hospital ____

FULL NAME OF CHILD Bryce Merton Seda

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		one	yes	Jan 16, 1912

FATHER		MOTHER	
FULL NAME	Chas A Seda	FULL MAIDEN NAME	Laurence Keck
RESIDENCE	Idaho Falls	RESIDENCE	V.F. Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	H. W. Housewife

Number of child of this mother, including present birth one. Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Fuller

(Physician or Midwife)

Address Idaho Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 5 1912 W. Hammond

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

55611910 010 -553 SEX OF CHILD AMENDED 10/24/2001TLC

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Registration District No. 7 File No. 3966

Primary Registration District No. 2027 Registered No. 15

FULL NAME OF CHILD Esther Fern Newman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE Male		10th	yes	Jan 19, 1912

FATHER		MOTHER	
FULL NAME	Jalma Newman	FULL MAIDEN NAME	Ellen Nelson
RESIDENCE	Idaho Falls Ida	RESIDENCE	D.F.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.W. Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.S. Fuller MD (Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

5-7-12, 19..... Filed Feb 5 19 12 [illegible] Registrar

J.M.S. Deputy Registrar

S-Y CO., 16570

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 4 1974

9/28/2001

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
01 OCT 23 AM 9:42

State of _____ } SS.
County of _____ }

Certificate No. #1912-3966

Date Filed Feb.5,1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
(Birth, Death, Marriage, etc.)

for ESTHER FERN NEWMAN (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JANUARY 19, 1912 (Date of Event)

in IDAHO FALLS, ID (BONNEVILLE) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
SEX OF CHILD	MALE	FEMALE

Subscribed and sworn to before me this 10 day of Oct, 2001.

Notary Public, Earl F Kingston

Residing at SLC, Ut.

My commission expires 7/1/04 (Seal)

Notary Public
EARL F. KINGSTON
3212 South State Street
Salt Lake City, Utah 84115
My Commission Expires
July 1, 2004
State of Utah

X Esther Nielsen
Signature of Applicant

X 3580 Elida Street
Street Address, City, State Ririe, Idaho 83443

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)

(Is not necessary X)

State of _____ }
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Supporting Signature

_____
Street Address, City, State

NM

DAUGHTER'S BIRTH CERTIFICATE FROM UTAH GIVES NAME AS GLENNA FERN NIELSEN BORN DEC. 25, 1937 IN BOUNTIFUL, UTAH. MOTHER'S NAME GIVEN AS ESTHER FERN NEWMAN BORN IN IDAHO FALLS, IDAHO. FATHER'S NAME AS IVAN A. NIELSEN. VIEWED BY VS

MARRIAGE CERTIFICATE FROM SALT LAKE COUNTY, UTAH GIVES GROOM'S NAME AS IVAN A. NIELSEN AND ESTHER FERN NEWMAN AS THE BRIDES. DATED JANUARY 1, 1937. VIEWED BY VS

639-204-OD-964

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-28-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls Ida

Registration District No. 7 File No. 3968

No. —, —St.

Primary Registration District No. 2027 Registered No. 17

Hospital —

FULL NAME OF CHILD Bertha M. Cline

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2/14/12

FATHER		MOTHER	
FULL NAME	Charles O. Cline	FULL MAIDEN NAME	Georgia Foust
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	44
COLOR	white	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Germany	BIRTHPLACE	Ida. Springs Colo.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2/14/12, at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.

(Physician or Midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 9 19 12 W. Hammond

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 1973

367-762-010-818

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls Ida

Registration District No. 7

File No. 3969

No. —, St.

Primary Registration District No. 2027

Registered No. 14

Hospital —

FULL NAME OF CHILD Thomas Topham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2/2/12

FATHER	MOTHER
FULL NAME George Thomas Topham	FULL MAIDEN NAME Adeline Hayes
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Ida.
COLOR white	AGE AT LAST BIRTHDAY 57 (Years)
COLOR white	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Fishers Grove Iowa	BIRTHPLACE Kansas
OCCUPATION Janitor	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2/2/12, at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergaard M.D.
(Physician or Midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy
Registrar

Filed Feb 9 19 12 W Kennard
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 24, 1941. E.W.

831-111-010-699

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE [redacted]

County of Bonneville

City of Idaho Falls

No. 342 Capitol St.

Registration District No. 7 File No. 3970

Primary Registration District No. 2027 Registered No. 19

Hospital [redacted]

FULL NAME OF CHILD Gilbert Clancy St Clair

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 11, 1912

FATHER		MOTHER	
FULL NAME	Clancy St. Clair	FULL MAIDEN NAME	Adeline Wright
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Ogden, Utah
OCCUPATION	Attorney at Law	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-Q A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Kinnard

S Lyman (Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 11 1912 W Kinnard Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1957

395-111-010-312

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls RFD 1

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1 File No. 3971

Primary Registration District No. 2027 Registered No. 20

FULL NAME OF CHILD Noah L. Sievers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	single	3	yes	Feb 11th, 1912

FATHER	MOTHER
FULL NAME J. A. Sievers	FULL MAIDEN NAME Carry Castle
RESIDENCE Idaho Falls Idaho RFD 1	RESIDENCE Idaho Falls RFD 1
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Centralia Mo	BIRTHPLACE Centralia Mo
OCCUPATION Farmer	OCCUPATION wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Boy alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas L. Wilson

Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 17 1912 W. Hammond Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

555-211-000-416

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Pleasant View

No ....., ... St.

Registration District No 7 File No 3972

Primary Registration District No 2017 Registered No 21

Hospital .....

FULL NAME OF CHILD Lydia Emma Leuert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	Feb 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma J Leuert	Lydia A Hansen
RESIDENCE	Idaho Pleasant View	Pleasant View Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	30 (Years)	18 (Years)
BIRTHPLACE	granite mald Utah	Ogden Utah
OCCUPATION	Comen Laborer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 11, 1912, at 8 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rumsey

Obstetrician
(Physician or Midwife)

Address Dona Bonneville Co, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 20 1912 W Cunningham

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

Registrar

2 HANDWRITING 2 COVERT

DUP OF 12-380493

235-22 4-010-249

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ....., ... St.

Hospital .....

Registration District No. 7 File No. 3973

Primary Registration District No. 2027 Registered No. 22

FULL NAME OF CHILD Silva Steffenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 24, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. L. Steffenson	Clara Burrill
RESIDENCE	Idaho Falls, Ida.	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	39
BIRTHPLACE	Idaho	Nevada
OCCUPATION	Canvasser	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb 23 1917 C. W. Hunsaker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

442-221-010-267

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. H + Canal St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 3974

Primary Registration District No. 2027 Registered No. 23

FULL NAME OF CHILD Edith Clara Mosselman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 21 1912

FATHER	MOTHER
FULL NAME Ernest N Musselman	FULL MAIDEN NAME Edith Kopisch
RESIDENCE H + Canal St. Idaho Falls	RESIDENCE H + Canal St. Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Jefferson Wis	BIRTHPLACE Winona Minnesota
OCCUPATION Manager Hardware Co	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie J Fenlay

Midwife (Physician or Midwife)

Address 265 Cliff St

Given names added from a supplemental report

....., 19.....

Filed Mar 1 19 12

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

363-22-20-365

PLACE OF BIRTH

County of Bonneville

City of Ucon

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 5-41

Registration District No. 7 File No. 3975

Primary Registration District No. 227 Registered No. 24

FULL NAME OF CHILD Mary Elizabeth Collier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Feb 22 1912

FATHER	MOTHER
FULL NAME: Charles J Collier	FULL MAIDEN NAME: Martha Bennett
RESIDENCE: Ucon	RESIDENCE: Ucon
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Leeds, Utah
OCCUPATION: Le Laborer	OCCUPATION: housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 22 at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rambeau

Obstetrician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Ucon Bonneville Co, Idaho

Filed Mar 2 1912 T.M. Kennard
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 31 1973

Z HANDWRITING

515-113-640

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 3976

No. 121 Bank St.

Primary Registration District No. 1011

Registered No. 2

Hospital

FULL NAME OF CHILD John Henry Van Eden

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one (To be answered only in event of plural births)	2nd	Yes	Jan. 13, 1912

FATHER	MOTHER
FULL NAME: John Henry Vanmeter Vaneden	FULL MAIDEN NAME: Hannah Kerns
RESIDENCE: Wallace Idaho	RESIDENCE: Wallace Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Holland	BIRTHPLACE: Iowa Minnesota
OCCUPATION: Builder	OCCUPATION:

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Jan 13 (Born alive or stillborn) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Stone M.D.

Physician (Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

Jan 23rd, 1912

Registrar

Filed Jan. 23, 1912 H. Leo Langley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

ity of Shoshone

of Wallace

Home St.

121 Bank St.

born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

~~30~~ ~~185~~

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. 140 Local Registrar's No. 165

FULL NAME OF CHILD John Henry Van Uden.

Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
M	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	yes	Jan 13, 1917 (Month, Day, Year)

FATHER	MOTHER
Full name: John Henry Van Uden	18. Full maiden name: Hanna Kerns
Residence (usual place of abode) (If non-resident, give place and State): Wallace	19. Residence (usual place of abode) (If non-resident, give place and State): Wallace Ida
Color or race: W | 12. Age at last birthday: 32 (years)	20. Color or race: W | 21. Age at last birthday: 31 (years)
Birthplace (city or place) (State or Country): Holland	22. Birthplace (city or place) (State or Country): Iowa.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Owner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Wallace Planing Mill.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work .....
	25. Date (month and year) last engaged in this work ....., 19....
	26. Total time (years) spent in this work .....

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillborn { During labor

11:a • 77/2/1

395-209-014-23

PLACE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 3978

Primary Registration District No. 2008 Registered No. 10

Name Card Form V. S. 27.1 mailed Feb 12/1912

FULL NAME OF CHILD Edna Henrietta Creswell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes.	Feb 9, 1912

	FATHER	MOTHER
FULL NAME	Joseph A Creswell	FULL MAIDEN NAME: Daisy Strohbehn
RESIDENCE	Payette	Payette
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Miller	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward

Phys.

(Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

.....

Registrar

Filed Feb 10 1912 J C Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

Certificate No. 3978

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Creswell (Name on Original Certificate) who was born (Was Born or Died) on February 9 1912 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on Sept. 16, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Edna Henrietta Creswell

Subscribed and sworn to before me this 16th
day of September, 1942

Margaret Mape

Notary Public, residing at Emmett, Idaho

My commission expires October 13, 1944
(Seal)

Signed Daisy G. Creswell mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 28 1967

MAY 13 1963

SEP 19 1942

634-21-01K693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of PAYETTE, IDAHO

Registration District No. 22 File No. 3979

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 11.

Hospital .....

Name Card, Form V. S. 27A mailed 2/13/1912

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth Feb. 13, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Fluegal	FULL MAIDEN NAME	Maud Wilson
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Oregon
		OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or Midwife)

PAYETTE, IDAHO

Address .....

Given names added from a supplemental report

..... 19.....

Filed Feb 13 1912 J. C. Woodward Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

433-119-014913

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of PAYETTE IDAHO

Registration District No. 22

File No. 3980

No. Marion Moore Ranch St.

Primary Registration District No. 2008

Registered No. 13

Hospital

Name Car[illegible]

FULL NAME OF CHILD Glen Lenuel McCartney

2/19/1912

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 19, 1912

FATHER		MOTHER	
FULL NAME	Thos. William McCartney	PULL MAIDEN NAME	Susie J. Baer
RESIDENCE	Marion Moore Ranch	RESIDENCE	Marion Moore Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Woodward Jr.

Physician

(Physician or Midwife)

Address PAYETTE, IDAHO

Given names added from a supplemental report

3-25-12, 19

J. M. S. Deputy
Registrar

Filed Feb. 19, 1912 J. O. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 19 1965

253-212-01K-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassyon

City of

No ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 3981

Primary Registration District No. 2008 Registered No. 14

FULL NAME OF CHILD ~~Unnamed~~ Vera Opal Beckwith 2/21/1912

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 12 1912

FATHER	MOTHER
FULL NAME: Hary A. Beckwith	FULL MAIDEN NAME: Ada Pratt
RESIDENCE: Three miles south of Payette	RESIDENCE: with husband
COLOR: White	AGE AT LAST BIRTHDAY (Years): 28
COLOR: White	AGE AT LAST BIRTHDAY (Years): 27
BIRTHPLACE: Michegan	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

5-7-12, 19

J. M. S. Deputy

Registrar

Filed Feb 21 1912 J. C. Woodward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 28 1964
MAY 22 1970

See annotation "Born in Payette Idaho" on back

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

253-2070 1912

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Payette Canyon

City of Payette

Registration District No. 22 File No. 3982

No. ____, ____ St.

Primary Registration District No. 2008 Registered No. 12

Hospital ____

FULL NAME OF CHILD Helen Genivie Kelsey

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	(To be answered only in event of plural births)	4	yes	2/7, 1912

	FATHER	MOTHER
FULL NAME	Frank E Kelsey	Amelia Peterson
RESIDENCE	dead of Hall avg	dead of Florence Kelsey
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Lacyport Minn	Kansas
OCCUPATION	Harnessmaker	housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Barton MD

Physician (Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2/14 1912 J. C. Woodward
Feb 14 1912

Registrar

S-Y CO., 16670

Born in Payette

Idaho

FEB 27 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

362-106-014-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. ....., ... St.

Registration District No. 22

Primary Registration District No. 2006

File No. 3983

Registered No. 13

Hospital .....

FULL NAME OF CHILD Frank Clay Cobb

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
male				Yes	Feb 6, 1912

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank V. Cobb	FULL MAIDEN NAME	Eliza Matthews
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Snyder

Physician (Physician or Midwife)

Address New Plymouth, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar 2 1912 J. C. Woodward
Registrar

S-Y CO., 16670

319-212-016-3/2

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth — Registration District No. ~~3~~ 22 — File No. 3984

No. ____, ____ St. — Primary Registration District No. ~~2009~~ 2008 — Registered No. 16

Hospital ____

FULL NAME OF CHILD Clara Josephine Carpenter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 12 1912

FATHER		MOTHER	
FULL NAME	James Carpenter	FULL MAIDEN NAME	Irene Castles
RESIDENCE	New Plymouth Ida.	RESIDENCE	New Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A.M. on the date above stated.

(Signature) Wm J Drysdale

Physician

(Physician or Midwife)

Address New Plymouth, Idaho

Filed March 3 19 12 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 25 1972

593-219-01K-814

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 22 File No. 3985 17

No. ____, ____ St. Primary Registration District No. 2008 Registered No. ____

Hospital ____

FULL NAME OF CHILD Fay Elizabeth Nichols

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Nichols	Hattie Hamilton
RESIDENCE	New Plymouth Ida	New Plymouth Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Idaho	Idaho -
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 (A.M.) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Wm T Dunphe

Physician
(Physician or Midwife)

Address New Plymouth, Ida.

Filed [illegible] 19.. J.C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6 1942

418-229.016249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3986

County of Canyon

City of New Plymouth Registration District No. 22

No. ....., ... St. Primary Registration District No. 2008 Registered No. 18

Hospital .....

FULL NAME OF CHILD Bernice Valeria Day

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 29, 1912

FATHER		MOTHER	
FULL NAME	Edward W. Day	FULL MAIDEN NAME	Valeria Smith
RESIDENCE	New Plymouth, Ida	RESIDENCE	New Plymouth Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	England	COLOR	White
OCCUPATION	Fruit Grower.	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Nebraska
		OCCUPATION	Housewife -

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Dwyhal M. D.

(Physician or Midwife)

Address New Plymouth, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed ..... 19..... J. C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12 29 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 12 1972
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3986

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Day (Name on Original Certificate) who was born (Was Born or Died) on Feb. 29, 1912 (Date of Event)
in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Day	Bernice Valeria Day

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

FORM DH 60-155

JAN 1 2 1972

Certificate of Baptism and Confirmation gives name of child as Bernice Day Blaser daughter of W. M. Edward and Valeria Olivia Smith born Feb. 29, 1912 at New Plymouth, Idaho. Baptized April 1, 1934 in L.D.S.Church.
Viewed by V.S.

MAR 1 8 1974

Family Record gives name as Bernice Valeria Day born Feb. 29, 1912 in New Plymouth, Idaho. Father Edward W. Day and Mother Valeria Smith.
Viewed by V.S.

643-109-016-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 31 File No. 3987

Primary Registration District No 2124 Registered No. 22

FULL NAME OF CHILD Fulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 9th, 1912

FATHER

FULL NAME A. J. Fulton

RESIDENCE Burley, Idaho.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Colorado

OCCUPATION Office Clerk

MOTHER

FULL MAIDEN NAME Mary E. McKeon

RESIDENCE Burley, Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE New York

OCCUPATION

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. C. Patterson M. D.
(Physician or Midwife)

Address Burley, Idaho.

Filed Feb 22 1912 L. B. Tuckerman
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

144-105-06385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Near Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 3988

Primary Registration District No. 2124 Registered No. 23

FULL NAME OF CHILD Eldon Leon Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 5th, 1912

FATHER		MOTHER	
FULL NAME	A. C. Judd	FULL MAIDEN NAME	Francis C. Cheesman
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. C. Patterson

M. D.

(Physician or Midwife)

Address Burley, Idaho.

Filed. Feb 22 19 12 W. B. Tackaberry

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

363-126-016-539

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 31 File No. 3989

Primary Registration District No. 2124 Registered No. 24

FULL NAME OF CHILD IREL G. TOLMAN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one	9	no	Feb. 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. C. Tolman	Amanda Eliason
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	America	America
OCCUPATION	Farmer	

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Shallman

~~Burley~~ Midwife

(Physician or Midwife)

Address Burley Idaho.

Given names added from a supplemental report

....., 19....

Filed Feb 22 19 12 Geo Tucker

Registrar

....., Registrar

8-Y CO., 16470

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a separate certificate must be made for each and the number of each, in order of birth, must be given.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 3989

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Irel G. Tolman

Subscribed and sworn to before me this 9 day of March, 19 42

Notary Public, residing at Maywood Calif

My commission expires My Commission Expires June 28, 1944
(Seal)

Signed X William G. Tolman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5918 Olisadero Huntington Park Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

791.2047 B6-689

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 3990

Primary Registration District No. 2124 Registered No. 251

FULL NAME OF CHILD Wanda Loretta Pratt

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	one	8	yes	Feb. 4th, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Parley P. Pratt	FULL MAIDEN NAME	Ellen White
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilda W. Shallman

Midwife (Physician or Midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

..... Registrar

Filed Feb 22 1912 C. B. Stockdale Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 24 1948

DECEASED

12-6-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 3990

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wanda Loretta Pratt (Name on Original Certificate) who was born (Was Born or Died) on Feb. 4, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Legitimate	no	yes

Subscribed and sworn to before me this 6th day of December, 19 73
Notary Public, residing at Burley
My commission expires 2-20-74
(Seal)

Signed Wanda L Chase
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1516 S Overfield
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Early family Record Book listing the marriage of mother and father and births all 8 children, lists parents marriage date as June 9, 1896 by Bishop Reuben Belknap. Wiiford, Idaho. Parley P. Pratt and Ellen L. Pratt.
Viewed by V.S.

DEC 6 1973

This same family record lists Wanda Lauretta born Feb. 4, 1912 at Burley, Idaho and Blessed by David Taylor June 2, 1912 Baptized July 4, 1920 at Hagerman Valley & WendellWard.

154-230-016-449

Form V. S. No. 11-C—15m-6-20-

PLACE OF BIRTH

Amended 6-1-87 JLH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31

File No. 3991

No. ____, ____ St.

Primary Registration District No. 2124

Registered No. 71

Hospital ____

FULL NAME OF CHILD MARY LERENA ANDREW

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one	3	YES ~~NO~~	Jan. 30th, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Andrew	Edna Durfee
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	America	America
OCCUPATION	Drayman	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilda M. Shadduan

Midwife (Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb 22 1917 G. B. Stockton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6-1-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 1 11 27 AM '87
BUREAU OF VITAL STATISTICS

State of _____
County of _____ } ss.

Certificate No. 3991
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mary Lerena Andrew (Name on Original Certificate) who was born (Was Born, Died, etc.) on January 30, 1912 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
legitimacy	No	Yes

Subscribed and sworn to before me this 1st day of June, 1987.

Notary Public, Pamela Leavitt
Residing at Burley Idaho
My commission expires Jan 14, 1993
(Seal)

Lerena Christensen
Signature of Applicant
1926 Normal Burley Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Parent's marriage certificate lists date of marriage as December 23, 1904 between Joseph S. Andrews of Twin Falls and Edna E. Durfee of Oakley. The marriage was performed in Albion (Cassia) Idaho by Joseph Y. Haight. Viewed by V.S.

Birth certificate for older sister, Thelma Margaret Andrews, father's name Joseph Samuel Andrew and mother's name Edna Elizabeth Durfee, who was born June 8, 1910 at Burley (Cassia) Idaho is listed as legitimate. Viewed by V.S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 3991

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on January 30th 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Lerena Andrew

Subscribed and sworn to before me this 27th
day of June, 1942

S H Kunman
Notary Public, residing at Burley
My commission expires March 1st, 1943
(Seal)

Signed Mrs Edna E Andrew
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of June, 1942

S H Kunman
Notary Public, residing at Burley, Idaho
My commission expires March 1 - 1943
(Seal)

Signed J C Jarkell
(Signature of Any Credible Person Other Than Previous Year)

212 W Conant Ave
(Street Address, City, State)
Burley Idaho

JUN 29 1942

JUL 2 1942

632-113-016-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Amended 5/20/74

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 3992

Primary Registration District No. 2124 Registered No. 27

FULL NAME OF CHILD Floyd Donald Olson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one (To be answered only in event of plural births)	2	no	Feb. 13th, 1912

FATHER		MOTHER	
FULL NAME	C. M. Olsen	FULL MAIDEN NAME	Alice Gransbury
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denmark	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilda M. Shallman

Midwife

(Physician or Midwife)

Address Burley Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 1, 19 12 L. B. Stockdale

Registrar

.....

Registrar

S-Y CO., 16670

APR 2 5 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 17 11 10 AM '74
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 3992

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Olson (male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record - drivers license (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Floyd Donald Olson
#Birthplace	America	Denmark

Subscribed and sworn to before me this 29th day of April, 1974

Don K. Swapp

Notary Public, residing at Murray, Utah

My commission expires 8-17-75

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 1974

Don K. Swapp

Notary Public, residing at Salt Lake City, Utah

My commission expires 8-17-75

(Seal)

Signed Violet Smyer Olson
(Signature of Any Credible Person)

421 E. 6270 So. Murray, Ut.
(Street Address, City, State)

FORM DH 60-155

CL 4/25/74

Charles Magnus Olson family record gives his birthplace as Austrup, Jtlnd, Denmark wife's name as Alice Almira Gransbury. child's name as X XXXXX Floyd Donald Olson. Feb. 13, 1912.at Burley, Idaho. marriade Jan. 13, 1934 to Violet June Tripp. viewed by V. S.

MAY 2 0 1974

Family group record from Melvin Reynold Tripp and Stella may Anna West gives child's name as Violet June Tripp, born June 26, 1916 at Burley, Idaho. Was Married to Floyd D. Olson Jan. 13, 1934.

569-123-016-249

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No 31 **File No.** 3993

*No*_____, _____ *St.*

Primary Registration District No. 2124 **Registered No.** 23

Hospital _____

FULL NAME OF CHILD Benjamen R. Norton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 23rd, 1912

FATHER		MOTHER	
FULL NAME	D. R. Norton	FULL MAIDEN NAME	Mabel Burgess
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	26
COLOR	white	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or Midwife)

Address Burley, Idaho.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed March 1 1912 L. B. Edwards *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17326

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

. . . R BINDING . . . UNFADING INK—THIS IS A PERMANENT RECORD

296-12-016-591

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

Registration District No. 31 File No. 3994

Primary Registration District No. 21-24 Registered No. 24

FULL NAME OF CHILD Kidd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feb. 21 1912

FATHER		MOTHER	
FULL NAME	J. W. Kidd	FULL MAIDEN NAME	Vida Egan
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tenn.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. J. C. Patterson

Physician

(Physician or Midwife)

Address Burley, Idaho.

Filed Mch 1 1912 [illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PRESERVED FOR BINDING

294-117-016-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 3995

Primary Registration District No. 24 Registered No. 430

FULL NAME OF CHILD Not named Frank Morley Kidd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			yes	Feb	17	1912

	FATHER	MOTHER
FULL NAME	Cicero Kidd	Melinda Lewis
RESIDENCE	Burley Ida	Burley Ida
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Tennessee	Utah
OCCUPATION	Hardware & Implement Wagons	Housework
Number of child of this mother, including present birth		
Number of children, of this mother, now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S Tong

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 1, 19 12 L. B. Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

318/120-016-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Near Burley

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 3996

Primary Registration District No. 21 31 Registered No. 31

FULL NAME OF CHILD Kenneth R. Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 20th 191.2

FATHER		MOTHER	
FULL NAME	J. R. Taylor	FULL MAIDEN NAME	Mabel Cook
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 12:20 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch 1 19 12 L. B. Stockdale
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 24 1942

693-224-016-434
Amended 9-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3997
Local Reg. No. 32
Reg. Dist. No. 31

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Olive
b. (Middle): Arline
c. (Last): Wilson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Feb. (Day) 24, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle):
c. (Last): Wilson

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nora
b. (Middle):
c. (Last): McMurray

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A.F.O. Nielson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 7, 1912

22. REGISTRAR'S SIGNATURE: L.B. Stockslager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 8 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 3997

Date Filed .....

The undersigned does solemnly swear that ~~original~~ facts on the certificate of Birth (Birth or Death)

for Unnamed Wilson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1912 (Date of Event)

in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamd	Olive Arline Wilson
Child's Birthplace	Not Given	Oakley, Idaho-Cassia Co.
Mother's Maiden Name	Nora Wilson	Nora McMurray

Subscribed and sworn to before me this 28th day of July, 1966

Notary Public, residing at Brigham City, Utah

My commission expires Mar. 14 1970

(Seal)

Signed Geneva Wilson Call (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1005-19 St. Idaho Falls, Ida. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Box Elder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 1966

Notary Public, residing at Brigham City, Utah

My commission expires Mar 14 1970

(Seal)

Signed J. Lawrence L. D. Barker (Signature of Any Credible Person)

111 So. 3rd E. Brigham City, Utah (Street Address, City, State)

FORM DH 60-155

CL 10-28-65. mf one copy pd. rec. #17693.

L.D.S. Church Cert. of Blessing, May 12, 1912 gives full name as Olive Arline Wilson, daughter of Alferd Wilson and Nora McMurry, born Feb. 24, 1912 at Oakley, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, June 25, 1920 gives full name as Olive Areline Wilson, daughter of Alfred Wilsonand Norah M. McMurray, born Feb. 24, 1912 at Oakley, Idaho - viewed by V.S.

Marriage License and Certificate, married June 6, 1932 at Mesa, Arizona gives full name of groom as Don Carlos Monson and full name of bride as Olive Arline Wilson - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 3997

Primary Registration District No. 226 Registered No. 32

FULL NAME OF CHILD Wilson

Sex of Child female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes. | Date of birth (Month) Feb (Day) 24, (Year) 1912

FATHER	MOTHER
FULL NAME Fred. Wilson	FULL MAIDEN NAME Nora Wilson
RESIDENCE Oakley	RESIDENCE Oakley
COLOR white AGE AT LAST BIRTHDAY 37 (Years)	COLOR white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Nielson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mch 7 1912 P. B. Tucksleger

Registrar

S-Y CO., 16670

SEP 1 4 1966

355-118:016-281

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of Oakley

Registration District No. 31

File No. 3998

No. _____, _____ St.

Primary Registration District No. 216

Registered No. 33

Hospital _____

FULL NAME OF CHILD Rudger Eli Lee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 18, 1912

FATHER		MOTHER	
FULL NAME	Frank Lee	FULL MAIDEN NAME	Lizzie Sharp
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Stucker

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed Mch 7 1912 L. B. Stockslager Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 18 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 30 1973
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 3998

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lee (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1912 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Lee	Rudger Eli Lee
birthplace	omitted	Oakley

Subscribed and sworn to before me this 24 day of May, 19 73

Myrtle A. Stone
Notary Public, residing at 2118 Willow Pass Rd., Concord Calif.
My commission expires 5-9-76
(Seal)

Signed Betty Pastores
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

284 Amato Dr. Pacheco Ca. 94553
(Street Address, City, State)

OFFICIAL SEAL
MYRTLE A. STONE
NOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
My Commission Expires May 9, 1976

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California } ss.
County of Contra Costa

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of May, 19 73

Myrtle A. Stone
Notary Public, residing at 2118 Willow Pass Rd. Concord, Calif.
My commission expires 5-9-76
(Seal)

Signed Mary E. Jones
(Signature of Any Credible Person)

5240 Concord Blvd. Concord Ca.
(Street Address, City, State)

OFFICIAL SEAL
MYRTLE A. STONE
NOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
My Commission Expires May 9, 1976

FORM DH 60-155 CL 5/17/73

Last Will and Testament of Rudger Eli Lee, gives wife's name as Bessie Lee Dated Nov. 24, 1967. Viewed by V. S.

JUN 6 1973

Joint Tenancy and Power of Attorney Agreement from Bank of America gives name as R.E. Lee or Bessie. Birth palce of R. E. Lee given as Oakley, Idaho. Dated 1954. Viewed by V. S.

Grant Deed)16104) gives grant to Rudger Eli Lee and Bessie Lee. All that real property stuate in the Contra Costa, Calif. Dated March 22, 1952. Viewed by V. S. Received from Roy Arlington Hixon and Sarah L. Hixon. Viewed by V. S.

355-207.016-789

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 31 File No. 3999

No. _____, _____ St. Primary Registration District No. 2176 Registered No. 341

Hospital _____

FULL NAME OF CHILD Lee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 7 1912

FATHER		MOTHER	
FULL NAME	Best Lee	FULL MAIDEN NAME	Dedyha Phillips
RESIDENCE	Basin, Idaho	RESIDENCE	Basin Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	housework

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. F. Nielson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed March 7 1912 L. D. Stockslager

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 15 1972

285-206-016-314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4000

County of _____

City of _____ Registration District No. 31

No. _____, _____ St. Primary Registration District No. 2,76 Registered No. 31

Hospital _____

FULL NAME OF CHILD Shepherd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 6, 1912

FATHER		MOTHER	
FULL NAME	Elmer Shepherd	FULL MAIDEN NAME	Bessie Sadlock
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	W. Virginia	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Nielson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mch 7 1912 Jos. Stockslager Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

313-106-016-539

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 31

File No. 4001

Primary Registration District No. 216

Registered No. 36

FULL NAME OF CHILD Orvil Andrew Callisles

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male			yes	Feb 6, 191?

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Callisles	FULL MAIDEN NAME	Annie Elsson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. D. Nielson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed March 7 19 12 L. B. Clarke

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 5 1977

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 11 2 53 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Tooele } ss.

Certificate No. 4001
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Callister (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 6, 1912 (Date of Event)
in Oakley, Idaho (cassia Co.) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record & Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Orvil Andrew Callister
Orvil Andrew Callister		

Subscribed and sworn to before me this 8 day of January, 1977

Notary Public, residing at Tooele, Utah
My commission expires July 19, 1979
(Seal)

Signed J. Lloyd Callister (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

294 No. 2nd West, Tooele, Utah 84074
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Tooele } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of January, 1977

Notary Public, residing at Tooele, Utah
My commission expires July 19, 1979
(Seal)

Signed J. Lloyd Callister
(Signature of Any Credible Person)

294 No. 2nd West
Tooele, Utah 84074
(Street Address, City, State)

FORM DH 60-155

CL 1/5/77

Honorable discharge from the U.S. Amry gives namea s Orvil A. Callister dated June 16, 1944. from AAB, Hill Field, Ogden, Utah. signed by E. B. Bayley, Colonel, Air Corps, Commanding. viewed by V. S.

JAN 16 1977

Page from Family Bible gives nameas Orvil Andrew Callister. born Feb 6, 1921. viwed by V. S.

532-206-016-239

PLACE OF BIRTH

County of Cassia

City of ____

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 31

File No. 4002

Primary Registration District No. 216

Registered No. 37

FULL NAME OF CHILD Ecklund

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 6, 1912

FATHER		MOTHER	
FULL NAME	Isaac Ecklund	FULL MAIDEN NAME	Geneva Strong
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Nielson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mch 7 1912 B B Stockseth

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-319727

689-203-016-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 31 File No. 4003

Primary Registration District No. 216 Registered No. 38

FULL NAME OF CHILD Whiteley Helen Amanda Whiteley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 3, 1912

FATHER		MOTHER	
FULL NAME	Earl Whiteley	FULL MAIDEN NAME	Amanda Reed
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living; including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Sheldon

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed March 7 19 12 [illegible]

.....
Registrar

S-Y CO., 16670

.....
Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 11 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 4003

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Whiteley (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Card of Baptism (Bible Record, Insurance Policy, Etc.) prepared on June 20 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Helen Amanda Whiteley

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed J. Earl Whiteley father age 82
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elizabeth N. Whiteley Oakley (sister)
(Signature of Any Credible Person)

3845 Fairmeade Rd.
(Street Address, City, State)
Pasadena, California

FORM DH 60-155 CL 6-4-65. nmr two copies pd. rec. #19182.

Cert. Copy of Own Child's Birth Cert, State of Oregon, copy issued July 26, 1962 gives full name of child as Suzanne Whiteley Taylor, born Jan. 3, 1952 at Portland, Oregon to George Whitaker Taylor and Helen Amanda Whiteley - Birth No. 136 52-001447- viewed by V.S.

AUG 9 1967

Missionary's Certificate, L.D S. Church, dated Sept. 19, 1934 gives full name as Helen Amanda Whiteley - viewed by V.S.

391-10/1.016-391

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

Registration District No. 31

File No. 4004

No. ____, ____ St.

Primary Registration District No. 2136

Registered No. 34

Hospital ____

FULL NAME OF CHILD Tracy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			no	March 1, 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Mordia Tracy
RESIDENCE		RESIDENCE	Basin
COLOR	AGE AT LAST BIRTHDAY ____ (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE		BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewoman

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Thurston

(Physician or Midwife)

Given names added from a supplemental report

March 13, 1912 L. B. Stockdale

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 7 1976

399-116-616-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ....., ... St.

Hospital .....

Registration District No. 31 File No. 4005

Primary Registration District No. 216 Registered No. 40

FULL NAME OF CHILD Critchfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	2 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. Farley Critchfield	Mary E. Dayley
RESIDENCE	Oakley Ida.	Oakley Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 31	White 31
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 7 1912 L. Blanchard

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-8-41

STATE OF IDAHO

PLACE OF BIRTH

993-116-06_845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 4000

Primary Registration District No. 2126 Registered No. 41

FULL NAME OF CHILD Richins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	2 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orson Richins	Mabel C Hunter
RESIDENCE	Grouse Creek Utah	Grouse Creek Utah
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Holmes MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 7 1912

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

466-128-016-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Hazel

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4007

Registration District No. 31 File No. ____

Primary Registration District No. 2122 Registered No. 42

FULL NAME OF CHILD Moon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	yes	2-28-1917

FATHER		MOTHER	
FULL NAME	Hugh M. Moon	FULL MAIDEN NAME	Martha L. McBride
RESIDENCE	Hazel, Idaho	RESIDENCE	Hazel, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 7 1917 L. E. Blackburn Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

691-102.020-613

[redacted] CE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Elmore

City of Mtn. Home — Registration District No. 20 — File No. 4008

No. ____, ____ St. — Primary Registration District No. 2020 — Registered No. 10

Hospital ____

FULL NAME OF CHILD Edward Leland Frazier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	yes	2 2 1912

FATHER		MOTHER	
FULL NAME	Wm Lawrence Frazier	FULL MAIDEN NAME	Mary Stella ~~Frazier~~ Walsh
RESIDENCE	Mtn Home	RESIDENCE	Mt Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. — 2-2-1912 at 6 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician (Physician or Midwife)

Address Mtn Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 3 1912 W. L. Frazier Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

495-225-020-396

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20

File No. 4009

Primary Registration District No. 2021

Registered No. 11

FULL NAME OF CHILD Marguerite Mink

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	3	yes	Feb 25th, 1913

FATHER		MOTHER	
FULL NAME	William T. Mink	FULL MAIDEN NAME	Annie Crofoot
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Feb 25 1913 at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb. 28th, 1913 J. W. Davis M.D.

W. L. Frazier Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369-211-020 986

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 210 File No. 4011

Primary Registration District No. 21021 Registered No. 13

FULL NAME OF CHILD Margaret Elizabeth Corker.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	!	yes	Feb 11th, 1912

FATHER		MOTHER	
FULL NAME	Walter Corker	FULL MAIDEN NAME	Josephine Rhodes
RESIDENCE	Glenn's Ferry.	RESIDENCE	Glenns Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 11th 1912 at 6:30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Filed Feb 12th 1912 J. W. Davis
Registrar

W. L. Trogdon Reg

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

345-103-020-155

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4012

County of Elmore

City of Mt Home

No. ____, ____ St.

Registration District No. 20

Primary Registration District No. 2020

Registered No. 14

Hospital ____

FULL NAME OF CHILD John H. Tuel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		6	yes	July 30, 1912

FATHER		MOTHER	
FULL NAME	J. H. Tuel	FULL MAIDEN NAME	Ellie M. Aspell
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Kane.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician

(Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed 2-24 1912 W. L. Frazier

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

294-118-020-465

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20 File No. 4013

No. ____, ____ St.

Primary Registration District No. 2020 Registered No. 15

Hospital ____

FULL NAME OF CHILD Maximo Bideganeta

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Feb. 18th, 1912

FATHER		MOTHER	
FULL NAME	Agapito Bideganeta	FULL MAIDEN NAME	Micanora Monasterio
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Lodging House Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician or Midwife)

Address Mountain Home Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-24 1912 W. L. Tregin

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864-204-020-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 4014

No. ....., ... St.

Primary Registration District No. 2020

Registered No. 16

Hospital .....

FULL NAME OF CHILD Marian Evelyn House

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 4, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion E. House	Eva May Smith
RESIDENCE	Mt Home	Mt Home
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	W. Va	Ohio
OCCUPATION	Blacksmith	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Hawley

(Physician or ~~Midwife~~)

Address Mt Home, Ada

Given names added from a supplemental report

....., 19.....

Filed 3—1 1917 W. L. Thompson

S-Y CO., 16670

Registrar

Registrar

696-106-020993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of "Grouse Creek" suburb of Arrowrock.

Registration District No. 20

File No. 4015

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 17

Hospital ____

FULL NAME OF CHILD ~~Jessie~~ Frost, Harold Wiley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M.		2	Yes.	Feb. 6, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Davilla Frost.	Minnie Rich.
RESIDENCE	Grouse Creek	Grouse Creek.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Illinois.	Illinois.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician

(Physician or Midwife)

Address U.S.R.S. Hospital - Arrowrock.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-1 1912 W. L. Frazier

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 4015

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Neme	Jack Frost	Harold Wiley Frost

Subscribed and sworn to before me this 21st day of December, 19 47

Marion E. Lee

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(SEAL)

Signed Davilla Frost

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 2 L 1947

493-208-020-712

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20 File No. 4016

Primary Registration District No. 2020 Registered No. 14

FULL NAME OF CHILD ~~MARY~~ ALICE ~~XXXXXXX~~ Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 8, 1912

FATHER		MOTHER	
FULL NAME	Christ Miller	FULL MAIDEN NAME	Freda Gastel
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Lonneberg Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R Hanga

Midwife (Physician or Midwife)

Address Mt. Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-14-1912 W. L. Frazier Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of NEBRASKA } ss.
County of PAWNEE }

JAN 29 1942

Certificate No. 4016

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Alice Marie Miller (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on February 8th-1912 (DATE OF EVENT)
in Mountain Home Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Alice Marie Miller	Mary Alice Miller

Subscribed and sworn to before me this 23rd
day of January, 19 42

Notary Public, residing at Du Bois, Nebraska
My commission expires December 9th-1943
(SEAL)

Signed Mrs. Freda Miller
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Du Bois, Nebraska.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEBRASKA } ss.
County of PAWNEE }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of January, 19 42

Notary Public, residing at Du Bois, Nebr
My commission expires December 9th-1943
(SEAL)

Signed Wilhelm Ebeling.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Du Bois, Nebraska
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By
(REGISTRAR'S SIGNATURE)

212-226-020-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt. Home

No. ....., ... St.

Hospital .....

Registration District No. 20 File No. 4017

Primary Registration District No. 2020 Registered No. 20

FULL NAME OF CHILD Rose Marie Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 26, 1912

FATHER		MOTHER	
FULL NAME	James E. Baker	FULL MAIDEN NAME	Anna Erika Carlson
RESIDENCE	Mt. Home	RESIDENCE	Mt. Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Stockton Kansas	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E Hanga

Midwife (Physician or Midwife)

Address Mt. Home

Given names added from a supplemental report

....., 19.....

Filed 2-14 19 12 W. L. Teague

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1962
MAY 25 1967
DEC 13 1973
MAR 06 2012

79. [redacted] 029-622

BIRTH

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4018

County of Latah

City of Deary

No ....., ... St.

Registration District No 15 File No. .....

Primary Registration District No 2068 Registered No. 61

Hospital .....

FULL NAME OF CHILD Alvin Lester Pierce

Sex of Child	Twin, Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Jan. 28, 1912

FATHER		MOTHER	
FULL NAME	Minter L. Pierce	FULL MAIDEN NAME	Emily Osborn
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albertine Beyer

midwife

(Physician or Midwife)

Address Deary, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 6 19 12 P. C. Faust

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-11-029-364

PLACE OF BIRTH

County of Latah

City of Deary

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4019

Primary Registration District No. 2068 Registered No. 62

FULL NAME OF CHILD Lawrence Aubrey Baker

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	and	—	Yes.	Feb. 12, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Baker	FULL MAIDEN NAME	Minnie Lout
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minn.	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Mrs Charles Osborn

midwife

(Physician or Midwife)

Address Deary Ida.

Filed Feb. 15, 1912 W. C. Faust

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 14 1944

954-23-029-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No 15 — File No. 4020

Primary Registration District No. 2066 — Registered No. 46

FULL NAME OF CHILD Madeline R. Rimington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Bentley Rimington	Florence Barker
RESIDENCE	Potlatch	Potlatch
COLOR	white	W
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Oregon	Minn.
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. Thompson M.D. (Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed March 4th 1912 Jos. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

FEB 8 1965

168-127-029-168

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 4021

Primary Registration District No. 2066

Registered No. 47

FULL NAME OF CHILD Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 27 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Ethel Johnson
RESIDENCE		RESIDENCE	Potlatch
COLOR	AGE AT LAST BIRTHDAY ... (Years)	COLOR	W	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE		BIRTHPLACE	Michigan
OCCUPATION		OCCUPATION	Domestic

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 1 0 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. L. Pond M.D.

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

..... 19.....

Filed Feb 4th 1912 Jno. Thompson

..... Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 4 1973

534-212.029-275

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2066

File No. 4022

Registered No. 48

FULL NAME OF CHILD Elsmore, Margerie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2, 12, 1912

FATHER		MOTHER	
FULL NAME	Milton Elsmore	FULL MAIDEN NAME	Rosa Spencer
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Paul M.D.

(Physician or Midwife)

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy

Registrar

Address Potlatch

Filed Feb. 16 1912 D. W. Thompson

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 30 1966

(41-20-029816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4023

Primary Registration District No. 2066 Registered No. 40

FULL NAME OF CHILD Adair - Mabel Maude

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 10 1912

FATHER		MOTHER	
FULL NAME	Edgar M Adair	FULL MAIDEN NAME	Stella Hawkins
RESIDENCE	Latah Co.	RESIDENCE	Latah Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Latah Co. Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. S. Deuxsaum

Physician

(Physician or Midwife)

Address Palouse / Wash

Given names added from a supplemental report

5-7-12, 19.....

J.M.S. Deputy

Registrar

Filed Feb. 15 1912 D. W. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

c.c. 5/1/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

445-22-029-396

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 4024

Primary Registration District No. 2063

Registered No. 3-9

FULL NAME OF CHILD Kathryn Dunkle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mary E Dunkle	Ida Tiffany
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	La	S Dak
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Mooney

Genesee Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 2/22 1912 M. Nelson

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 4024

SEP 28 1942

Date Filed

The undersigned does solemnly swear that certain error on the certificate of Birth (Birth or Death)
for Katheryn Dunkel (Name on Original Certificate) who Was born (Was Born or Died) on Feb. 21, 1912 (Date of Event)
in Kendrick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins. Sec. Cred. (Bible Record, Insurance Policy, Etc.) prepared on March 22, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Dunkel	Dunkle
Name	Katheryn	Kathryn Dunkle

Subscribed and sworn to before me this 16th day of July, 1942

Z. S. Morgan
Notary Public, residing at Long Beach Calif.

My commission expires My Commission Expires October 4, 1943
(Seal)

Signed Ada Tiffany Dunkle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4543 Colorado St. Long Beach Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1942

Z. S. Morgan
Notary Public, residing at Long Beach Calif.

My commission expires My Commission Expires Oct [illegible] 43
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

245 Wisconsin Ave Long Beach Calif.
(Street Address, City, State)

SEP 30 1982

652-119-029-238

PLACE OF BIRTH

County of Utah

City of Genesee

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 4025

Primary Registration District No. 2063

Registered No. 60

FULL NAME OF CHILD John Mertensee

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)		—	Yes	2 19 1912

FATHER		MOTHER	
FULL NAME	Nicholas Mertensee	FULL MAIDEN NAME	Elisabetha
RESIDENCE	Soron	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Ehrenberg

(Physician ~~or Midwife~~)

Address Genesee Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2-19 1912 W. F. Ehrenberg
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 31 1952

442225-029-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4020

Primary Registration District No. 2065 Registered No. 50

FULL NAME OF CHILD Bernice Louise Muschlitz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feby 25 1912

FATHER		MOTHER	
FULL NAME	Ivan Muschlitz	FULL MAIDEN NAME	Bertha Chaney
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feby 25 1912, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician
(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Feby 26 1912 J. W. Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

275-223-029-266

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2065

File No. 4027

Registered No. 37

FULL NAME OF CHILD Edna Lura Spencer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 23, 1912

FATHER		MOTHER	
FULL NAME	John F. Spencer	FULL MAIDEN NAME	Mary Boothe
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ky
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 23 12, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Phoebe E Spencer

Midwife
(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19....

Filed Feby 3 1912

J W Olson
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 4 1973

742-204-029-791

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 4028

Primary Registration District No. 2065 Registered No. 52

FULL NAME OF CHILD Rita Ann Evelyn Justin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feby 4, 1912

	FATHER	MOTHER
FULL NAME	Thomas Warren Justin	FULL MAIDEN NAME Esther E Grandy
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	21 (Years)
BIRTHPLACE	Moscow Idaho	Troy Idaho
OCCUPATION	Common Laborer	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Feby 4 1912 at 7:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician (Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feby 5 1912 J. W. Olson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 21 1983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-210-029-364

Form V. S. No. 11-C—Rm. 8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 4029

Primary Registration District No. 2665 Registered No. 53

FULL NAME OF CHILD Lucille Thorpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feby 10 1912

FATHER		MOTHER	
FULL NAME	Leonard Thorpe	FULL MAIDEN NAME	Mabel Compton
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Palouse Wash
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feby 10 1912, at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feby 10 1912 J W Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 9 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

43 4-215-029-285

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4030

Primary Registration District No. 2065 Registered No. 54

FULL NAME OF CHILD Mildred Claire McDuffey

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of birth Jan 15, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maynard H. McDuffey	FULL MAIDEN NAME	Eva L. Sheppard
RESIDENCE	Valley Idaho	RESIDENCE	Valley Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	white	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Hope Idaho	BIRTHPLACE	Troy Idaho
OCCUPATION	Homesteader	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Jan 15 1912 at 10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R. J. Sheppard

Midwife (Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feby 7 1912

J W Stacy

Registrar

S-Y CO., 16670

253-228-029-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lulak

City of Borill

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4031

Primary Registration District No. 2067 Registered No. 55

FULL NAME OF CHILD ~~Baby~~ THELMA RUBY Beckdel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 28 1912

FATHER		MOTHER	
FULL NAME	Louis Beckdel	FULL MAIDEN NAME	Christia Layton
RESIDENCE	Borill, Idaho	RESIDENCE	Borill, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

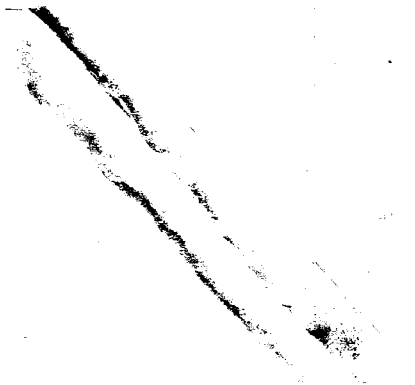
(Signature) W. Young M.D.

(Physician or Midwife)

Address Borill, Idaho

Filed Feb 29 1912 W. Young Registrar

S-Y CO., 16670



OCT 28 1944

NOV 8 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Pierce } ss.

Certificate No. 4031

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thelma Ruby Bechtel (Name on Original Certificate) who was born (Was Born or Died) on Feb. 28, 1912 (Date of Event)
in Boville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Feb. 29	Feb. 28 1912
name	none given	Thelma Ruby Bechtel

Subscribed and sworn to before me this 30th
day of October, 1944

Notary Public, residing at Tacoma

My commission expires April 30, 1947
(Seal)

Signed Thelma Ruby Bechtel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5124 Beaver St Tacoma, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of November, 1944.

Notary Public, residing at Moscow Idaho

My commission expires August 20, 1947
(Seal)

Signed L F Bechtel
(Signature of Any Credible Person Other Than Previous Year)

616 S Jefferson Moscow Idaho
(Street Address, City, State)

PROPERTY OF

243-128:029-845

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Bovill

No. ____, ____ St.

Hospital

Registration District No. 15

File No. 4032

Primary Registration District No. 2067

Registered No. 54

FULL NAME OF CHILD Ronnie Butler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 28, 1912

FATHER		MOTHER	
FULL NAME	James H. Butler	FULL MAIDEN NAME	Vida B. Hunt
RESIDENCE	Bovill, Idaho	RESIDENCE	Bovill, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Young M.D.

(Physician or Midwife)

Address Bovill, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 29 1912 W. Young

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. Incase of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

364-203-079-799

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 4033

Primary Registration District No. 1008

Registered No. 63

FULL NAME OF CHILD Alpha Idora Tomlinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 3, 1912

FATHER		MOTHER	
FULL NAME	A. P. Tomlinson	FULL MAIDEN NAME	Eunice Griffin
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~Midwife~~)

Address Moscow Ida.

Given names added from a supplemental report

5-7-12, 19....

J.M.S. Deputy Registrar

Filed Mch 7 1912 J. F. Rae Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 6 1973

253-210-029-815

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Ruby L Bell

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4034

Primary Registration District No. 1058 Registered No. 46

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Feb 10, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard T. Bell	Gertrude Hanna
RESIDENCE	Viola Idaho.	Viola
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	17
BIRTHPLACE	Mo	Ark
OCCUPATION	Blacksmith	H W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke, Phy

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 29 19 12 D. M. Rae Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

366-115-029-859

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow Ida.

Registration District No. 15

File No. 4035

No. ____, ____ St.

Primary Registration District No. 1008

Registered No. 443

Hospital ____

FULL NAME OF CHILD Merton Herington Town

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Town	Flora Herington
RESIDENCE	Moscow. Ida.	Moscow. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilmore

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy Registrar

Filed Feb 20 19 12 S. F. Race Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1942

299-215-029-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 1008

File No. 4036

Registered No. 44

FULL NAME OF CHILD Laura Nellie Brigham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		6	Yes	Jan 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Warren Brigham	Nellie Wilson
RESIDENCE	Genesee	~~Moscow~~ Genesee
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	55	36
BIRTHPLACE	Calf.	Neb.
OCCUPATION	Farmer	Home Keeping

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Adair M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 2 19 12 W. H. Rae

S-Y CO., 16670

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas
County of Tarrant } ss.

Certificate No. 4036

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Laura Nellie Brigham (Name on Original Certificate) who born (Was Born or Died) on Jan. 15, 1912 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on January 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (As Corrected)
Name	Laura Nellie Brigham	~~Nellie Laura Brigham~~ Laura Nellie Brigham
Date	Jan. 11th	Jan. 15, 1912

Subscribed and sworn to before me this 8th
day of March, 19 44

Lillian McDonald
Notary Public, residing at Ft. Worth, Texas

My commission expires May 31, 1945
(Seal)

Signed John W Brigham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2824 Princeton, Fort Worth, Texas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 15 1944

JUN 2 1952

MAR 16 1944

632. 22610 29-154

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 4037

Primary Registration District No. 1008 Registered No. 57

FULL NAME OF CHILD Signa Matilda Olson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 26, 1912

FATHER		MOTHER	
FULL NAME	August Olson	FULL MAIDEN NAME	Mathilda Anderson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Sweden
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) J. C. Wirt, M.D.

(Physician or Midwife)

Address Moscow Idaho

Filed Feb 1 19 12 S. F. Parr Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4037

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Signa Matilda Olson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 th day of July 1943

Charles Earl Hively

Notary Public, residing at Spokane, Wn.

My commission expires June 16, 1946
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

[illegible]
(Street Address, City, State)

443-225-024-215

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Registration District No. 15

File No. 4038

Primary Registration District No. 1008

Registered No. 58

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Feb 21, 1912

FATHER		MOTHER	
FULL NAME	Roy Bidro	FULL MAIDEN NAME	Susannah C. Bandy
RESIDENCE	Moscow	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mo.
OCCUPATION	Printer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician ~~or Midwife~~)

Address Moscow

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb 29 19 12 S. F. Rae
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 3 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

79621 [redacted] 0-391

PLACE

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn home Ida Registration District No. 20 File No. 4039

No. ____, ____ St. Primary Registration District No. 2020 Registered No. 18

Hospital ____

FULL NAME OF CHILD Esther Evelyn Grove

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 1, 1912

FATHER		MOTHER	
FULL NAME	Willis H Grove	FULL MAIDEN NAME	Bessie Crabb
RESIDENCE	Mtn home Idaho	RESIDENCE	Mtn home Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mansfield Illinois	BIRTHPLACE	Bruneau Idaho
OCCUPATION	Freighter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. Hanger

Midwife (Physician or Midwife)

Address Mt. Home

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 2-14 1912 W. H. Fraser Registrar

S-Y CO., 16670

K

MAY 21 1962

JUL 1 1 19

JUN 12 1945

285-110-009

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bon[illegible]

City of Landpost

No. ——, ——— St.

Hospital ———

Registration District No. 8 File No. 4040

Primary Registration District No. 2033 Registered No. 121

FULL NAME OF CHILD Frank Shelar

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		3	yes	Feb. 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Shelar	Ora Russell
RESIDENCE	Landpost Ida	Landpost Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Canada	South Dakota
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lemon

(Physician or Midwife) Physician

Address Landpost Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 1 1912 Mary Lemon

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

V. S.—No. 8.

619-109-009-685

PLACE OF BIRTH

WASHINGTON STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. 4041

File No.

Registered No. 120

County of Bonner

City of Newport

or

Town of

(No. 8 [illegible] 1936 St.; Ward)

FULL NAME OF CHILD Forsland

If child is not yet named, make supplemental report, as directed.

Sex of Child	~~Twin, Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4th	yes	Jan. 9 1912

FATHER

Full Name: Isaac Forsland

Residence: (near) Scotia

Color: White — Age at last Birthday: 40 (Years)

Birthplace (State or Country): Sweden

Occupation: Rancher

MOTHER

Full Maiden Name: Evelyne Ugane

Residence: (near) Scotia

Color: White — Age at last Birthday: 37 (Years)

Birthplace (State or Country): Sweden

Occupation: Housewife

Number of child of this mother: 4th

Number of children, this mother, now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on Jan 9, 1912, at 1 P.M.

(Signature) J. L. Ro[illegible] MD

Newport Wash

~~(Physician or Midwife)~~

Address

Filed Feb. 24, 1912 [illegible] Registrar.

Registrar.

** When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

Give name added from a supplemental report

699-214-009-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint Registration District No. 8 File No. 4042

No. —, —— St. Primary Registration District No. 2033 Registered No. 122

Hospital —

FULL NAME OF CHILD Wng Ltr VELMA DORIS WRIGHTS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	5	yes	Feb 14, 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Wrights	Margaret E. Smith
RESIDENCE	Sandpoint Idaho	Sandpoint Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Pa	Pa
OCCUPATION	Contractor	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at —M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary Tennant

(Physician or Midwife) physician

Address Sandpoint Idaho

Filed Mar 1 1912 Mary Tennant
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 4042
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wright	Velma Doris Wrights
Surname	Wright	Wrights
		Violet Wrights Woodard

Subscribed and sworn to before me this 29th
day of Sept, 1941
Emma Carter
Notary Public, residing at Sandpoint Ida
My commission expires 4/15/48.
[SEAL]

Signed Mrs. Homer E. Woodard
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
112 N. Boyer St.
Sandpoint, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of Sept, 1941
Emma Carter
Notary Public, residing at Sandpoint Ida
My commission expires 4/15/48
[SEAL]

Signed Ray L. Wrights
(Signature of any credible person other than the previous affiant.)
525 N. Boyer Sandpoint Ida.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

331-21-0094-43

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 4043

Primary Registration District No. 2033 Registered No. 123

FULL NAME OF CHILD Daphne E. Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	yes	Feb 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Clark	Billy Mucha
RESIDENCE	Sandpoint Idaho	Sandpoint Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Kinnon

(Physician or Midwife) physician

Address Sandpoint Idaho

Given names added from a supplemental report

____, 19____

Filed Mar 1 19 12 Mary Kinnon

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 12 11 26 AH '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane

Certificate No. 4043

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Clark (Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 17, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on October 30, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed-	~~Daphine~~ Daphne Elizabeth Clark
		Daphne Elizabeth Clark

Subscribed and sworn to before me this 8 day of June, 19 72

Notary Public, residing at Spokane

My commission expires 14 August 1974

(Seal)

Signed Elsie B. Tierney Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1215 W Mallon, Spokane Wash 99201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of June, 19 72

Notary Public, residing at Spokane

My commission expires 14 August 1974

(Seal)

Signed Margaret Kuntz
(Signature of Any Credible Person)

W. 720 Cleveland, Spokane Wa 99205
(Street Address, City, State)

FORM DH 60-155 CL 3/16/72 nm

Social Security Card (532-10-6369) ~~gives~~ name as Daphne Clark Adams. Dated 12-1-36. Viewed by V. S.

JUL 6 1972

Life Insurance Policy from Metroploitan Life Insurance Co. Dated Oct. 30, 1922 gives name as Daphna Clark. Viewed by V. S.

Last Will and Testament of Betty Clark mentions daughter's name as Daphne E. Adams. Dated Sept. 9, 1941. Signed by Virginia Scruggs, Doris Whitmers and Lester Edge. Viewed by V. S.

251-110-009-954

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4044

County of Bonner

City of Sandpoint

No. ____, First St.

Hospital ____

Registration District No. 8

Primary Registration District No. 2033

Registered No. 116

FULL NAME OF CHILD Thomas Kearns

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6th	Yes	Feb 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Kearns	Minnie Remus
RESIDENCE	Sandpoint, Idaho	Sandpoint Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	33
BIRTHPLACE	Michigan	Michigan
OCCUPATION	Sheriff	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Sayre M D

(Physician or Midwife)

Address Sandpoint, Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed Feb 20 19 12 Minnie Timmons

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 20 1942

213-109-009-412

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Cocolalla

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 4045

Primary Registration District No. 2033 Registered No. 116

FULL NAME OF CHILD Backman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		12th	Yes	Feb. 9th, 1912

FATHER	MOTHER
FULL NAME: Albert Backman	FULL MAIDEN NAME: Mary Mason
RESIDENCE: Cocolalla, Idaho.	RESIDENCE: Cocolalla, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 47 (Years)
BIRTHPLACE: England	BIRTHPLACE: Canada
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page M. D.

(Physician or Midwife)

Address Sandpoint, Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb. 20 1912 Mary Mason Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Riverside — Registration District No. 8 — File No. 4046

No. ____, ____ St. — Primary Registration District No. 2035 — Registered No. 114

Hospital ____

FULL NAME OF CHILD William J. Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	1st	yes	Feb 6th, 1912

FATHER		MOTHER	
FULL NAME	William J Johnson	FULL MAIDEN NAME	Etta Smith
RESIDENCE	Riverside Ida	RESIDENCE	Riverside Ida
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Portland Me	BIRTHPLACE	Bates Mo
OCCUPATION	Book Keeper	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) E. R. Northrop M.D.

(Physician or Midwife)

Address Spokane Wash

Filed Feb. 16 1912 Mary Lennon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Jan-8-32-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County) of

DUP OF 1913-25247

795-110-009-391

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-10-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope Registration District No. 8 File No. 4047

No. ____, ____ St. Primary Registration District No. 2033 Registered No. 119

Hospital ____

FULL NAME OF CHILD Robert William Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	single	2nd	y	Jan. 10, 191 2

FATHER		MOTHER	
FULL NAME	William A. Green	FULL MAIDEN NAME	Mabel G. Crandall
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) W. M. Knapp, M.D.

(Physician or Midwife)

Address Hope Idaho

Filed Feb 20 1912 Mamie Kinnear Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 1 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

13-12-009-363

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sand Point Registration District No. 8 File No. 4048

No. ____, ____ St. Primary Registration District No. 233 Registered No. 117

Hospital ____

FULL NAME OF CHILD Marjorie Frances ALLEN

Sex of Child: Female | Twin, Triplet, or other? single | and | Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Jan. 12 (Month) (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Edward A. Allen	FULL MAIDEN NAME	Alice J. Cochran
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Colorado	BIRTHPLACE	Nebraska
OCCUPATION	Druggist	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Karayos M.D.

(Physician or ~~Midwife~~)

Address Hope Idaho

Given names added from a supplemental report

____, 19____

Filed Feb. 20 1912 Mary Plummer

Registrar

S-Y CO., 16670

Registrar

OCT 11 1973

JAN 23 1974

391-212-009-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4049

County of Bonner

City of Hope

Registration District No. 8

File No.

No. ____, ____ St.

Primary Registration District No. 2033

Registered No. 118

Hospital

FULL NAME OF CHILD Marie Agnes Crandall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F.	single	3rd	yes	December 12 1911

FATHER		MOTHER	
FULL NAME	Robert E. Crandall	FULL MAIDEN NAME	Rose E Sherman
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wisconsin	COLOR	W.
OCCUPATION	Merchant	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) H. M. Knapp M.D.

(Physician or Midwife)

Address Hope Idaho

Filed Feb. 20 1912 Mrs. [illegible]

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

315.206.009-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No The Gulch St.

Registration District No 8

File No 4050

Primary Registration District No 2037

Registered No 1-13

Hospital

FULL NAME OF CHILD LaVore, Brunetta Pearl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Joseph Lavoie	Rosie Gillard
RESIDENCE	Bonners Ferry Idaho	Bonners Ferry Ida.
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Canada	Canada
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth VI

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer, M.D.

Physician
(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 7th 1912. E. C. Fry
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

319-116-009-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boonar

City of Bonners Ferry — Registration District No. 8 — File No. 4051

No. ____, ____ St. — Primary Registration District No. 2034 — Registered No. 112

Hospital ____

FULL NAME OF CHILD Carratt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes.	Feb. 16th 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry B. Carratt	Levina Hoofer.
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	Iowa.	Virginia.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 9.

Number of children, of this mother, now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 16th 12 — E. E. Fry, Registrar

Registrdr

SYMS - YORK CO., PTRS. & BDRS. 17826

168-201031-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Kooskia

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 4054

Primary Registration District No. 2127 Registered No. 14

FULL NAME OF CHILD Clara Irene Amalie Johnson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Y	6 1 1911

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Josefina Thobro
RESIDENCE	Kooskia	RESIDENCE	Kooskia
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	H. w.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at ____ M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician ~~or midwife~~)

Address Kooskia

Given names added from a supplemental report

____, 19____

Filed 2-22-1912 Elton P. Rogers

Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 25 1945

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

JUN 15 10 01 AM '76

Certificate No. 4064

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for George Helen White (Name on Original Certificate) who was born (Was Born or Died) on January 24, 1912 (Date of Event)

in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	George	Georgia
sex of child	male	female

Subscribed and sworn to before me this 10th day of June, 1976.

Joyce L. Bluestein

Notary Public, residing at Nampa

My commission expires 6-7-78

(Seal)

Signed Linda Kay Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

Certificate of birth of child, Ronald Dean Proctor gives name of mother as Georgia Helen White. Child born Sept. 18, 1935, Certificate # F16261 State of Nebraska, Dept. of Health, Division of Vital Statistics
Viewed by V.S.

According to the Lincoln Public Schools Permant School Census Records of th School District of the City of Lincoln, Nebraska in the County of Lancaster Georgia Helen White was born January 24, 1912 in Ilo, Idaho. Parents name is given as Mrs. N. Housh. This record was originally made in 1919.
Notorized May 24, 1976.
Viewed by V.S

JUN 18 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864-22-4031-465

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 4065

Primary Registration District No. 2128 Registered No. 25

FULL NAME OF CHILD Ona Maud Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	Single	2	yes	Jan. 24, 1912

FATHER	MOTHER
FULL NAME: James Young	FULL MAIDEN NAME: Maud F. Montgomery
RESIDENCE: Kamiah, Idaho	RESIDENCE: Kamiah, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth: 3rd.

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilbert H. McMahan

Physician (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 1-30 1912 E. Taylor, M.D.

S-Y CO., 16670

Registrar

Registrar

AUG 15 1946

864-201-031-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No ____, ____ St.

Hospital ____

Registration District No 32 File No 4066

Primary Registration District No 2127 Registered No. 26

FULL NAME OF CHILD unnamed Oda Dell Yount

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 1 1912

	FATHER	MOTHER
FULL NAME	J. Carl yount	FULL MAIDEN NAME alice Reed
RESIDENCE	Ilo	RESIDENCE Ilo
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Idaho
OCCUPATION	grain buyer	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish

Physician (Physician or Midwife)

Address Ilo Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-27- 19 12 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JUN 6 1966

667-102-031-296

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4067

County of Lewis

City of Winchester Registration District No. 32

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 27

Hospital ____

FULL NAME OF CHILD ~~ROBERT~~ Stanley Fox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert [illegible] Fox	Mabel Brooks
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Nebraska	Washington
OCCUPATION	Woods Labor	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse W. Laughlin

Physician

(Physician or Midwife)

Address Winchester, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 3-4-1912 Ellen P. Rogers

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah }

SEP 9 1941

Certificate No. 4067
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Orris Stanley Fox (Name on original certificate) who was born (Was born or died) on Feb. 2 - 1912 (Date of event)
in Winchester Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Family Record and Parents remembrance (Bible record, insurance policy, etc.) ~~prepared on~~ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Orris Stanley Fox	Robert Stanley Fox

Subscribed and sworn to before me this 5th day of Sept., 1941

Notary Public, residing at Moscow Idaho

My commission expires 4/1/1942

[SEAL]

Signed Mabel Edna Fox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person)

821 Deakin St. Moscow
(Street Address, City, State) Idaho

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Latah }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Sept., 1941

Notary Public, residing at Moscow Idaho

My commission expires 4/1/1942

[SEAL]

Signed Robert Orrie Fox
(Signature of any credible person other than the previous affiant)

821 Deakin St.
(Street Address, City, State) Moscow Idaho

Received for filing on ..... by .....
(Registrar's signature)

769-204.03/-623

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No ....., ... St.

Hospital .....

Registration District No 32 File No. 4068

Primary Registration District No. 2027 Registered No. 28

FULL NAME OF CHILD unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 4 1912

FATHER		MOTHER	
FULL NAME	Wm D. Gantz	FULL MAIDEN NAME	Mamie Wilkes
RESIDENCE	Flo	RESIDENCE	Flo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician

(Physician or Midwife)

Address Flo Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-27 1912 Elton B Rogers D. Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

dup of 1912-D58-239

315-104-03-244

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 4069

No. ....., ... St.

Primary Registration District No. 2127 Registered No. 29

Hospital .....

FULL NAME OF CHILD (?) Jesse Albert Land

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 4th, 1912

FATHER		MOTHER	
FULL NAME	Clarence B. Land	FULL MAIDEN NAME	Marion Summers
RESIDENCE	Winchester, Idaho	RESIDENCE	Winchester, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert B. Rogers

Physician

(Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 5th 1912 Elbert B. Rogers

Registrar

S-Y CO., 16670

Registrar

291-109.031-253.

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 4070

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 30

Hospital ____

FULL NAME OF CHILD Charles Marion Brantner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 - 9 - 1912

FATHER	MOTHER
FULL NAME Emery Brantner	FULL MAIDEN NAME Isabel Belzer
RESIDENCE Winchester, Idaho	RESIDENCE Winchester, Idaho
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Saw Mill Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19....

Filed 2 - 9 - 1912 Elsie B. Rogers Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 17 1943

866213·031-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Lko

No ——, ——St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. P 4071

Primary Registration District No. 8127 Registered No. 31

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			No	Feb 10 1912

FATHER	MOTHER
FULL NAME: Said de Houseton	FULL MAIDEN NAME: Sara Lantz
RESIDENCE: not Known	RESIDENCE: Lko, Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: not Known (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Dont Know	BIRTHPLACE: Idaho
OCCUPATION: " "	OCCUPATION: Working girl (Domestic)

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burns

Physician

(Physician or Midwife)

Address Palmer Ida

Given names added from a supplemental report

....., 19.....

Filed 3-2- 1912 Elsie B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

C-Infant name - removed (Ethel May Lantz) a/p Linda O. 10/27/2009sc

719-215-031-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No ____, ____ St.

Hospital ____

Registration District No 32 File No 4072

Primary Registration District No 2127 Registered No 32

FULL NAME OF CHILD Elizabeth Savrah Parrish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 15, 1912

	FATHER	MOTHER
FULL NAME	Homer C. Parrish	Malinda Jones
RESIDENCE	Flo	Flo
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Sullivan Ohio	Jackson Ohio
OCCUPATION	Physician	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician

(Physician or Midwife)

Address Flo Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-27-1912 Victor B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

· DOP OF 12-68262

866-23-031-717

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No ____, ____ St.

Registration District No 92 File No. 4073

Primary Registration District No. 227 Registered No. 33

Hospital

FULL NAME OF CHILD Frances Mildred Howerton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 28, 1912

FATHER		MOTHER	
FULL NAME	Elsner J. Howerton	FULL MAIDEN NAME	Florence Page
RESIDENCE	Flo	RESIDENCE	Flo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician (Physician or Midwife)

Address Flo, Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-27-1912 Elton B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 3 1943

238-24-01-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

*No*_____, _____ *St.*

Registration District No 32 **File No.** 4074

Primary Registration District No. 2127 **Registered No.** 34

Hospital _____

FULL NAME OF CHILD Helen E. Schmidlkofer

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes.	June 14, 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mat. Schmidlkofer	Lizzie Lawby
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	
BIRTHPLACE	Wis.	Wis.
OCCUPATION	Farmer	Her.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) on the date above stated. ....., at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. A. Jaffrey

(Physician ~~or midwife~~)

Address Nezperce

Filed 3-9- 1912 Edward B. Rogers
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

754-108:044-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. 45 W. Park St.
Hospital

October 24, 1946
Registration District No. 26
File No. 4076
Primary Registration District No. 1010
Registered No. 17

FULL NAME OF CHILD Shirley George Geddes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	2	Yes	Jan. 8 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2
Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George Hiram Geddes	FULL MAIDEN NAME	Edith Myrtle Barker
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Janitor, Opera House	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M. D.
(Physician or midwife)

Address Weiser, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Feb. 10 1912 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. 45 W. Park *St.*

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 **File No.** 4076

Primary Registration District No. 1010 **Registered No.** 17

FULL NAME OF CHILD Shirley George Geddes

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	2	Yes	1 8 1912

FATHER		MOTHER	
FULL NAME	George Hiram Geddes	FULL MAIDEN NAME	Edith Myrtle Paulson
RESIDENCE	Weiser, Idaho.	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Janitor, Opera House	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Shirley M.D.

(Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Oct. 10th 1912 W. R. Summerton

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4076

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Name	Edith Myrtle Paulson	Edith Myrtle Barker

Subscribed and sworn to before me this 25th day of October, 1944

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs. Leo. H. Geddes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-204-044-432

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 435 W. Idaho St.

Hospital

Registration District No. 26 File No. 4077

Primary Registration District No. 1010 Registered No. 17

FULL NAME OF CHILD Florence McBratney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	1 – 4 , 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm M McBratney	Anna Eagle McBratney
RESIDENCE	Weiser, Idaho	Weiser, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Clayton, Ill.	Fisher, Ill
OCCUPATION	Sheepman	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S S Dudley

(Physician or ~~Midwife~~)

Address Weiser Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb 10 19.12 W. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

OCT 21 1952

715-116-084-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser,

No. 6 W. Idaho St.

Hospital

Registration District No. 26 File No. 4078

Primary Registration District No. 1010 Registered No. 19

FULL NAME OF CHILD Forest Eugene Gans.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 16 1912

FATHER		MOTHER	
FULL NAME	George Gans.	FULL MAIDEN NAME	Ella Smith
RESIDENCE	~~Indiana~~, Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Montana
OCCUPATION	Laborer,	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:50 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

(Physician or ~~Midwife~~)

Address Weiser Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 17 1912 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

P.C. 6-20-41

NOV 15 1973

469-222044-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4079

Primary Registration District No. 212 Registered No. 20

FULL NAME OF CHILD Esther Lucile Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Feb 22nd 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse S. Morgan	Esther Lenaughan
RESIDENCE	Mann's Creek	Mann's Creek
COLOR	W.	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive, at 10 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Luella Ross

Sister to Mrs Morgan

(Title) Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19....

Filed Feb 24th 1912 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

243-217-044-469

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 26 File No. 4080

Primary Registration District No. 214 Registered No. 21

FULL NAME OF CHILD ____

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth 6 | Legitimate? Yes | Date of birth Feb. 17, 1912 (Month) (Day) (Year)

FATHER

FULL NAME W. H. Sutton

RESIDENCE Indian Valley

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Sarah Mary

RESIDENCE Indian Valley

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nevada

OCCUPATION Home Work

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmidt M. D.

(Physician or Midwife)

Address Cambridge Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 24 1912 L. E. Elliott Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-224-044-655

Form V.S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Wash.

City of Yakima

No. ____, ____ St.

Hospital ____

Registration District No. 26 File No. 4081

Primary Registration District No. 214 Registered No. 22

FULL NAME OF CHILD ESTHER DYRLE DAVIS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Feb 24, 1912

FATHER		MOTHER	
FULL NAME	Adolphus Davis	FULL MAIDEN NAME	Gertrude Weeks
RESIDENCE	Yakima	RESIDENCE	Yakima Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmuck M.D.

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19....

Filed Feb 24 1912 L. E. Elliott Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 4081

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Davis	Esther Dyrle Davis

Subscribed and sworn to before me this 16th day of March, 1942.

W. L. Bateman

Notary Public, residing at Glendale Calif.

My commission expires My Commission Expires April 30, 1945

(SEAL)

Signed Esther Dyrle Davis

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1317 Romulus St. Glendale Calif

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 22 1959

314-124-044-319

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

Form V.S. No. 11-C,—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4082

Primary Registration District No. 2414 Registered No. 23

FULL NAME OF CHILD Howard D. Campbell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	Feb 14 1912

FATHER		MOTHER	
FULL NAME	Geo Campbell	FULL MAIDEN NAME	Maud Carlile
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arkansaw	BIRTHPLACE	Oregon
OCCUPATION	Mail Carrier	OCCUPATION	Home wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M D

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 24 1912 L. E. Elliott Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1942

619-101-044-369

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF [illegible]

Bureau of [illegible]

CERTIFICATE OF [illegible]

4083

County of Washington

City of Weiser

Registration District No. 26

No. ____, ____ St.

Primary Registration District No. 1016

Registered No. 24

Hospital ____

FULL NAME OF CHILD Norman Edwards Warren

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 2

FATHER	MOTHER
FULL NAME John Edwards Warren	FULL MAIDEN NAME Anna May Cornell
RESIDENCE Weiser, Ida	RESIDENCE Weiser, Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE England	BIRTHPLACE Canada
OCCUPATION Merchant Tailor	OCCUPATION wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E Wertz

(Physician or Midwife)

Address Weiser Ida.

Given names added from a supplemental report

....., 19....

Registrar

Filed Feb 20th 1912 W. R. Hamilton

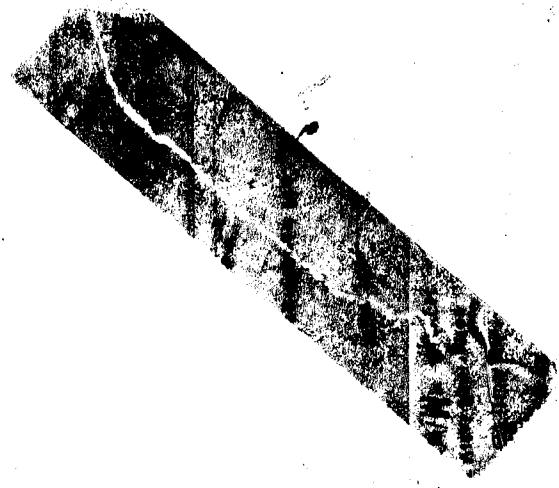
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



SEP 26 1945

914-212-044-964

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 4084

No. ____, ____ St.

Primary Registration District No. 1010 Registered No. 25

Hospital

FULL NAME OF CHILD Helen Elizabeth Radford.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Feb. 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J W. Radford	Emma. Radford
RESIDENCE	Weiser	Weiser
COLOR	white.	white
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Canada.	Canada.
OCCUPATION	Dairyman	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Garrard

(Physician or ~~Midwife~~)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 25th 1912 M. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

365-223-044-955

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser R.F.D. #1

Registration District No. 26

File No. 4085

No. ____, ____ St.

Primary Registration District No. 2112

Registered No. 26

Hospital ____

FULL NAME OF CHILD Harriett Lucile Tomlinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 23, 1912

FATHER	MOTHER
FULL NAME: Harry Lee Tomlinson	FULL MAIDEN NAME: Ina Bell Reeves
RESIDENCE: Weiser	RESIDENCE: Weiser
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Franklin County Ill	BIRTHPLACE: Indianola Iowa
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Fawcett M.D.

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 28th 1912 W. R. Hamilton

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

555-110-044-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4086

County of Washington

City of Midvale

Registration District No. 26

No. ____, ____ St.

Primary Registration District No. 2113

Registered No. 27

Hospital ____

FULL NAME OF CHILD Thomas Harold Ventris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 10, 1912

FATHER

FULL NAME: John Ventris

RESIDENCE: Crane Ida

COLOR: White

AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Alice V. Harold

RESIDENCE: Crane Ida

COLOR: White

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Iowa

OCCUPATION: House Wife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Ventris

Head of house

(Physician or Midwife)

Address Crane Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 28 1912 F. A. Schmidt M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1942

MAY 17 1943

972

666-126 044-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4088

County of Washington

City of Weiser

No. 4th & Galloway St.

Hospital

Registration District No. 26

Primary Registration District No. 1010

Registered No. 29

FULL NAME OF CHILD CHARLES FARRELL WOOD

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	#	6	Yes	2 (Month) 26 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William H. Wood	FULL MAIDEN NAME: Josephine Walsh
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Ohio
OCCUPATION: Civil Engineer	OCCUPATION: House-wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Thatcher

(Physician or ~~Midwife~~)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 28th 1912 W. R. Saunders

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Riverside }

Certificate No. 4088

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ferrill Wood (Name on Original Certificate) who Born (Was Born or Died) on Feb. 26, 1912 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his/her knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 12th, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ferrill Wood	Charles Farrell Wood

Subscribed and sworn to before me this 12th day of March, 19 42.

Julia L Rees

Notary Public, residing at Banning, California

My commission expires December 2d, 1944
(Seal)

Signed Josephine Walsh Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

943 North Murray St. Banning, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Riverside }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 19 42.

Julia L Rees

Notary Public, residing at Banning, California.

My commission expires December 2d, 1944
(Seal)

Signed Mary R. Walsh.
(Signature of Any Credible Person Other Than Previous Year)

Box 227, Banning, California.
(Street Address, City, State)

24 1542

363-21-1044-386

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 4089

No. ____, ____ St.

Primary Registration District No. 1010. Registered No. 30

Hospital ____

FULL NAME OF CHILD Olga Cocke

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	two	yes	Feb 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Luther Cocke	Bessie Thompson
RESIDENCE	Weiser Ida	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Nashville Tenn.	Lebanon Tenn.
OCCUPATION	Shoemaker	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young

(Physician or ~~Midwife~~)

Address Weiser

Filed Feb 28 1912 J R Hamilton

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

395-119-04K-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 2173 26 File No. 4090

No. ____, ____ St.

Primary Registration District No. 2173 Registered No. 31

Hospital ____

FULL NAME OF CHILD Thomas Jerome Linder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 19, 1912

FATHER		MOTHER	
FULL NAME	Clyde McKee Linder	FULL MAIDEN NAME	Kate Towell
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Home Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmid

Physician

(Physician or Midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

Filed Feb 29 1912 F A Schmid

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 3 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form with No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Delmore

Registration District No. 16 File No. 4099

No. ——, —— St.

Primary Registration District No. 2071 Registered No. 84

Hospital ——

FULL NAME OF CHILD Wilbur Adolphe Detwiler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Jan 7 1912

FATHER		MOTHER	
FULL NAME	Adolph Detwiler	FULL MAIDEN NAME	Lula Daley
RESIDENCE	Delmore	RESIDENCE	Delmore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rhoda B. Larkin

Midwife Snowville (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 3/1 1912 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

847-205-036-553

PLACE OF BIRTH

STATE OF ID[redacted]

Bureau of Vital S[redacted]

CERTIFICATE OF [redacted]

County of Oneida

City of American Falls Registration District No. 19 File No. B 4100

No. ____, ____ St. Primary Registration District No. 2072 Registered No. 85

Hospital ____

FULL NAME OF CHILD Margaret Hughes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 5 1912

FATHER		MOTHER	
FULL NAME	Charles J Hughes	FULL MAIDEN NAME	Mary T. Velie
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Hoch

Physician (Physician or Midwife)

Address American Falls

Filed 3/5 1912 D Ray Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 9 1971

553-204036-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls Registration District No. 18 File No. 4101

No. ....., ... St.

Primary Registration District No. 2072 Registered No. 86

Hospital .....

FULL NAME OF CHILD Edith Linea Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2 9 1912

FATHER		MOTHER	
FULL NAME	Emil Nelson	FULL MAIDEN NAME	Selma Carlson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Norway	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Sweden
		OCCUPATION	House wife and general housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Hoch

Physician (Physician or Midwife)

Address American Falls

Given names added from a supplemental report

5-7-12 ..... 19.....

J. M. S. Registrar

Filed 3/5/17 D. O'Day Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 3 1948

014-109-036-319

PLACE OF BIRTH

County of Oneida

City of American Falls

Registration District No. 18

File No. 4102

No. ____, ____ St.

Primary Registration District No. 2072

Registered No. 87

Hospital ____

FULL NAME OF CHILD Trevor R. Baugh

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 9 1912

	FATHER	MOTHER
FULL NAME	Ray Baugh	FULL MAIDEN NAME Flora May Carlyle
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Mo.
OCCUPATION	Pumper	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.50 P. M. on the date above stated.

(Signature) Richard F. Mack, Physician (Physician or Midwife)

Address American Falls

Filed 3-5-12 D. Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 18 1942

DECEASED

262-116036-964

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4103

County of Oneida

City of American Falls Registration District No. 18

No. ....., ... St.

Primary Registration District No. 2072 Registered No. 88

Hospital .....

FULL NAME OF CHILD Herald Johannes Krauter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 16 1912

	FATHER	MOTHER
FULL NAME	John F. Krauter	Mary Magdalena Rompler
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	20 (Years)
BIRTHPLACE	Russia (German)	Washington
OCCUPATION	Real Estate Dealer & Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Roth

Physician

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed 3/5 12 D. Clay

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 8 1942

665-118-036-318

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of American Falls Registration District No. 18 File No. 4104

No. ____, ____ St. Primary Registration District No. 2017 Registered No. 89

Hospital ____

FULL NAME OF CHILD Simon Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	2 18 1912

	FATHER	MOTHER
FULL NAME	Harry C. Wood	FULL MAIDEN NAME Martha Taylor
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Mo.
OCCUPATION	Barber	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Stott

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address American Falls

Filed 2 Mar 1912 R. L. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 21 1947

MAR 18 1974

415-221-036-852

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4105

County of Oneida

City of American Falls Registration District No. 18

No. ____, ____ St.

Primary Registration District No. 2017 Registered No. 90

Hospital ____

FULL NAME OF CHILD Dorothy Dorcas Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	2 21 1912

	FATHER	MOTHER
FULL NAME	Joseph Floyd Davis	FULL MAIDEN NAME Lucia Hester
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	29 (Years)
BIRTHPLACE	Indiana	Illinois
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Mack

Physician (Physician or Midwife)

Address American Falls

Filed 3/6 19 D. C. Ray Registrar

Given names added from a supplemental report

5-7-12 19 ____

J.M.S. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 1969

JAN 30 1953

355-28-036-434

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls Registration District No. 18 File No. 4106

No. ____, ____ St.

Primary Registration District No. 207 Registered No. 91

Hospital ____

FULL NAME OF CHILD James Ernest Ire

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 28 1912

FATHER		MOTHER	
FULL NAME	John N. Ire	FULL MAIDEN NAME	Lulu McDonald
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Minnesota	BIRTHPLACE	Canada
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Holt

Physician

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed 3-5 1912 D. C. Ray

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

165-210-036-362

PLACE OF BIRTH

County of Oneida

City of Dayton

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m

Registration District No 18 File No. 4109

Primary Registration District No 2119 Registered No. 94

FULL NAME OF CHILD Goldie Jones

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	and	yes	1 10 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sylvester Jones	Annie Coberson
RESIDENCE	Dayton	Dayton
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	27 (Years)
BIRTHPLACE	Smithfield, Utah	Weston
OCCUPATION	Boiler maker	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a m on the date above stated.

(Signature) Allen C Cutler M.D.

Physician (Physician or Midwife)

Address Preston

Filed 3/6 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report 5-7-12, 19..... J.M.S. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 20 1902

STATE OF IDAHO

Form V. S. No. H-C—10m-[illegible]

PLACE OF BIRTH

109

(Year)

M.

(Physician or Midwife)

(Given names added from a supplemental report)

19

Address

Filed

19

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

759-115-1036-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Clifton

No ____, ____ St.

Hospital ____

Registration District No 14 File No 4110

Primary Registration District No 2119 Registered No 95

FULL NAME OF CHILD Delbert Hyrum Genard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	and	yes	1 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander Genard	Margaret Cottrell
RESIDENCE	Clifton Ida	Clifton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Aberdine Scotland	Farmington Utah
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen P. Curtis M. D.

Physician

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/6 1912 D. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAR 26 1969

793-115-036-813

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview

No. ~ ~ St.

Hospital ~

Registration District No. 18

File No. 4111

Primary Registration District No. 2119

Registered No. 96

FULL NAME OF CHILD Demar Hall Gilbert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	~	Yes	Jan 15 1912

FATHER

FULL NAME: William Gilbert

RESIDENCE: Fairview Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Fairview Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Loretta Hall

RESIDENCE: Fairview Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Fairview Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 15 1912, at 6.20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Parkinson Jr

Physician (Physician or Midwife)

Address Lunsdale

Filed 3/6 1912 D C Ray Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

459-122-036-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Registration District No. 18 File No. 4112

Hospital .....

Primary Registration District No. 2119 Registered No. 97

FULL NAME OF CHILD William Blain Merrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		yes	1 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Delbert Orson Merrill	Mary Baird
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	40
BIRTHPLACE	Smithfield Utah	Ogden Utah
OCCUPATION	Coal dealer	Housewife.

Number of child of this mother, including present birth ..... 5 .....

Number of children, of this mother, now living, including present birth ..... 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Alive ....., at 2 — P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen P. Custer M.D.

Physician
(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/6 19 12 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a [illegible] must be made for each child.

of male [illegible]

534-12-0036-789

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 4113

Primary Registration District No 2119 Registered No. 98

FULL NAME OF CHILD James DeMar Eldredge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		Yes	1 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horace Eldredge	Hannah Amoa Philips
RESIDENCE	Preston.	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	37
BIRTHPLACE	American Fork Utah	Clifton Ida
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert F. Cutler M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report 5-7-12 ..... 19.....

J.M.S.

Registrar

Filed 2/6 1912 D C Gay Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

OCT 30 1941

Certificate No. 4113
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Dumas Eldredge (Name on original certificate) who born (Was born or died) on Jan. 25, 1912 (Date of event)
in Preston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Dumas Eldredge	James DeMar Eldredge

Subscribed and sworn to before me this 28 day of October, 19 41

Edward C. Cazzulen

Notary Public, residing at 7111 Holmes Ave L.A.

My commission expires December 22-1942

[SEAL]

Signed Howard Eldredge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1812 East 64 St. Los Angeles
(Street Address, City, State) California

NOTARY SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] in the County of Los Angeles, State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of October, 19 41

Edward C. Cazzulen

Notary Public, residing at 7111 Holmes Ave L.A.

My commission expires December 22-1942

[SEAL]

Signed Dell Eldredge
(Signature of any credible person other than the previous affiant.)

1365 E 60 St
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 3 1941

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

284-131-036-815

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weiser Ida

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 4114

Primary Registration District No. 2119 Registered No. 99

FULL NAME OF CHILD Howard H. Shuldberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one		yes	1 21 1912

FATHER		MOTHER	
FULL NAME	Wm A. Shuldberg	FULL MAIDEN NAME	Sarah J. Hansen
RESIDENCE	Weiser	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Hyde park Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Curtis M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/16 1912 D C Ray

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

Give name and relation of applicant (optional)

(Profession or Middle)

Address

Filed

Register

Register

1733S - YORK CLOTH A 8065

756-201-036-362

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

No ____, ____ St.

Hospital ____

Registration District No 16 — File No. 4115

Primary Registration District No. 2119 — Registered No. 100

FULL NAME OF CHILD X Reta Lavern Georgeson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	—	e	Yes	Feb 1 (Month) (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Georgeson	Ida Coburn
RESIDENCE	Weston Idaho	Weston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Oxford Idaho	Weston Ida
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) Feb 1 — 1912, at 11-40 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater

Physician (Physician or Midwife)

Address Franklin Ida

Filed 3/6 19 12 D C Ray Registrar

Given names added from a supplemental report

5-7-12 19 ....

J.M.S. Deputy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 31 1967

MAY 11 1973

MARGIN RESERVED FOR BINDING

WHITE PLAINS, N.Y. THIS IS A PERMANENT RECORD

053-106-036-343

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston Ida

No ____, ____ St.

Hospital ____

Registration District No 18 File No 4116

Primary Registration District No 2119 Registered No. 101

FULL NAME OF CHILD Delaun LUTHY Meecham

Sex of Child	Twin, Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	ons		yes	2 6 1912

FATHER		MOTHER	
FULL NAME	Arnold S. Meekrum	FULL MAIDEN NAME	Florence J. LUTHY Luthey
RESIDENCE	Preston Ida	RESIDENCE	Preston
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Riverdale Ida	BIRTHPLACE	Logan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert P. Austin M.D.

(Physician or Midwife)

Address Preston Ida

Given names added from a supplemental report

....., 19.....

Filed 2/6 1912 D. C. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

FEB 19 22

Certificate No. 4116

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Delaus Mecham (Name on Original Certificate) who born (Was Born or Died) on February 6, 1912 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family records as this was his mother's maiden name. prepared on (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Delaus Mecham	Delaus Luthy Mecham
name of mother	Florence J. Luthey	Florence J. Luthy (Mecham)

Subscribed and sworn to before me this 3rd day of February, 1942.

Notary Public, residing at Nampa, Idaho

My commission expires 4-26-1945
(Seal)

Signed Truold S Mecham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

516-13 Ave. So., Nampa, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1942.

Notary Public, residing at Nampa, Idaho.

My commission expires April 26-1945
(Seal)

Signed Mrs M.W. Taylor
(Signature of Any Credible Person Other Than Previous Year)

203-7th Ave. So., Nampa, Idaho.
(Street Address, City, State)

JAN 14 1977

718-208036-813

PLACE OF BIRTH

Form A. B. No. 10-b—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston Ida

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 4117

Primary Registration District No. 219 Registered No. 102

FULL NAME OF CHILD RUTH GAYMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one		yes	2 8 1912

FATHER	MOTHER
FULL NAME: Earnest E Gayman	FULL MAIDEN NAME: Della S. Hatch
RESIDENCE: Preston	RESIDENCE: Preston Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Kansas State	BIRTHPLACE: Franklin Ida
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth... 2

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 3 30 A.M. on the date above stated.

(Signature) Allen R Rudd M.D.

(Physician or Midwife)

Address Preston Idaho

Filed 3/6 1912 D C Ray Registrar

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DWP 08 1912-4731

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4117

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ruth Gayman

Subscribed and sworn to before me this 4th day of March, 1943.

..... Notary Public, residing at Preston Ida

My commission expires May 1 - 1945 (SEAL)

Signed Ernest C. Gayman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Preston Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1943.

..... Notary Public, residing at Preston Ida

My commission expires May 1 - 1945 (SEAL)

Signed Ora Rasmussen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 1 2 1943

MAR 1 1 1943

665-108-036-53

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No 18 File No 4118

Primary Registration District No 2119 Registered No. 103

FULL NAME OF CHILD William Morgan Owens

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—	—	—	Yes	Feb 8 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Wm Owens	FULL MAIDEN NAME: Etta Nelson
RESIDENCE	Preston Ida	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	50 (Years)	34 (Years)
BIRTHPLACE	Salt Lake City Utah	Gantsville Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Feb 8 1912 at 6 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Geo States

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed 3/6 1912 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 19

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-O—10m-8-7-11

652-2141036-519

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Glendale

No. ..... St.

Hospital .....

Registration District No. 18 File No. 4119

Primary Registration District No. 2119 Registered No. 104

FULL NAME OF CHILD Maud Vail Webster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	Feb 14 1912

FATHER		MOTHER	
FULL NAME	Denton Webster	FULL MAIDEN NAME	Amy Vail
RESIDENCE	Glendale	RESIDENCE	Glendale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Glendale Idaho	BIRTHPLACE	Star Valley Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth. 2

Number of children, of this mother, now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Feb 14 — 1912, at 11.30 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Sales

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/6 1912 D C Kay

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

PLACE OF BIRTH

MAR 8 1971

APR 3 0 1974

415-115-0364553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Preston

*No*_____, _____ *St.*

Hospital _____

Registration District No 18 **File No.** # 4120

Primary Registration District No. 2119 **Registered No.** 105

FULL NAME OF CHILD David Nelson Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	One	yes	Feb. 15, 1912

FATHER		MOTHER	
FULL NAME	David A. Davis	FULL MAIDEN NAME	Annie Nelson
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27 yrs	AGE AT LAST BIRTHDAY (Years)	18 yrs.
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Glendale Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Taggart Parkinson

(Physician or Midwife)

Address Preston Ida.

Given names added from a supplemental report

_____, 19____

Filed 3/6 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

20

253-215-036-819

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No 18

File No. # 4121

Primary Registration District No. 2119

Registered No. 106

FULL NAME OF CHILD Dorothy Beckstead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	Feb 15 1912

FATHER		MOTHER	
FULL NAME	Merl Beckstead	FULL MAIDEN NAME	Laura Harris
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Whitney Idaho	BIRTHPLACE	Fairview Ida
OCCUPATION	Miller	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Febr 15 1912, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) G W Sales

Physician

(Physician or Midwife)

Address Franklin Ida

Filed 2/6 1912 D C Ray

.....

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

689-219-036386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Fairview

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4122

Primary Registration District No. 2119 Registered No. 107

FULL NAME OF CHILD Reva Whittle

Sex of Child: Female

Twin, Triplet or other? i and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Feb. (Month) 19 (Day) 1912 (Year)

FATHER

FULL NAME: Wm Whittle

RESIDENCE: Fairview Idaho

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Richmond Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Bertha Thompson

RESIDENCE: Fairview Ida

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Richmond Utah

OCCUPATION: Wife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 19 - 1912 at 12 05 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gus Yates M.D.

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed 3/6 1912 D C Gray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

FEB 14 1964

243-119-096335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4123

Primary Registration District No. 2119 Registered No. 108

FULL NAME OF CHILD Edgar George Buckley

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		2	Yes	Feb. 19, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Buckley	FULL MAIDEN NAME	Ada R Clemons
RESIDENCE	Franklin	RESIDENCE	Franklin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Oxford Idaho
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Feb 19 1912 at 4:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G W Yates

Physician
(Physician or Midwife)

Address Franklin Ida

Filed 3/6 1912 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. U-C—10m-8-44

SEP 22 1969

JAN 22 1975

296-121-036-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Registration District No 18 File No. 4124

Primary Registration District No. 2119 Registered No. 109

Hospital ____

FULL NAME OF CHILD Christen Branson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	Feb 21 1912

FATHER		MOTHER	
FULL NAME	Chas C Branson	FULL MAIDEN NAME	Jemima Dent
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Willard Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Carpenter	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 21-1912, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stalker

Physician
(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed 3/6 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

884.122-036-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m.8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 18 File No. 4125

Primary Registration District No. 2119 Registered No. 110

FULL NAME OF CHILD George Washington Hyde

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			Yes	Feb 22, 1912

FATHER		MOTHER	
FULL NAME	Henry Hyde	FULL MAIDEN NAME	Mary J Burden
RESIDENCE	Fairview Ida	RESIDENCE	Fairview Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Fairview Ida	BIRTHPLACE	Cory Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Feb 22 1912 at 3:29 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stales

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Franklin Ida

Filed 3/6 1912

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

FEB 15

PLACE OF BIRTH

STATE OF IDAHO

365-124-036-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ____

Registration District No. 18 File No. 4126

Primary Registration District No. 2119 Registered No. 111

FULL NAME OF CHILD Albert Ray Love

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alonzo Love	Mary Olsen
RESIDENCE	Franklin Ida	Franklin Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	22 (Years)
BIRTHPLACE	St Clair Mo	Franklin Ida
OCCUPATION	Blacksmith	wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) Feb 24 1912, at 10.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G W States

Physician
(Physician or Midwife)

Address Franklin Ida

Filed 3/6 1912 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

512-226-036-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No. ..... St.

Registration District No. 18 File No. 4127

Primary Registration District No. 2119 Registered No. 112

Hospital .....

FULL NAME OF CHILD ✓ Female Nash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Nash	Ida Larsen
RESIDENCE	Franklin Idaho	Franklin Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Franklin Ida	Logan Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 26—1912, at 12. Noon on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staten

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Franklin Ida

Filed 3/6 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

FEB 19 1971

365-127-076-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4128

Primary Registration District No. 2119 Registered No. 113

FULL NAME OF CHILD ✓ Noll J. Candis

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	Yes	Feb 27 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Geo M Candis	FULL MAIDEN NAME Caroline Johnson
RESIDENCE	Preston Ida	RESIDENCE Preston Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Croyden Utah	BIRTHPLACE Preston Idaho
OCCUPATION	Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) Feb 27 1912 at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Franklin Idaho

Filed 3/6 19 17 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

FEB 14 1974

719-229-036-719

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

Registration District No. 18 File No. 4129

No. ....., ... St.

Primary Registration District No. 2119 Registered No. 114

Hospital .....

FULL NAME OF CHILD Clarissa Parkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Feb 29, 1912

FATHER		MOTHER	
FULL NAME	Geo. Taggart Parkinson	FULL MAIDEN NAME	Florence Loretta Parkinson
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Coalville Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Physician and Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Phy (Physician or Midwife)

Address Preston

Given names added from a supplemental report

....., 19.....

Filed 3/6 1912 D. C. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 12 1957

154-208-036-551

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 18

File No. 4139

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 124

Hospital ____

FULL NAME OF CHILD Hannah, Mary, Anderson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)		Yes	Febry 8 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Fury. J. Anderson	FULL MAIDEN NAME	Iggie Evans
RESIDENCE	Idaday	RESIDENCE	Gendoy Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8: P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Wilson

Physician

(Physician or Midwife)

Address Malad Ida

Given name added from a supplemental report

..... 19.....

Registrar

Filed Dec 14 19 12 D. Kay Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 16 1957

165-210-076-551

Amended 12-28-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4140
Local Reg. No. 125
Reg. Dist. No. 18

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Audrey
b. (Middle): Mary
c. (Last): Jones

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	February 10, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Rees
b. (Middle): R.
c. (Last): Jones

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Malad, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margaretta
b. (Middle):
c. (Last): Evans

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
30 YEARS	Malad, Idaho	2	1	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. F. Alton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2/24/1912

22. REGISTRAR'S SIGNATURE: D.C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

This certificate MUST be filed with the Registrar BLACK Record typewriter ribbon in completing this certificate. in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address SION OF VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11—10m—2-12.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Registration District No. 18 File No. 4140

No. ____, ____ St. Primary Registration District No. 2069 Registered No. 125

Hospital ____

FULL NAME OF CHILD Odry Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feby 11, 1912

FATHER		MOTHER	
FULL NAME	Rees R Jones	FULL MAIDEN NAME	Margoretta Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Malad	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Malad
		OCCUPATION	Housework

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Alston

Physician

(Physician or Midwife)

Address Malad

Given name added from a supplemental report

____ 19____

____ Registrar

Filed Feby 19 12 D. Ray Registrar

S-Y CO., 16669

DEC 28 1967

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 13 1967
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 4140

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Odry Jones (Name on Original Certificate) who was born (Was Born or Died) on Feb. 11, 1912 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Odry Jones	Audrey Mary Jones
Child's Date of Birth	Feb. 11, 1912	February 10, 1912

Subscribed and sworn to before me this 6th day of December, 1967

Notary Public, residing at Salt Lake City Utah
My commission expires Oct 12, 1969
(Seal)

Signed Mrs. Margaretta E. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 1967

Notary Public, residing at Salt Lake City Utah
My commission expires December 12, 1969
(Seal)

Signed [signature] Johnson
(Signature of Any Credible Person)

(Street Address, City, State)

L 11-15-67. one copy pd. rec. #21380.

FORM DH 60-155

L.D S. Church Certificate of Membership, baptized May 3, 1925, confirmed May 4, 1925 gives full name as Audrey Mary Jones (Thomson), born Feb. 10, 1912 at Malad, Idaho to Rees R. Jones and Margaret Evans - husband's full name is given as George E. Thomson- viewed by V.S.

Application for Insurance, The Paul Revere Life Insurance Co., dated April 10, 1947 at Salt Lake City, Utah gives full name of insured as Mrs. Audrey Mary Thomson, born Feb. 10, 1912 at Malad, Idaho - beneficiary is given as George E. Thomson, husband - viewed by V.S.

Amended 9/1/71

693-107-036-386

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4141
Local Reg. No.
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Samaria

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Samaria

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Jerry b. (Middle): Thomas c. (Last): Williams

4. SEX: Male

5a. THIS BIRTH SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) Feb. (Day) 7, (Year) 1912

FATHER OF CHILD

7. FULL NAME a. (First): Maxemillon b. (Middle): c. (Last): Williams

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Samaria, Idaho

10. USUAL OCCUPATION: Sheep Herder

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ellenor b. (Middle): c. (Last): Thomas

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Samaria, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE Mrs. Catherine Hamblin

19. ADDRESS: Samaria, Oneida Co., Idaho

18. ATTENDANT AT BIRTH M.D. ____ MIDWIFE X OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG. 2/29/12

22. REGISTRAR'S SIGNATURE D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address TAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 4141

Primary Registration District No. 269 Registered No. 176

FULL NAME OF CHILD Orvel Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Feb. 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Maxemillon Williams	Ellenor Thomas
RESIDENCE	Samaria	Samaria
COLOR	Light	Light
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Samaria	Samaria
OCCUPATION	Sheep Herder	Housekeeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Cathrine Hamilton

Midwife (Physician or Midwife)

Address Samaria Oneida Co. Idaho

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed 2/29 1912 W. Kay
Registrar

S-Y CO., 16670

SEP 1 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... ss.

Certificate No. 4141

Date Filed .....

RECEIVED
AUG 23 1971
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arvel Williams (Name on Original Certificate) who was born (Was Born or Died) on Feb. 7, 1912 (Date of Event)
in Samaria, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Arvel Williams	Jeremiah Williams

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/26/71 lcc pd. rec # 21984

Letter from LDS Church in Rupert, Idaho gives name as Jerry /Thomas Williams. Born Feb. 7, 1912 in Samaria, Idaho. Father's name as Maximillian Williams and mother's name as Ellen Thomas. Blessed Nov. 3, 1912 and Baptized Dec. 5, 1921. Confmd. Dec 5, 1921. Viewed by V. S.

Certifocate of Ordination to the Holy Priesthood gives name as Jerry Thomas Williams dated Feb. 26, 1931. date of birth Feb. 7, 1912. Baptized Dec. 5, 1921. gives father name as Maximillion Williams and mother's name as Ellen Thomas. Viewed by V. S.

165-202-036-291

PLACE OF BIRTH

Form V. S. No. 11-C-16m-9-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 16 File No. 4142

No. ____, ____ St.

Primary Registration District No. 2069 Registered No. 127

Hospital ____

FULL NAME OF CHILD Meda Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	2 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas H Jones	Lillie Braulzig
RESIDENCE	Malad Idaho	Malad Idaho
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Idaho	Utah
OCCUPATION	rancher	wife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D C Ray M D

Physician
(Physician or Midwife)

Address Malad City Idaho

Filed 2-7 1912 D C Ray
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

753-108036-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4143

Primary Registration District No. 2069 Registered No. 128

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	2 - 8 1912

FATHER		MOTHER	
FULL NAME	Reuben Peterson	FULL MAIDEN NAME	Mary Price
RESIDENCE	Samaria Idaho	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	same wife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D

(Physician or Midwife)

Address Malad City Ida.

Given names added from a supplemental report

....., 19.....

Filed 2-28 1912 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

165-225-036-114

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

*No*_____, _____ *St.*

Hospital _____

Registration District No. 18 — File No. 4144

Primary Registration District No. 2069 — Registered No. 129

FULL NAME OF CHILD Hannah Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	2-25-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard Jones	Clara James
RESIDENCE	Malad City Idaho	Malad City Idaho
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	19	20
BIRTHPLACE	Idaho	Idaho
OCCUPATION	rancher	Wife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

_____, 19____

Filed 2-28 1912 D C Ray

_____ *Registrar*

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

Form V. S. No.

STATE OF IDAHO

CERTIFICATE OF BIRTH

MAR 12 1944

449-130-032-791

[redacted] CE OF BIRTH

Lincoln

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Hagerman Registration District No. 6 File No. 4145

No. ____, ____ St. Primary Registration District No. 2013 Registered No. 28

Hospital ____

FULL NAME OF CHILD Howard Durfee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Durfee	Helen Graham
RESIDENCE	Hagerman	Hagerman
COLOR	Wh.	Wh.
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 30 at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Marshall M. D.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Address Hagerman

____, 19__ D. Marshall Registrar

Filed Feb 2 1912 D. Marshall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

AUG 10 1966

487-214-032-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

No ____, ____ St.

Hospital —

Registration District No 5th

File No. 4146

Primary Registration District No. 2014

Registered No. 30

FULL NAME OF CHILD Margaret MacPherson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	1 / 14 / 1912

FATHER		MOTHER	
FULL NAME	Early MacPherson	FULL MAIDEN NAME	Mary Ritterbusch
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician

(Physician or Midwife)

Address Wendell,

Given names added from a supplemental report

....., 19.....

Filed Jan 24 19 12 H. E. Lamb

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

DUP IF 12-335226

719-230-032-447

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Kendall

Registration District No 5th

File No. 4147

No ____, ____ St.

Primary Registration District No 2018

Registered No. 93

Hospital ____

FULL NAME OF CHILD Delon Francis Parr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Jan 26 1912

	FATHER	MOTHER
FULL NAME	Earl Parr	FULL MAIDEN NAME Minnie Dupree
RESIDENCE	Kendall	RESIDENCE Kendall
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ind	BIRTHPLACE Ill
OCCUPATION	Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Lamb

Physician (Physician or Midwife)

Address Kendall

Filed Feb 2 1912 D. E. Lamb Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Given name added from a supplemental report

....., 19.....

Registrar

(Physician or Midwife)

Address .....

Filed ....., 19.....

Registrar

249-120-032-646

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hendell

Registration District No 24 File No. 4148

No ....., ... St.

Primary Registration District No 3018 Registered No. 23

Hospital .....

FULL NAME OF CHILD Leo B. Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	1 30 1912

FATHER	MOTHER
FULL NAME Robert Smith	FULL MAIDEN NAME Burnadette Bernel
RESIDENCE Hendell	RESIDENCE Hendell
COLOR W AGE AT LAST BIRTHDAY 36 (Years)	COLOR W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE MO	BIRTHPLACE MO
OCCUPATION vet physician	OCCUPATION housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Land

(Physician or Midwife)

Address Hendell

Given names added from a supplemental report

....., 19.....

Filed Feb 3 1912 D. C. Land

.....
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF FLORIDA

653-12 5-032-464

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ____, ____ St.

Hospital Borne

FULL NAME OF CHILD Charles Walter Fells

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5

File No. 4149

Primary Registration District No. 2016

Registered No. 24

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	Jan. 25, 1912

FATHER		MOTHER	
FULL NAME	Edward Fells	FULL MAIDEN NAME	Florence Doughty
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Michigan	BIRTHPLACE	South Dakota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living; including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.
(Physician or Midwife)

Address Shoshone Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 25 1912 C. F. Zeller
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 4 1974

315-220-872-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Bun.

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 5 File No. 4150

Primary Registration District No. 2016 Registered No. 26

FULL NAME OF CHILD Marjorie Ada Landsborough

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	Only	3	Yes	1 20 1912

	FATHER	MOTHER
FULL NAME	James Dond Landsborough	FULL MAIDEN NAME Cora Ada Wilson
RESIDENCE	Shoshone, Ida	RESIDENCE Shoshone Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years) 39
BIRTHPLACE	Seaforth Ontario Canada	BIRTHPLACE Fayette Co - Iowa
OCCUPATION	Dep Assessor	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 P M. on the date above stated.

(Born alive or dead)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Dill

(Physician or Midwife)

Address Shoshone Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 24th 1912 C M Dill

Registrar

S-Y CO., 16670

Registrar

215-109-032-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 6

File No. # 4151

No. ..... St.

Hospital Dills

Primary Registration District No. 2016

Registered No. 37

FULL NAME OF CHILD Charles William Sanders

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	5	Yes	1 — 9, 1912

FATHER		MOTHER	
FULL NAME	Erick Anderson Sanders	FULL MAIDEN NAME	Ada Cook
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on 1-9-12, at 8.45 A.M. on the date above stated.

(Born alive or still born)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Dill

(Physician or ~~Midwife~~)

Address Shoshone Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 1st 1912 C. W. Dill

Registrar

S-Y CO., 16670

N. B. In case of more than one child at a birth, a separate certificate must be filed for each, in order of birth stated

Certified Copy issued Jan. 22, 1941. E.W.

693-220-032-313

PLACE OF BIRTH

Form V. S. No. 11.C—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 5

File No. # 4152

No. ____, ____ St.

Primary Registration District No. 2016

Registered No. #8

Hospital ____

FULL NAME OF CHILD Marietta Lorene Wilkinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allan Franklin Wilkinson	Marietta Tallman
RESIDENCE	Dietrich Ida.	Dietrich Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Greene Co. Missouri	Barton Co. Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall

Physician

(Physician or ~~Midwife~~)

Address Dietrich Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 30 1912 D. S. Lighthall

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Hazelton

*No*_____, _____ *St.*

Hospital _____

Registration District No. b **File No.** 4153

Primary Registration District No. 2016 **Registered No.** 31

FULL NAME OF CHILD Oliver Isaac ~~Brooks~~ Helms

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	Feby 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac Helms	Myrtle Groves
RESIDENCE	Hazelton Ida	Hazelton Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Kiowa Co Colo	Bartlettsville Okla
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.40 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

(Signature) Jno G Lemy MD

(Physician or ~~Midwife~~)

Address Hazelton Ida

Filed Feb 2 1912 Jno G Lemy *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17320

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ~~Twin~~ Twin Falls

Certificate No. 4153

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Helms (Name on Original Certificate) who Born (Was Born or Died) on Feb. 2. 1912 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Helms	Oliver Isaac Helms

Subscribed and sworn to before me this 24th
day of Feb, 1942
Leah Cedarholm
Notary Public, residing at Twin Falls Ida
My commission expires Jan. 13 1943
(Seal)

Signed X Isaac Edmond Helms
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls,

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of March, 1942
Leah Cedarholm
Notary Public, residing at Twin Falls Ida
My commission expires Jan. 13 1943
(Seal)

Signed Mrs Clara Stokesberry
(Signature of Any Credible Person Other Than Previous Year)

RR 3 Twin Falls, Idaho
(Street Address, City, State)

SEP 17 1965

MAR 6 1942

168-103-232-291

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 6 File No. 4154

No. ....., ... St.

Primary Registration District No. 2016 Registered No. 32

Hospital .....

FULL NAME OF CHILD Edwin Anton John

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 3, 1912

FATHER		MOTHER	
FULL NAME	John Anton John	FULL MAIDEN NAME	Katherine Kramer
RESIDENCE	Dietrich Ida.	RESIDENCE	Dietrich Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Platte Co. Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) D. S. Lighthall

Physician

(Physician or Midwife)

Address Dietrich Ida.

Filed Feby 4th 1912 D S Lighthall Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

699-116-032-559

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital None

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 4155

Primary Registration District No. 2016 Registered No. 35

FULL NAME OF CHILD James Henry Wright

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 16, 1912

FATHER		MOTHER	
FULL NAME	James Elias Wright	FULL MAIDEN NAME	Leona Nelson
RESIDENCE	Shoshone Ida	RESIDENCE	Shoshone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Cotton Wood Utah	BIRTHPLACE	Denmark
OCCUPATION	Round House Hostler	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Baugh.

Physician (Physician or Midwife)

Address Shoshone, Idaho

Filed Feby 18, 1912 W. G. Baugh Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

864-217072-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 6

File No. 4156

No. ____, ____ St.

Primary Registration District No. 2016

Registered No. 36

Hospital ____

FULL NAME OF CHILD Margaret Dorothy Houston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 17th, 1912

FATHER		MOTHER	
FULL NAME	John Eatherly Houston	FULL MAIDEN NAME	Anna Carlson
RESIDENCE	Dietrich Idaho	RESIDENCE	Dietrich Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	York. York Co. Nebraska	BIRTHPLACE	Sweden
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 no

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall

Physician

(Physician or Midwife)

Address Dietrich Idaho

Given names added from a supplemental report

....., 19.....

Filed Feby 19th 1912 D. S. Lighthall

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 9 1942

552-10[illegible]99

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 4157

Primary Registration District No. 2014 Registered No. 33

FULL NAME OF CHILD Clemens Harrod Ensting

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	Feby 6 1912

FATHER		MOTHER	
FULL NAME	William R Ensting	FULL MAIDEN NAME	Myrtle Adaline Pierce
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Chicago Ills	BIRTHPLACE	Avon Ills
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Ray Secrest M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feby 7th 1912 J. H. Crandwell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 13 1942

DEC 16 1976

355-171032-434

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

Registration District No. 6

File No. 4158

Primary Registration District No. 2014

Registered No. 37

FULL NAME OF CHILD EDWARD LEON Leeper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	2 (Month) 12 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Joseph B Leeper	FULL MAIDEN NAME	Bessie J. McDaniels
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Gatesville Texas	BIRTHPLACE	Fanning Co. Texas
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or Midwife)

Address Gooding Idaho

Filed Feby 12 1912 J. H. Cromwell

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 4158
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Edward Leon Leeper (Name on original certificate) who was (Was born or died) on February 17, 1912 (Date of event)
in Gooding, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family bible (Bible record, insurance policy, etc.) prepared on about date he was born (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Leeper	Edward Leon Leeper
Correct name is Edward Leon Leeper		

Subscribed and sworn to before me this 10th
day of December, 19 41

M. F. Gunn

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1943
[SEAL]

Signed Joseph Buster Leeper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father of child

Gooding, Idaho, R.F.D. No. 3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of December, 19 41

M. F. Gunn

Notary Public, residing at Gooding, Idaho
My commission expires Dec 8 1943
[SEAL]

Signed C. H. Crommett
(Signature of any credible person other than the previous affiant.)
Attending Physician

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

862-217-3-1-315

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Bliss

Registration District No. 5

File No. 4159

No. ____, ____ St.

Primary Registration District No. 2014

Registered No. 34

Hospital ____

FULL NAME OF CHILD Josephine Infant Hobbs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 17th 1912

FATHER	MOTHER
FULL NAME Jas. F Hobbs	FULL MAIDEN NAME Marie Lane
RESIDENCE Bliss Idaho	RESIDENCE Bliss
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE San Antonio Texas	BIRTHPLACE Elmendorf Texas
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth first

Number of children, of this mother, now living, including present birth first

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Filed Feby 19th 1912 J. H. Cromwell Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF ILLINOIS
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

693-121-072-955

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Bliss

Registration District No. 5

File No. 4160

No. ____, ____ St.

Primary Registration District No. 2014

Registered No. 40

Hospital ____

FULL NAME OF CHILD Edward William Wilkins

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	X (To be answered only in event of plural births)		X	yes	2 (Month) - 21 (Day) - 1912 (Year)

FATHER	MOTHER
FULL NAME: Wm F Wilkins	FULL MAIDEN NAME: Louisa C Keeling
RESIDENCE: Bliss Idaho	RESIDENCE: Bliss Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Alabama	BIRTHPLACE: Salt Lake, Utah
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth... 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell

Physician

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

Filed July 23rd 1912 J. H. Cromwell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

816-121-032-653

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6 File No. 4161

Primary Registration District No. 2014 Registered No. 41

FULL NAME OF CHILD Baby Hafer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	July 21 1912

FATHER		MOTHER	
FULL NAME	Ruesh Hafer	FULL MAIDEN NAME	Erminia Welsh
RESIDENCE	Gooding, Ida	RESIDENCE	Gooding
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Shenandoah Iowa	BIRTHPLACE	Clarinda Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 6 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Boyd Secrest

Physician

(Physician or Midwife)

Address Gooding, Ida

Filed Feby 23 1913 Wm Boyd Secrest Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

319-225-032-947

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5 File No. 4162

No. ____, ____ St.

Primary Registration District No. 2614 Registered No. 49

Hospital

FULL NAME OF CHILD Mary Louise Carter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	2 (Month) - 25 (Day) - 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Robt Carter	FULL MAIDEN NAME	Maud Suggles
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Brookfield Mo	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Cromwell

Physician (Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 26 1912 John H Cromwell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

627-11-032-695

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Registration District No. 5 File No. 4164

Primary Registration District No. 2017 Registered No. 34

Hospital ____

FULL NAME OF CHILD FREDERICK RUSSELL OSGOOD ~~James C Osgood 3rd.~~

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	Feb 11, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James C Osgood	FULL MAIDEN NAME	Edna Fredericks
RESIDENCE	10 mi. S.E. of Jerome	RESIDENCE	10 mi SE of Jerome
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

(Signature) Edward D. Olsen M.D.

(Physician or Midwife)

Address Jerome

Filed Mar 1 1912 E. D. Olsen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
YEAR DATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

4164

State of Idaho } ss.
County of Twin Falls }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR ~~DEATH~~)
for Frederick Russell Osgood (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR ~~DIED~~) on February 11th 1912 (DATE OF EVENT)
in Jerome (PLACE OF EVENT) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	James	Frederick Russell Osgood

Subscribed and sworn to before me this 30th
day of January, 19 43

Clifford S. Fallis
Notary Public, residing at Kenyon

My commission expires My Commission Expires May 20, 1946
(SEAL)

Signed Edna F. Osgood, Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 91 - Hansen, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of January, 19 43

Clifford S. Fallis
Notary Public, residing at Kenyon Idaho

My commission expires My Commission Expires May 20, 1946
(SEAL)

Signed F. C. Osgood Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Box 91 Hansen Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 2 1943

35X-120'032-354

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 4166

Primary Registration District No. 2017 Registered No. 34

FULL NAME OF CHILD Donald Park Lemons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Feb 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. Roy Lemons	Emma J Lemons
RESIDENCE	Jerome Ida	Jerome
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 27	White 32
BIRTHPLACE	W. Virginia	California
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Piper

Physician

(Physician or Midwife)

Address Jerome Ida.

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Mar 1 19 12 E. D. Piper

Registrar

S-Y CO.-16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 4166
Date Filed APR 17 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Donald Lemmon (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on March 18, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Donald Lemmon	Donald Park Lemons

Subscribed and sworn to before me this 16th day of April, 1942

Nila Bigler
Notary Public, residing at Idaho Falls, Idaho
My commission expires April 10, 1946.
[SEAL]

Signed Mrs. Imogene Lemons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Spencer, Idaho - Box 65.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of April, 1942

Nila Bigler
Notary Public, residing at Idaho Falls, Idaho
My commission expires April 10, 1946.
[SEAL]

Signed John L. Mellor M.D.
(Signature of any credible person other than the previous affiant.)
Smith Bldg., Idaho Falls, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

APR 21 '62

238-[redacted]25-393

[redacted]RTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of —

No —, St.

Registration District No 10 File No. 4167

Primary Registration District No. 2044 Registered No. 16

Hospital

FULL NAME OF CHILD Mildred Schnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		3d	yes	Jan 26 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Albert P Schnell	Ida Tilley
RESIDENCE	Idaho County	Idaho County
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Michigan	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Shuson M.D.

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 5 1912 J S Sheldon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9-1

STATE OF IDAHO
Bureau of Vital Statistics

[redacted]

952-101-025-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 4168

Primary Registration District No. 2044 Registered No. 17

FULL NAME OF CHILD Raymond Charles Zehner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	Feby 1, 1912

FATHER		MOTHER	
FULL NAME	Neil Zehner	FULL MAIDEN NAME	Nellie Benay Kunze
RESIDENCE	Idaho Co.	RESIDENCE	Idaho Co.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Illinois	COLOR	white
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Idaho Co.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Strosser M.D.

(Physician or Midwife)

Address Grangeville Ida

Filed Feb 6 1912 G. S. Stricklin Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

STATE OF IDAHO
Bureau of Vital Statistics

PLACE OF BIRTH

DUP UD 1912-2524604

347-129-025-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Stites

No ——, —— St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 4169

Primary Registration District No. 2101 Registered No. 18

FULL NAME OF CHILD Donald Lagenbeel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 29 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude D Lagenbeel	Grace Irene Hawkins
RESIDENCE	Stites Idaho.	Stites Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Pawnee City Nebr.	Williamstown Mo.
OCCUPATION	Carpenter.	House wife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 4 O Clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G. C. Percifield

(Physician or Midwife)

Given names added from a supplemental report

....., 1912

Address Stites Idaho

Filed Feb 1 1912 Houston E Snyder Sub-Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. II-C—10m-8-44

235·105·025-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. East St.

Registration District No. 10 File No. 4170

Primary Registration District No. 701 Registered No. 19

Hospital —

FULL NAME OF CHILD Alfred Lee Peterson Steen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 5 1912

FATHER		MOTHER	
FULL NAME	Lee Ehler	FULL MAIDEN NAME	Stella M. Burtlett
RESIDENCE	S. Stites	RESIDENCE	Stites
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	North Dacota	BIRTHPLACE	Teako Wash
OCCUPATION	Butcher	OCCUPATION	Domestic

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 5 1912, at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. A. Lytle

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Filed Jan 6 1912 Houston E Snyder

Sub — Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO

PLACE OF BIRTH

8/6-2 15. 025-286

[redacted] [redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No ....., ... St.

Hospital .....

Registration District No. 10 File No. 4171

Primary Registration District No. 2101 Registered No. 20

FULL NAME OF CHILD un-named Anita Hawkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
female.				Yes	January 15 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Edward Monroe Hawkins	FULL MAIDEN NAME: Musa Nora Shoptaugh.
RESIDENCE: Stites Idaho.	RESIDENCE: Stites Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Williamstown Mo.	BIRTHPLACE: Williamstown Mo.
OCCUPATION: Carpenter.	OCCUPATION: housewife

Number of child of this mother, including present birth: seventh

Number of children, of this mother, now living, including present birth: seven.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.55 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Percipell (Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 18 1912 Houston E Snyder Sub- Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

[redacted]

NOV 26 1941

[redacted]

215-184-025-547

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Greencreek

No ——, —— St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 4172

Primary Registration District No. 2042 Registered No. 21

FULL NAME OF CHILD Paul Baerlocher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	——	——	Yes	Jan 4, 1912

FATHER

FULL NAME: Barney A Baerlocher

RESIDENCE: Greencreek

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Kirchberg Switzerland

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Katherine B Nuxoll

RESIDENCE: Green Creek

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Greencreek, Ill.

OCCUPATION: Housewife

[Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. A. Baerlocher

Father

(Physician or Midwife)

Address Green Creek Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 16 1912 G S Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 7 1972

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek

Registration District No 10 File No. 4173

No. ..... St.

Primary Registration District No. 2042 Registered No. 26

Hospital .....

FULL NAME OF CHILD Rose Eller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female			yes	Jan 10

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James N Eller	Nellie Scott
RESIDENCE	Green Creek	Green Creek
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	2[illegible]
BIRTHPLACE	Missouri	California
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James N Eller

Father

(Physician or Midwife)

Address Green Creek Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 20 1912 G. B. Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 30 1960

565-120-025-234

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No ____, ____ St.

Hospital ____

Registration District No 10 File No 4174

Primary Registration District No. 2044 Registered No. 23

FULL NAME OF CHILD Johann H. Von Bargen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 20th, 1912

FATHER	MOTHER
FULL NAME: Herman Von Bargen	FULL MAIDEN NAME: Freda Marie Stubbe
RESIDENCE: Grangeville	RESIDENCE: Grangeville
COLOR: White	AGE AT LAST BIRTHDAY: 56 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

Physician. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Grangeville Idaho.

Filed. Feb 28 1912 G S Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

1954

742-225-025-127

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kootenai

Registration District No. 10

File No. 4175

No. ____, ____ St.

Primary Registration District No. 2101

Registered No. 24

Hospital ____

FULL NAME OF CHILD Elva Lerla Gustin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Raymond Gustin	Susan Gertrude Asphaugh
RESIDENCE	Kootenai	Kootenai
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	30 (Years)
BIRTHPLACE	Washington	Washington
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Erbutkmas

(Physician or Midwife)

Address Kootenai Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 26 1912 G. S. Stockton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF ILLINOIS

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Copy of

693-123-025-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Harpster

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 4176

Primary Registration District No. 2044 Registered No. 25

FULL NAME OF CHILD Adrain Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 23, 1912

FATHER		MOTHER	
FULL NAME	Everett S Wilson	FULL MAIDEN NAME	Annie E Fogle
RESIDENCE	Harpster	RESIDENCE	Harpster
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 28, 1912 G. S. Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

795-228-025-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 4177

No. ....., ... St.

Primary Registration District No. 1001 Registered No. 96

Hospital .....

FULL NAME OF CHILD Muriel Anita Pierstorff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 28 1912

FATHER		MOTHER	
FULL NAME	John E Pierstorff	FULL MAIDEN NAME	Sarah E Vennigerholz
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Fuel Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 3 1912 G S Stricklin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MAY 20 1942

693-101-025-852

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Idaho

City of Canfield

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 4178

Primary Registration District No. 2041 Registered No. 27

FULL NAME OF CHILD Jack Fiek

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	yes	Feb 1, 1912

FATHER		MOTHER	
FULL NAME	Edwin Fiek	FULL MAIDEN NAME	Etta Hesterman
RESIDENCE	Canfield	RESIDENCE	Canfield
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	U S a	BIRTHPLACE	Michegan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician

(Physician or Midwife)

Address Whitebird

Filed Mch 3 1912 G. S. Stockton

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 16670

STATE OF Ohio
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

AUG 28 1942

662-113-025-318

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10 File No. 4179

Primary Registration District No. 2041 Registered No. 28

FULL NAME OF CHILD Andrew Wilson Foskett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	yes	Feb. 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilson A Foskett	Loris ~~Foskett~~ Taylor
RESIDENCE	Whitebird Ida	Whitebird Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	29
BIRTHPLACE	New York U.S.A.	Washington
OCCUPATION	Physician	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Address Whitebird Ida

Filed Mch 3 1912 G. S. Stockton Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1943

FEB 20 1974

386-110-025-639

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

Registration District No. 10 File No. 4180

Primary Registration District No. 1001 Registered No. 29

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feby. 10, 1912

FATHER	MOTHER
FULL NAME Joseph G. Thompson	FULL MAIDEN NAME Grace Oliver
RESIDENCE Grangeville	RESIDENCE Grangeville Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Trenton N J	BIRTHPLACE Genesee Idaho
OCCUPATION Photographer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L Rains MD

Physician

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 8 1912 G S Sturgeon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

993-220-025-455

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Westlake

No ....., ... St.

Registration District No 10 File No. 4181

Primary Registration District No 2042 Registered No. 30

Hospital .....

FULL NAME OF CHILD Ekla Agnes Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) Feb 1 (Day) 20 (Year) 1912
Girl					

FATHER	MOTHER
FULL NAME William Clifford Rice	FULL MAIDEN NAME Junie Pearl Denham
RESIDENCE Westlake	RESIDENCE Westlake
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Brooklan N. Y.	BIRTHPLACE Barton Co. Missouri
OCCUPATION Farmer	OCCUPATION Farmers wife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs May G. Eastman

Midwife (Physician or Midwife)

Address Westlake Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 8 1912 G S Stockton Registrar

..... Registrar

SYMS - YORK CO., PTRS. & STRS. 17326

MARG[redacted]DING

WRITE PLAINLY, WITH PERMANENT RECORD

N. B. In case of more than one child, make for each and the number

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

NOV 18 1943

AGE AT LAST BIRTHDAY (Years)

COLOR

SINCE

BIRTHPLACE

893-201-025-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Westlake

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4182

Registration District No 10 File No .....

Primary Registration District No 2042 Registered No. 31

FULL NAME OF CHILD Edna Ruth Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				March 1 1912

FATHER		MOTHER	
FULL NAME	Grover Cleveland Hill	FULL MAIDEN NAME	Clara Mary Unzicker
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Eugene Oregon	BIRTHPLACE	Emporia Kans.
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. May A. Eastman

Midwife

(Physician or Midwife)

Address Westlake Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 8 1912 G. S. Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

FATHER'S

MOTHER

AGE AT LAST

964-706-025-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kenterville

No. ____, ____ St.

Hospital

Registration District No. 2042

File No. 4183

Primary Registration District No. 10

Registered No. 32

FULL NAME OF CHILD Vinzenz Dominic Romann

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	2	6	1912

FATHER		MOTHER	
FULL NAME	Dominic Romann	FULL MAIDEN NAME	Matilda Anna Mangg
RESIDENCE	Kenterville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Boake

(Physician or Midwife)

Address Kenterville Idaho

Given names added from a supplemental report

..... 19....

.....
Registrar

Filed Feby 7 1912

G S Stockton
Registrar
per H Boake Sec

S-Y CO., 16670

493-219-025-262

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kentonville

Registration District No. 2042

File No. 4184

No. ____, ____ St.

Primary Registration District No. 10

Registered No. 33

Hospital ____

FULL NAME OF CHILD Clara Mary Micke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	2	19	12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Barney Micke	Anna M Boose
RESIDENCE	Kentonville Idaho	Kentonville Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	39
BIRTHPLACE	Germany	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Micke

(Physician or ~~Midwife~~)

Address Kentonville Idah

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 24 19 12 G S Stockton Registrar

per H B Micke Deputy Reg

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

231-110-025-483

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kentenville

No. ____, ____ St.

Registration District No. 2042

File No. 4185

Primary Registration District No. 10

Registered No. 324

Hospital ____

FULL NAME OF CHILD Harry William Blake

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2, 10, 1912

FATHER		MOTHER	
FULL NAME	Harry Blake	FULL MAIDEN NAME	Mary J. Uhling
RESIDENCE	Kentenville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician or Midwife)

Address Kentenville Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 11 1912 G S Stockton Registrar

per H B Blake Sub Reg

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

299-109 53

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE C[redacted]

CERTIFICATE O[redacted]TH

County of Clearwater

City of Orofino, Idaho.

Registration District No. 17 File No. 4186

No. ....., ... St.

Primary Registration District No. 2078 Registered No. 12

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 9, 1912

FATHER		MOTHER	
FULL NAME	Marion Britton	FULL MAIDEN NAME	Nellie A Peterson
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Calif
OCCUPATION	Section Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fairly

Physician

(Physician or Midwife)

Address Orofino, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

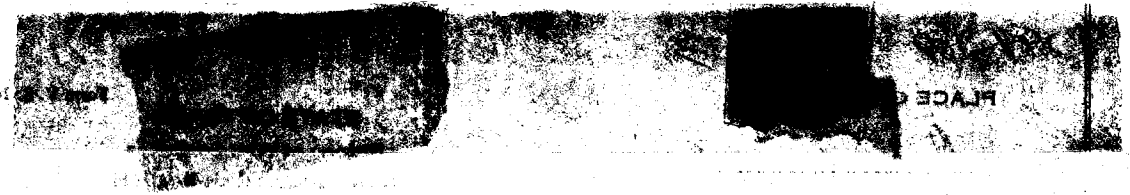
Filed July 9 19 12 J M Fairly
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



652-208-078-298

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cleartwater

City of Prince

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 4187

Primary Registration District No. 2078 Registered No. 13

FULL NAME OF CHILD Vera May Westover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	July 8, 191 2

FATHER		MOTHER	
FULL NAME	Van Marin Westover	FULL MAIDEN NAME	Laura Bryant
RESIDENCE	Prince Ida.	RESIDENCE	Prince Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	So Dak
OCCUPATION	Homesteader	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) none

(Physician or Midwife)

Address ____

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy

Registrar

Filed July 25 1912 J. M. Tarvey

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

10-31-41

993-22-018-443

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oldwater

City of Gilbert

No ____, ____ St.

Hospital ____

Registration District No 17 File No. 4189

Primary Registration District No 2078 Registered No. 15

FULL NAME OF CHILD Clara Irene Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				yes	February 27, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Richardson	FULL MAIDEN NAME	Irene Dufresh
RESIDENCE	Gilbert Ida	RESIDENCE	Gilbert, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tarbly

Physician (Physician or Midwife)

Address Drapins Ida

Given names added from a supplemental report

....., 19.....

Filed Feby 27, 1912 J M Tarbly Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 16 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

169-105-018-299

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 4190

Primary Registration District No. 207 Registered No. ____

FULL NAME OF CHILD Walter Jorgus

Sex of Child: Male | Twin, Triplet, or other? Twin | and | Number in order of birth | Legitimate? Yes | Date of birth Feb 5, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey Jorgus	FULL MAIDEN NAME	Mabel Briggs
RESIDENCE	Elk River Ida	RESIDENCE	Elk River Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Steam cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 Noon on the date above stated.

(Signature) Earle W. Horswell

(Physician or Midwife)

Address Elk River Ida

Filed Mch 10 1912 Earle W Horswell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

BIRTHPLACE

BIRTHDAY

169-105-018-299

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River Registration District No. 7 File No. 4191

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Wallace Jorgus

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Mal	Twin (To be answered only in event of plural births)	2	Yes	Feb 3 1912

FATHER		MOTHER	
FULL NAME	Harvey Jorgus	FULL MAIDEN NAME	Mabel Briggs
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Steam Setter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl W Horswill (Physician or Midwife)

Address Elk River

Given names added from a supplemental report

..... 19.....

Filed Mch 10 19 12

..... Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE

BIRTHDAY

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

286-112-018-449

PLACE OF BIRTH

County of Clearwater

City of Elk River

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 4192

Primary Registration District No. 2179

Registered No. ____

FULL NAME OF CHILD Clyde Shoemaker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X		X	yes	Feb 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Scott Shoemaker	Eva Durow
RESIDENCE	Elk River	Missouri Elk River
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	20 (Years)
BIRTHPLACE	Kentucky	Missouri
OCCUPATION	Woodsman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) Earle N Horswell

(Physician or Midwife)

Address Elk River Idaho

Filed Mch 10 1912

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Earl N Horswell

Registrar

S-Y CO., 16670

AGE AT LAST

COLOR

BIRTHDAY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

314-122-1018-318

PLACE OF BIRTH

County of Clearwater Co

City of Elk River

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. ____ File No. 4193

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Geo Wash Laughe

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	Feb 22, 1912

FATHER		MOTHER	
FULL NAME	Ed Laughe,	FULL MAIDEN NAME	Maude Taylor
RESIDENCE	St Maries	RESIDENCE	near Elk River
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	France	BIRTHPLACE	Oregon
OCCUPATION	Woodsman	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W Horswell (Physician or Midwife)

Given names added from a supplemental report

Feb 22 1912 Address Elk River Ida

Erle W Horswell Registrar

Filed Mch 10 1912.

Registrar

S-Y CO., 16670

SEP 1 6 1975

147-123-018-259

PLACE OF BIRTH

County of Charivaki

City of Elk River

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. ____ File No. 4194

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD David Harry Chaney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	Yes	Feb 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. N. Chaney.	Mary E. Berry.
RESIDENCE	Elk River	Elk River.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 22
BIRTHPLACE	Kansas	South Dakota
OCCUPATION	Asst Post Master	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horswell

(Physician or Midwife)

Address Elk River

Given names added from a supplemental report

....., 19.....

Filed Mch 10 19 12 E. W. Horswell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE

BIRTHDAY

BIRTHPLACE

COLOR

AGE AT LAST

DuPOD 1912-195169

365-104-035-

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. Snake River Ave. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1C

File No. 4195

Primary Registration District No. 1009

Registered No. 33

FULL NAME OF CHILD Eugene Loeffler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	6th	yes	Feb 4th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Loeffler	Annie Grain
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	32
BIRTHPLACE	Germany	Germany
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Carlson M.D.

Lewiston

(Physician or Midwife)

Address

Given names added from a supplemental report

5-7-12, 19

J.M.S. De uty

Registrar

Filed 3-10 19 12 R. J. Calkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

315-213-035-315

PLACE OF BIRTH

WASHINGTON STATE BOARD OF HEALTH

Record No. 4196

BUREAU OF VITAL STATISTICS

File No.

CERTIFICATE OF BIRTH

Registered No. 4 2

County of Nez Perce

City of Lewiston

or

Town of .....

(No. 029 ..... St.; ..... Ward)

FULL NAME OF CHILD Clarice Lanham

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Feb 13 1902

FATHER

Full Name: William B. Lanham

Residence: Clarkston Wash

Color: White

Age at last Birthday: 29 (Years)

Birthplace (State or Country): Mo.

Occupation: Horticulturist

MOTHER

Full Maiden Name: Clarice Lanham

Residence: Clarkston Wn

Color: White

Age at last Birthday: 21 (Years)

Birthplace (State or Country): Oregon

Occupation: Housewife

Number of child of this mother 1st

Number of children, this mother, now living one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on Feb 13, 1902, at 9 A M.

**When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

(Signature) David N. Ransom

(Physician or Midwife)

Given name added from a supplemental report .....

Address .....

Registrar.

Filed 3-10, 1902 L J Perkins

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

229-204-035-284

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 4197

Primary Registration District No. 1009 Registered No. 34

FULL NAME OF CHILD Cecile Skinner

Sex of Child Female

Twin, Triplet, or other? Single and Number in order of birth 4th

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Feb 4, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME J Skinner	FULL MAIDEN NAME Myrtle Shumate
RESIDENCE 634 Park St	RESIDENCE 634 Park St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE S Dakota	BIRTHPLACE Kansas
OCCUPATION Janitor	OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Morris

(Physician ~~or Midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

5-7-12, 19.....

J.M.S. Deputy Registrar

Filed 3-10 19 12 L J Perkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 22 1974

168-107035-6-9

A PLACE OF BIRTH

County of Nez Perce

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 1 [illegible]

CERTIFICATE OF [illegible]

City of Agatha

Registration District No. 16 File No. 4198

No. ____, ____ St.

Primary Registration District No. 2073 Registered No. 35

Hospital ____

FULL NAME OF CHILD ~~[illegible]~~ CLAYTON JOHNSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	February 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ingvald Johnson	Anna Olson
RESIDENCE	Agatha	Agatha
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	37
BIRTHPLACE	Norway	Minnesota
OCCUPATION	Farmer	Farmers wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on Feb 7, at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J B Johnston

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Agatha Idaho

Filed Feb 12 1912

Mar 10 1912

L J Parker Registrar

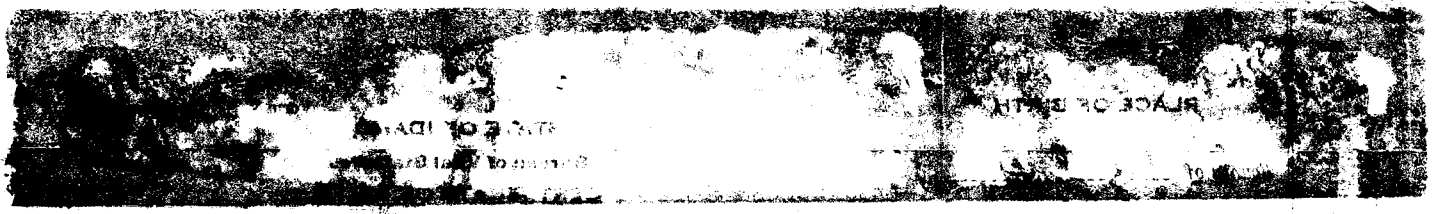
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 4198

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clayton Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 7th, 1912 (DATE OF EVENT)
in Agatha, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (Bible) (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name 2-7-12	Claton Johnson	Clayton Johnson

Subscribed and sworn to before me this 9th
day of February, 19 42

Notary Public, residing at Spokane, Wn.
My commission expires 11-16-44
(SEAL)

Signed Ingvald T. Johnson Parent
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
E. 1818 Pacific Ave. Spokane, Wn.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of March, 1942

Notary Public, residing at Spokane
My commission expires May 1943
(SEAL)

Signed C. A. Johnson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
E-317-Euclid Spokane Wn
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 9 1942 By
(REGISTRAR'S SIGNATURE)

JAN 2 1 1970

MAR 10 [illegible]

FEB 1 3 1974

214-20-1075-693

FILE OR BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 1C

File No. 4199

No. 426 New 16th St.

Primary Registration District No. 1009

Registered No. 32

Hospital

FULL NAME OF CHILD Ethel Aileen Badeau

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	2nd	yes	Feb 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Charles Badeau	Anna M. Wilke
RESIDENCE	426 New 16th St Lewiston Ida	426 New 16th Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Omro Wis	Merrill Wis
OCCUPATION	Steam Fitter	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:58 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carlson

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed 3-10 1912 L. J. Perkins

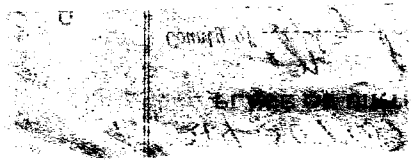
S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3



[redacted] Dist. Reg. No. 11-C [redacted]

[redacted] Dist. [redacted]

[redacted] TE OF BIRTH

City of Lewiston — Registration District No. 16 — File No. 4201

No. ____ St. — Primary Registration District No. 1009 — Registered No. 38

Hospital St Jos

FULL NAME OF CHILD Betty MAY Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f		1	yes	Feb 9th 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H P Johnson	Susie Hoolin
RESIDENCE	Lewiston	Lewiston
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	U S	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A M. on the date above stated.

(Signature) C W Shaff

Lewiston Ida (Physician or Midwife)

Address .....

Filed 3-10 19 [redacted] S J Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 4201

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Betty Johnson (Name on Original Certificate) who was born (Was Born or Died) on February 8, 1912 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are ~~shown by~~ known to her as the Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Betty	Betty May Johnson
birthdate	Feb. 8, 1912	Feb. 9, 1912

Subscribed and sworn to before me this 8th
day of September, 1942

Clara M. Johnson
Notary Public, residing at Portland, Oregon

My commission expires February 5, 1944
(Seal)

Signed Sina Johnson mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3512 N.E. 42nd Avenue, Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of October, 1942

Alice Colbert
Notary Public, residing at Portland Ore

My commission expires Jan. 14, 1944
(Seal)

Signed Clara M. Johnson
(Signature of Any Credible Person Other Than Previous Year)

3512 N.E. 42nd Avenue, Portland, Oregon
(Street Address, City, State)

SEP 8 1 1982

695-110-035-349

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston O. / Middle Tammany

No. Star Route St.

Registration District No. 16 File No. 4202

Primary Registration District No. 1007 Registered No. 39

Hospital ——

FULL NAME OF CHILD John Freeman Wines

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single		Yes	Feb 10th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert V. Wines.	Eda E. Turner.
RESIDENCE	Middle Tammany Star Route Lewiston Ida	Middle Tammany Star Route Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Nevada	Iowa.
OCCUPATION	Carpenter.	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

Lewiston Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 3-10 1912 J. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

356-110-035-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 321, 15½ *St.*

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 **File No.** 4203

Primary Registration District No. 1009 **Registered No.** 40

FULL NAME OF CHILD Francis Milford Leonard

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2 – 10 – 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D. Leonard	Hazel Wheeler
RESIDENCE	Lewiston Idaho	Lewiston Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Iowa	Mont
OCCUPATION	Bridge Builder	H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) **at** 1. P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) L. J. Perkins

Lewiston Ida

(Physician or Midwife)

....., 19.. **Address**

Filed 3-10 1912 L. J. Perkins

Registrar *Registrar*

5-Y CO., 16670

JAN 18 1943

YKS-212-035-849

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4204
Local Reg. No.
Reg. Dist. No. 16

Amended 10/21/75

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Culdesac
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Culdesac
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lavelle
b. (Middle): Sylvene
c. (Last): Dunlap

4. SEX: Fem

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb 12, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): D.
b. (Middle): W.
c. (Last): Dunlap

8. AGE (At time of this birth): 45 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ohio

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Hurtzler

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Germany

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. H. Ragsdale, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Culdesac, Ida.

20. DATE SIGNED: Feb. 12, 1912

21. DATE REC'D BY LOCAL REG.: 3-10-1912

22. REGISTRAR'S SIGNATURE: L. J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 7-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 16 File No. 4204

No. ____, ____ St.

Primary Registration District No. 2073 Registered No. 41

Hospital ____

FULL NAME OF CHILD Lovell Lilvia Dunlop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	V	6	Yes	Feb 12 1912

FATHER	MOTHER
FULL NAME: D. W. Dunlap	FULL MAIDEN NAME: Mary Hartzler
RESIDENCE:	RESIDENCE: Culdesac
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Germany
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: ____

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a M. on the date above stated.

(Signature) J. F. Ragsdale M D

(Physician or Midwife)

Address Culdesac Ida

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report 5-7-12, 19....

Filed Feb 12 19 12 J. F. Ragsdale

3-10-1912 L. G. Parker

Registrar

Registrar

SYMS - YORK CO., PTRG. & PUBR. 17826

PLACE OF BIRTH

JAN 23 1973

OCT 21 1975

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 6 10 38 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 4204
Date Filed 6/5/75

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lovell Lilvia Dunlop (Name on Original Certificate) who was born (Was Born or Died) on Feb. 12, 1912 (Date of Event)
in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on June 5, 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Lovell	Lavelle Sylvene
		(last name) Dunlap

Subscribed and sworn to before me this 5th day of June, 1975

Notary Public, residing at Lewiston, Idaho
My commission expires July 1975
(Seal)

Signed Angelyn M Cleland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
302 8th Ave, Lewiston, ID 83501
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1975

Notary Public, residing at Lewiston, ID 83501
My commission expires July 1975
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
Lewiston, Idaho 83501
(Street Address, City, State)

CL 1/22/75 nm

FORM DH 60-155

Own child's birth certif. on file in Idaho (#15602) gives name as Scott D. Peer born Dec. 27, 1948. father's name given as Dan L. Peer and mother's name as Lavelle S. Dunlop. viewed by B. V. S.

Statement concerning family records gives name as Lavelle Sylvene Dunlap. born Feb 12, 1912. parents names given as David W. Dunlap and Mary Dunlap. signed by Lilliam E. Logan. viewed by V. S.

266-214-035-467

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0205 7th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 4205

Primary Registration District No. 1009 Registered No. 43

FULL NAME OF CHILD Celestandra Boora

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	Feb. 14, 1912

FATHER

FULL NAME: Celex Boora

RESIDENCE: Lewiston

COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Turkey

OCCUPATION: Tailor merchant

MOTHER

FULL MAIDEN NAME: Annie Doyle

RESIDENCE: Lewiston

COLOR: W. AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE:

OCCUPATION: H. W.

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. J. Perkins

(Physician or Midwife)

Address Lewiston Idaho

Filed 3-10 1912 L. J. Perkins Registrar

S-Y CO., 16670

JUN 19 1962

10/3/40

cc

512-215-035-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order stated.

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 4206

Primary Registration District No. 2073 Registered No. 43

FULL NAME OF CHILD Vina Nash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth 5	Legitimate? No	Date of birth Feb 15 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME (Presumed) Jas. J Nash	FULL MAIDEN NAME Lottie Brandt
RESIDENCE Jackson Prairie	RESIDENCE Culdesac
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	BIRTHPLACE Nash.
OCCUPATION Sheep drover	OCCUPATION Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. H. Ragsdale

(Physician or Midwife)

Address Culdesac

Filed Feb 18 1912

2-10 1912 Leo. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

PRINT PLAINLY WITH UNFADING INK

693-118-1035-214

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Neal. Spalding Registration District No. 16 File No. 4207

No. ____, ____ St.

Primary Registration District No. 2117 Registered No. 449

Hospital ____

FULL NAME OF CHILD Marion Emery Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	—	Yes.	Feb. 18, 1912

	FATHER	MOTHER
FULL NAME	David M. Wilson.	FULL MAIDEN NAME Sallie A. Baugh
RESIDENCE	near Arrow. P.O. Juliaetta Rt#2	RESIDENCE near Arrow.
COLOR	White.	COLOR White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY 37. (Years)
BIRTHPLACE	Virginia	BIRTHPLACE Virginia.
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe. M.D.

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

5-7-12, 19....

J.M.S. Deputy

Registrar

Filed 3-10. 19 12 L. J. Parker

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

MAY 14 1968 AM

V34-218035-292

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 4208

No. ____, ____ St.

Primary Registration District No. 1007 Registered No. 45

Hospital St Joseph

FULL NAME OF CHILD Ruth McNinch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				2, 18, 1912

FATHER		MOTHER	
FULL NAME	R J McNinch	FULL MAIDEN NAME	Susie Bishop Evans
RESIDENCE	Richard Tract	RESIDENCE	Richard Tract
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mich St Josephs Hospital	BIRTHPLACE	Iowa
OCCUPATION	Housemover Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 4 A M. on the date above stated.

(Born alive or dead)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

____, 19____

Filed 3-10 1912 E. J. Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of

APR 22

955.2191035-762

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 4209 476

Primary Registration District No. 2073 Registered No. 762

FULL NAME OF CHILD Gladys Gertrude Reeves

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	V	2	Yes	Feb. 19 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry N. Reeves	Della F. Gaskill
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Wash	Mo.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or Midwife)

Address Culdesac

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy

Registrar

Filed Feb. 19, 1912 J. H. Ragsdale

Registrar

8-10-1912 E.J. Parker

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

249-120-035-799 60 TR

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 343 Miller St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 4210

Primary Registration District No. 1009 Registered No. 48

FULL NAME OF CHILD Richard Morton Burns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. M. Burns	Emma Pringle
RESIDENCE	Lewiston	
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)		38
BIRTHPLACE	Ill	Mo
OCCUPATION	Marine Engineer	H. W.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

5-7-12, 19

J. M. S. Deputy

Registrar

Filed 3-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

295-220-031-251

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lewis
City of Culdesac
No ____, ____ St.
Hospital K

Registration District No 16
Primary Registration District No 2073

File No. 4211
Registered No. 47

FULL NAME OF CHILD Velma Suphrona King

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	V (To be answered only in event of plural births)	4	Yes	Feb 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Justin King	Eva Beasley
RESIDENCE	Culdesac P.O.	with husband
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 39	White / 31
BIRTHPLACE	Mo.	Arkansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Traynelds
(Physician or Midwife)
Address Culdesac

Given names added from a supplemental report
5-7-12, 19..
J. M. S. Deputy
Registrar

Filed Feb. 20 19.. J. H. Traynelds
8-15-12. 29. Patrons
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

AUG 13 1974

FEB 21 1975

121-035-154

[redacted] RTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 4212

No. 1307, 16th Ave St.

Primary Registration District No. 1009 Registered No. 49

Hospital

FULL NAME OF CHILD Agnes Elizabeth Wall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Feb 21, 1912

FATHER		MOTHER	
FULL NAME	J. J. Wall	FULL MAIDEN NAME	Mary Andrews
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Rockland Ill	BIRTHPLACE	Spokane Wash
OCCUPATION	Engineer	OCCUPATION	H. W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 p. M.
(Born alive ~~or stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) L. J. Perkins
(Physician or Midwife)

Address Lewiston Idaho

5-7-12, 19.....

J. M. S. Deputy
Registrar

Filed 3-10 19 12 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

757-123-035-065

(Be sure the information is complete and accurate)

Amended 10-11-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4213
Local Reg. No. 52
Reg. Dist. No. 16

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Leland
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Leland
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Clayte
b. (Middle): Lewis
c. (Last): Gephart

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Feb. (Day) 23, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): T.
c. (Last): Gephart

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mo.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lyda
b. (Middle):
c. (Last): Bond

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J.W. Stoneburner, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Leland, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-10-1912

22. REGISTRAR'S SIGNATURE: L. J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Yeland

No. ____, ____ St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 4213

Primary Registration District No. 2076

Registered No. 7-52

FULL NAME OF CHILD Clyde Gephart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	one	3	yes	Feb	23	1912

FATHER		MOTHER	
FULL NAME	Wm J Gephart	FULL MAIDEN NAME	Lyda Bond
RESIDENCE	Yeland Idaho	RESIDENCE	Yeland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stonebumer M.D.

Physician (Physician or Midwife)

Address Yeland Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-7 1912 L. J. Perkins

Registrar

.....

Registrar

S-Y CO., 16670

OCT 11 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah }

RECEIVED
JUL 11 1967
BUREAU OF VITAL STATISTICS

Certificate No. 4213

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Clyde Gephart (Name on Original Certificate) who was born (Was Born or Died) on Feb. 23, 1912 (Date of Event)

in Leland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Clyde Gephart	Clayte Lewis Gephart

Subscribed and sworn to before me this 18th day of April, 1967.

Wm. B. Kyle

Notary Public, residing at Moscow, Idaho

My commission expires 9-26-69

(Seal)

Signed x William T Gephart

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

309 N Washington Moscow Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April, 1967.

Wm. B. Kyle

Notary Public, residing at Moscow, Idaho

My commission expires 9-26-67

(Seal)

Signed Lucile L. Gephart

(Signature of Any Credible Person)

309 N. Washington Moscow Ida.

(Street Address, City, State)

FORM DH 60-155 CL 3-27-67. one copy pd. rec. #8597.

Child's Birth Cert. on file: (Idaho Birth) #218799 gives full name of father as Clayte Lewis Gephart - viewed by V.S.

Northwestern National Life Insurance Co. Policy, No. 603007, dated October 6, 1943 gives full name of insured as Clayte Lewis Gephart, age 32, born Feb.23, 1912 at Leland, Idaho - viewed by V.S.

652-123-035-859

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

Registration District No. 16

File No. 4214

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 50

Hospital ____

FULL NAME OF CHILD Herbert Weberling

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S		Yes	2 — 23 — 1912

FATHER		MOTHER	
FULL NAME	Henry Weberling	FULL MAIDEN NAME	Mary Heitman
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address ____

Given names added from a supplemental report

5-7-12, 19____

J. M. S. Deputy

Registrar

Filed 3-10 19 12

E. E. Watts

L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-223-035-632

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1027 Ame St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 4215

Primary Registration District No. 1009 Registered No. 51

FULL NAME OF CHILD Dorotha Belle Burke

Sex of Child Female (~~Boy~~) | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Feb 23 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Charles B. Burke	FULL MAIDEN NAME Cora Olson
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR ~~Color~~ White	COLOR W.
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Lewiston Idaho	BIRTHPLACE Minn.
OCCUPATION Laborer	OCCUPATION Home

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

5-7-12 19.....

J. M. S. Deputy
Registrar

S-Y CO., 16670

(Signature) R. J. Perkins
(Physician or Midwife)

Address Lewiston

Filed 3-10 19 12 R. J. Perkins
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 6 1955

14

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-24-035-493

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 16 File No. 4216

No. ____, ____ St.

Primary Registration District No. 2173 Registered No. 53

Hospital ____

FULL NAME OF CHILD Eleanor Mae McKenzie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		2	Yes	Feb 24, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ansel M McKenzie	Effie L Miles
RESIDENCE	Culdesac	Culdesac
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 21	White / 18
BIRTHPLACE	Wn.	Virginia
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

(Physician or Midwife)

Address Culdesac

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 24 1917 J. H. Reynolds

3-10-1917 R.G. Parkin

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

AUG 28 1950

693-22-035-259

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Ida

No. Larson St.

Registration District No. 16 File No. 4217

Primary Registration District No. 1009 Registered No. 54

Hospital

FULL NAME OF CHILD JULIA NIAKA Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	7th	Yes	Feb 29th 1916

FATHER	MOTHER
FULL NAME Albert H Wilson	FULL MAIDEN NAME Elsie Kern
RESIDENCE Lewiston Ida	RESIDENCE Lewiston Ida
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Mo. Inspector	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Larson M.D.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3 10 19 12 L. J. Parkin

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Benton }

Certificate No. 4217

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" Wilson (Name on Original Certificate) who was born (Was Born or Died) on Feb. 29, 1912 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll certificate (Bible Record, Insurance Policy, Etc.) Class A Document prepared on April 28, 1912 (Give Date) Viewed by Div. of Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed" Wilson	Julia ~~Neika~~ Wilson
		NIAKA

Subscribed and sworn to before me this 13th day of May, 1955

Notary Public, residing at Richland
My commission expires Sept 14, 1955
(Seal)

Signed Mrs Merion W. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

124 N Mayfield Kennewick, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Benton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 1955

Notary Public, residing at Richland
My commission expires Sept 14, 1955
(Seal)

Signed Elliott Hulen
(Signature of Any Credible Person)

1330 Marshall, Richland, Wash
(Street Address, City, State)

DPH 52.155

JAN 2 1974

799-129-035-275

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-31

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 1C

File No. 4218

No. 324 Adams St.

Primary Registration District No. 1009

Registered No. 55

Hospital

FULL NAME OF CHILD James Spencer Pritchard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male	single	2nd	yes	Feb (Month) 29 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William J Pritchard	FULL MAIDEN NAME	Carrie M. Spencer
RESIDENCE	324 Adams	RESIDENCE	324 Adams
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Washington
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Pearson M.D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed 3-10 19.12 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

JUN 25 1963

814-208 [redacted] 236

PLACE OF BI[redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bl[redacted]

City of Hailey — Registration District No. 21 — File No. 4219

No. ____, ____ St. — Primary Registration District No. 2022 — Registered No. 22

Hospital ____

FULL NAME OF CHILD Edith Lee Hamilton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	2, 8, 1912

FATHER		MOTHER	
FULL NAME	Earl Hamilton	FULL MAIDEN NAME	Ida Story
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ark.
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman M.D.

(Physician or Midwife)

Address Hailey Idaho

Filed Feb 6th 1912 Robert Smyth Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

615-2011002-814

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of PO Blaine

Registration District No. 21 File No. 4220

No. ..... St.

Primary Registration District No. 2023 Registered No. 23

Hospital .....

FULL NAME OF CHILD Delorus Darthy Hanskle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2, 1, 1912

FATHER		MOTHER	
FULL NAME	Geo A Hanskle	FULL MAIDEN NAME	Lucy A Haden
RESIDENCE	Blaine Ida	RESIDENCE	Blaine Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2-1-1912, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt C. Higgs

Physician
(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 10 1912 Robert H Hughes

Registrar

S-Y CO., 16670

PLACE OF BIRTH

MAY 2 7 1943

753-205-007-314

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

P.O. City of Crichton

Registration District No. 21 File No. 4221

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 74

Hospital ____

FULL NAME OF CHILD Hallie Mary Peck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fl		yes	2 5 1912

FATHER	MOTHER
FULL NAME Wm Peck	FULL MAIDEN NAME Lena Lambeth
RESIDENCE Crichton Ida	RESIDENCE Crichton Ida
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
	COLOR W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ida	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2-5-1912, at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Higgs

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 10 1912 Chas H Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

792-109-007-291

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey Canal

Registration District No. 21

File No. 4222

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 45

Hospital ____

FULL NAME OF CHILD John Gibbons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	2 9 1912

FATHER		MOTHER	
FULL NAME	Edward Gibbons	FULL MAIDEN NAME	Mary Viola Bray
RESIDENCE	Canal, Ida	RESIDENCE	Canal Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 2-9-1912, at 11:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Griggs

Physician (Physician or Midwife)

Address Arbon Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 10 1912

R. Thornton Hughes

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

14-74-4

PLACE OF BIRTH

21-112-007-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11.0—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21 File No. 4223

No. ..... St.

Primary Registration District No. 2023 Registered No. 26

Hospital .....

FULL NAME OF CHILD Ronald Bauschen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry P Bauschen	Elsie Barkley
RESIDENCE	Soldier Ida	Soldier Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Germany	Ky.
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 2-12-1912, at 3:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Driggs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 15 1912 P. Dewitt Driggs Registrar

S-Y CO., 16670

..... Registrar

P.C. 4

MAR 7 1974

319-112-007-666

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Miniard

Registration District No. 21

File No. 4224

No. ....., ... St.

Primary Registration District No. 2023

Registered No. 27

Hospital .....

FULL NAME OF CHILD Eugene Vincent Laird

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	2 / 12 / 1917

FATHER		MOTHER	
FULL NAME	Ray Laird	FULL MAIDEN NAME	Lela Wood
RESIDENCE	Miniard Idaho	RESIDENCE	Miniard Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 2-12-1917, at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Walter Higgs

Physician (Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 15 1917

.....
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine

City of Soldin

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C [illegible]

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 4225

Primary Registration District No. 2073 1024 Registered No. 28

FULL NAME OF CHILD Norman Edward Luk LEEK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	2 15 1912

FATHER	MOTHER
FULL NAME Chapman Luk	FULL MAIDEN NAME Irene Ballard
RESIDENCE Soldin Idaho	RESIDENCE Soldin Idaho
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Idaho
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2-15-1912, at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Dr. Walter B. Griggs

Physician

(Physician or Midwife)

Address Soldin Idaho

Filed Feb 20 1912 [illegible] Registrar

S-Y CO., 16670

DUP OF 12-279680

669-17-667-752

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. II-C—Idaho

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of PO Soldier

Registration District No. 21 — File No. 4226

No. ____, ____ St.

Primary Registration District No. 2023 — Registered No. 29

Hospital ____

FULL NAME OF CHILD Julian Vincent Wozniak

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	2 17 1917

FATHER		MOTHER	
FULL NAME	A. M. Wozniak	FULL MAIDEN NAME	Tina Lebrski
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Poland	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2-17-1917, at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dallas O. Briggs

Physician

(Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 20 19 17 Robert H. Taylor

....., Registrar — Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 2-17-12 (Birth or death)
for Victor Vincent Wozniak (Name on original certificate) was born (Was born or died) on 2-17-12 (Date of event)
in Blaine (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Father (Bible record, insurance policy, etc.) prepared on 7-1-12 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Victor Vincent Wozniak	Julian Vincent Wozniak

Subscribed and sworn to before me this 10th
day of July, 19 41

Notary Public, residing at Boise
My commission expires 6/3/44
[SEAL]

Signed A W Wozniak
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
713 Wash St Boise Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Application for Certified Copy of Record of Birth or Death

Certificate No. _____

249-219-007-263

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-21-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carral

Registration District No. 21

File No. 4227

No. ....., ... St.

Primary Registration District No. 2023

Registered No. 30

Hospital .....

FULL NAME OF CHILD Lena Burnes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2 / 19 / 1917

FATHER		MOTHER	
FULL NAME	James W. Burnes	FULL MAIDEN NAME	Elsie Bolt
RESIDENCE	Carral Ida	RESIDENCE	Carral Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2-19-1917, at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Briggs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 20 1917

.....
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

755.1

165-121007-915

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 4-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4228

County of Blaine

City of Blaine

Registration District No. 21

File No.

No. ____, ____ St.

Primary Registration District No. 2073

Registered No. 32

Hospital

FULL NAME OF CHILD Wm. Basil Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2nd	Yes	2 21 1912

FATHER		MOTHER	
FULL NAME	Robert O. Jones	FULL MAIDEN NAME	Ina Rauk
RESIDENCE	Blaine Ida	RESIDENCE	Blaine Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd & 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) De Witt P. Hughs

Physician

(Physician or Midwife)

Address Soldier, Ida

Filed Feb 25 1912 Robert Hughes
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DOP OF 1912 - 268872

165-121007-914

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

P.O. City of Blaine

Registration District No. 21 File No. 4229

No. ....., ... St.

Primary Registration District No. 2023 Registered No. 31

Hospital .....

FULL NAME OF CHILD Chas Basil Jones Wm Basil Jones

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Males	Twins (To be answered only in event of plural births)	Chas 3rd Wm 4th	Yes	2 21, 1912

FATHER		MOTHER	
FULL NAME	Robert O Jones	FULL MAIDEN NAME	Ina Rouse
RESIDENCE	Blaine Idaho	RESIDENCE	Blaine Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Va	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 & 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2-21-1912, at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt Briggs

Physician

(Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 25 1912 R Lawrence Registrar

.....

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

263-12-1.007-261

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Fish creek

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. 4230

Primary Registration District No. 2075

Registered No. 33

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	Feb. 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Garon Bolton	Mary Josephine Swanson
RESIDENCE	Fish Creek	Fish Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	39
BIRTHPLACE	Provo Utah	Paris Utah
OCCUPATION	Farmer	House Ruling

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs L. B. Howard

Midwife
(Physician or Midwife)

Address Henry Bloomington Co Idaho

Filed Feb 28 19 12

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

466-209-007-796

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Fish creek

Registration District No. 21

File No. 4231

No. ____, ____ St.

Primary Registration District No. 2075

Registered No. 34

Hospital ____

FULL NAME OF CHILD Verla May Moore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	Arthur A. Moore	FULL MAIDEN NAME	Helena Gifford
RESIDENCE	Fish Creek	RESIDENCE	Fish Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	North Carolina Wilkes Co.	BIRTHPLACE	Harris Co Utah
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or Midwife)

Address Carey Blaine Co. Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 1, 19.12 Robert Hughes Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If in case of twins or more, one child of birth, a SEPARATE REPORT must be made for each twin.

We req...

STATE OF IDAHO

...Bureau of Vital Statistics

CERTIFICATE OF BIRTH

(Only if ...

...

...

253-215-007-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Barey

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. 4233

Primary Registration District No. 2075

Registered No. 36

FULL NAME OF CHILD Ruth Lorine Kelly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	Feb. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Edward Kelly	Estella Parke
RESIDENCE	Carey Ida	Carey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Warrensburg Missouri	Carey Idaho
OCCUPATION	Farming	House Keeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. I. B. Howard

Midwife
(Physician or Midwife)

Address Carey Blaine Co. Idaho

Filed Feb 20 19 17

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 15 1965

195-122-007-066

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 4234

Primary Registration District No. 2025 Registered No. 37

FULL NAME OF CHILD Royal George Ainsworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	Feb. 22, 1912

FATHER	MOTHER
FULL NAME Joseph L. Ainsworth	FULL MAIDEN NAME Thirza M. Howard
RESIDENCE Carey Ida	RESIDENCE Carey Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Bountiful Davis Co Utah	BIRTHPLACE Lynch, England
OCCUPATION Farming	OCCUPATION House Keeping

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Feb 25 '12 at ____ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. I. B. Howard

Midwife

(Physician or Midwife)

Address Carey Blaine Co Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 25 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-21-007-381

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21

File No. 4235

No. ....., ... St.

Primary Registration District No. 2075

Registered No. 38

Hospital .....

FULL NAME OF CHILD Gertrude Lottie Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Feb. 19, 1912

FATHER		MOTHER	
FULL NAME	Frederick L. Brown	FULL MAIDEN NAME	Margaret Ellen Chase
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Rochester Missouri	BIRTHPLACE	Lavelle Idaho
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G. B. Howard

Midwife
(Physician or Midwife)

Address Carey Blaine Co. Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 25 19 12

.....
Registrar

S-Y CO., 16670

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Blaine } ss.

Certificate No. 4235

Date Filed May 6. 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19. 1912 (Date of Event)
in Carey, Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lottie	Lottie Gertrude Brown

Subscribed and sworn to before me this 6th
day of May, 1942

Notary Public, residing at Carey, Idaho

My commission expires February 25, 1945
(Seal)

Signed F. L. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Carey, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MAY 8 1942

MAY 1 1 1942

365-25-007-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21

File No. 4236

No. ____, ____ St.

Primary Registration District No. 2025

Registered No. 39

Hospital ____

FULL NAME OF CHILD Marjorie May Sweed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	Feb. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harrey O. Sweed	May Rice
RESIDENCE	Carey Ida	Carey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	35
BIRTHPLACE	Osawatomie Kansas	Farmington Utah
OCCUPATION	Black Smith	House Keeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or Midwife)

Address Carey Blaine Co Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 26 1912

Registrar

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

24K-229.002-614

PLACE OF BIRTH

amend 3-7-83

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Tikura

Registration District No. 21

File No. 4237

No. ____, ____ St.

Primary Registration District No. 2075

Registered No. 40

Hospital ____

FULL NAME OF CHILD Nina Mae Sumner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	Feb. 29, 1912

FATHER

FULL NAME: Martin V. Sumner

RESIDENCE: Tikura Ida

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Lennie Gertrude Haddis

RESIDENCE: Tikura Ida

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Virginia

OCCUPATION: House Keeping

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12.7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or Midwife)

Address Carey Blaine Co. Idaho

Given names added from a supplemental report

..... 19....

Filed Mar 1 19 12

..... Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DuP 1912-3594161

2-23-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____
County of _____ } ss. MAR 4 9 46 AM '83

Certificate No. 4237
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Summers (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 29, 1912 (Date of Event)

in Tikura (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Nina Mae Sumner
fathers last name	Summers	Sumner

Subscribed and sworn to before me this 3 day of March, 1983.

Notary Public, _____

Residing at Shoshone, Idaho 83352

My commission expires Life Appointment

(Seal)

X Nina M. Brush
Signature of Applicant

Box 603, Shoshone, Idaho 83352
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 of 2

Birth Certificate for Diana Francine Brush gives child born Sept 19, 1933 in Twin Falls to Theodore Bert Brush and Nina Mae Sumner. filed Oct 5, 1933 state file # 215836. Viewed by V.S.

MAR 7 1983

Birth Certificate for Martin Van Buren Sumner born Dec 5, 1914 in Shoshone, to Martin Van Buren Sumner and Linnie Gertrude Faddis. State file # 328160. Viewed by V.S.

Family Record dated Oct 30, 1942 gives Nina Mae Sumner born Feb 29, 1912 in Blaine County to Martin Van Buren Sumner and Gertrude L Faddis. Viewed by V.S.

893-212-007-433

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 4238

Primary Registration District No. 2022 Registered No. 41

FULL NAME OF CHILD Dorris Martha Hickey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 12, 192

FATHER		MOTHER	
FULL NAME	Gilbert J. Hickey	FULL MAIDEN NAME	Sarah McLeay
RESIDENCE	Ketchum Ida	RESIDENCE	Ketchum Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo-	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 — M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed Feb 15 19 12 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

265-206-007-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form Vs-1, No. 11-C—15m-6-20-11

Registration District No. 21 File No. 4240

Primary Registration District No. 2022 Registered No. 43

FULL NAME OF CHILD Mary Elizabeth Bonner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 6, 1912

FATHER	MOTHER
FULL NAME Charles Bonner	FULL MAIDEN NAME Elizabeth Hartung
RESIDENCE Hailey Ida	RESIDENCE Hailey Ida
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
AGE AT LAST BIRTHDAY 32 (Years)	COLOR White
BIRTHPLACE Penn	BIRTHPLACE Penn
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed Feb 11 19 12 Robert H. Wright Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 4240

Date Filed Feb

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Unnamed Bonner (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb 6 1912 (DATE OF EVENT)
in Harley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name given	~~Infant~~ Mary Eliz. Bonner

Subscribed and sworn to before me this 30th day of December, 19 4+

Elsie Roberts
Notary Public, residing at Boise Idaho

My commission expires 10-6-43
(SEAL)

Signed Elizabeth Bell Bonner
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1111 Hash St., Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 28 1967

DEC 9 0 1941

914-12-007-914

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-17

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer, Blaine

City of Moore.

Registration District No. 21

File No. 4241

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 44

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			No	Feb 21, 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	?	Fay Radford
RESIDENCE	—	Moore Ida
COLOR	—	White
AGE AT LAST BIRTHDAY (Years)	—	1[illegible]
BIRTHPLACE	—	Ogden Utah
OCCUPATION	—	none

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

Physician (Physician or Midwife)

Address Mackay Ida

Given names added from a supplemental report

____, 19____

Filed Feb 25 19 12

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

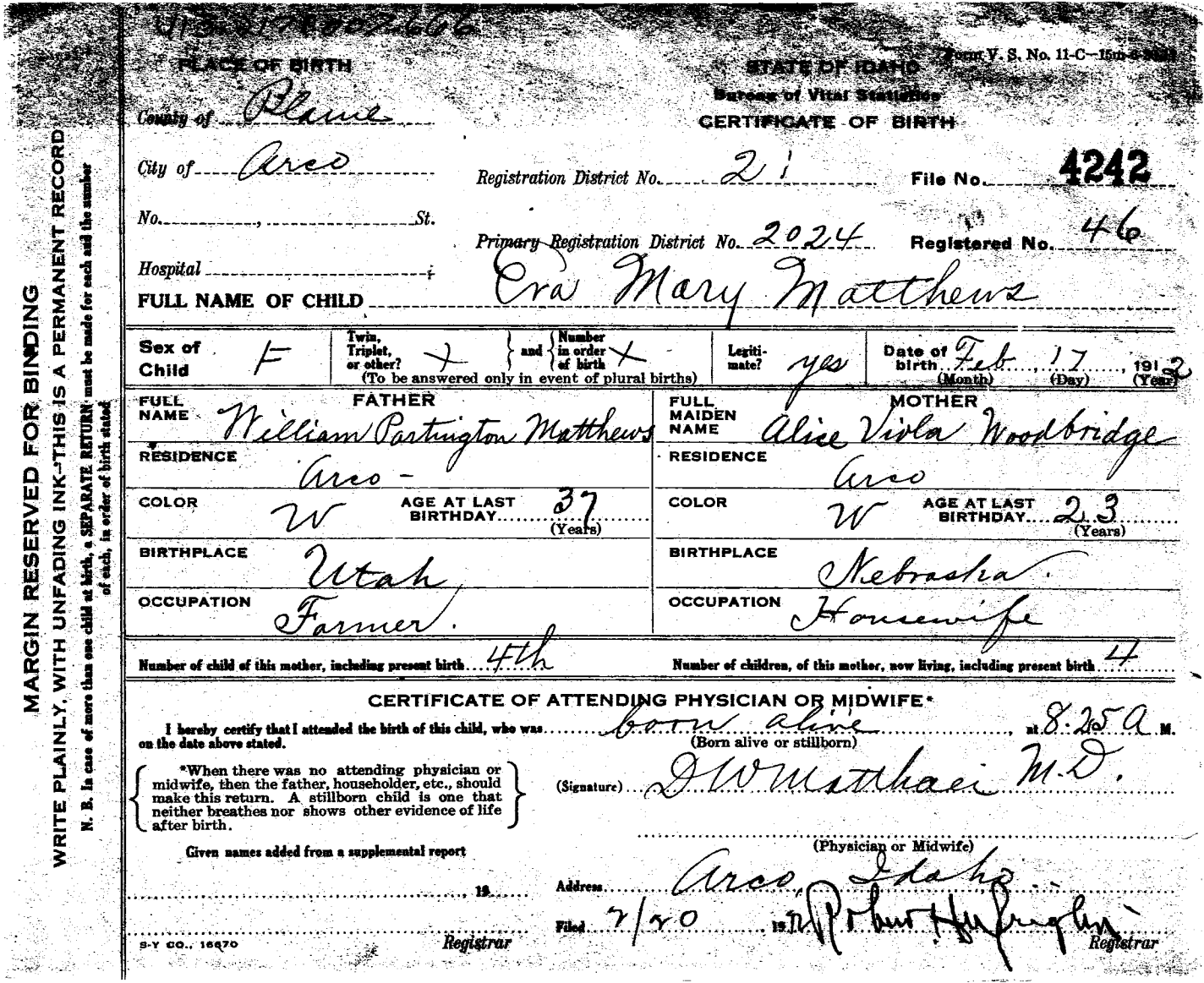
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH



PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-4-[illegible]

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

Registration District No. 21

File No. 4242

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 46

Hospital ____

FULL NAME OF CHILD Eva Mary Matthews

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	yes	Feb 17 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Partington Matthews	FULL MAIDEN NAME	Alice Viola Woodbridge
RESIDENCE	Arco -	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Matthaei M.D.

(Physician or Midwife)

Address Arco, Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/20 19 W. Robert Hall Registrar

.....

Registrar

S-Y CO., 16970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

919-125 .007-766

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 121—Idaho—

Registration District No. 21 File No. 4243

Primary Registration District No. 2077 Registered No. 47

FULL NAME OF CHILD GILBERT EUGENE RALLS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur C. Ralls	Vicia Goodman
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Mo.	Mo
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D

(Physician or Midwife)

Address Hailey, Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 27 1912 Robert H. Wright

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 24 1992

238-112-007-766

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21 File No. 4245

No. ____, ____ St.

Primary Registration District No. 2077 Registered No. 49

Hospital ____

FULL NAME OF CHILD ~~Hot Hawes~~ Durward Lincoln Shaffer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		1	Yes	July 12, 1912

FATHER		MOTHER	
FULL NAME	Alex Schaffer	FULL MAIDEN NAME	Ida Powers
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 20 1913 Robert H. Wright
Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 19 1958

359-229-607-366

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21 File No. 4246

No. ____, ____ St.

Primary Registration District No. 2022 Registered No. 50

Hospital ____

FULL NAME OF CHILD Eleanor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	Yes	May 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. E. Terry	Ethel Cooper
RESIDENCE	Bellevue	Bellevue
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen, M.D.

Bellevue Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 1st 1912 Robert H. Wright

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

.....

.....

.....

258-18-007-762

PLACE OF BIRTH

County of Blaine

City of Wapi P.

No. ____, ____ St.

Hospital ____

Form V. S. No. B-C—Rev. 6-30-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 4247

Primary Registration District No. 7024 Registered No. 51

FULL NAME OF CHILD Fred Herman Behrens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	2 19 1912

	FATHER	MOTHER
FULL NAME	Dietrich Louis Behrens	FULL MAIDEN NAME Ruby Agnes Post
RESIDENCE	Blaine Co (Wapi P.)	RESIDENCE Blaine Co. (Wapi P.)
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	New York	BIRTHPLACE Minnesota
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Motts M.D

(Physician or Midwife)

Address American Falls Ida

Given names added from a supplemental report

..... 19....

Filed 2/25 19 12 Robert H. Wright

Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF NEW YORK

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

813-230-007-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-40-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of American Falls

Registration District No. 21 File No. 4248

No. ____, ____ St.

Primary Registration District No. 2024 Registered No. 54

Hospital ____

FULL NAME OF CHILD Baby Aurora Anna Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 30, 1917

FATHER

FULL NAME: Oliver Charles Hall

RESIDENCE: American Falls Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Julia Matilda McCoy

RESIDENCE: American Falls Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Wolf M.D.

(Physician or Midwife)

Address American Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/1 1918 Robert H. Wright

Registrar

.....

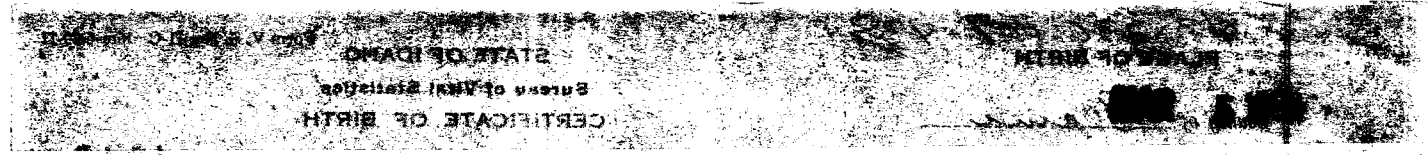
Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAY 2 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

~~Blank~~ 657-49

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Wapi P.O. Registration District No. 21 File No. 4249

No. ____, ____ St. Primary Registration District No. 7024 Registered No. 55

Hospital ____

FULL NAME OF CHILD Farnum

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			NO	4 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME		Lyla Farnum
RESIDENCE		Wapi Precinct
COLOR		White
AGE AT LAST BIRTHDAY (Years)		19
BIRTHPLACE		Minnesota
OCCUPATION		Domestic

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Wells M. D.

(Physician or Midwife)

Address American Falls Ida

Given names added from a supplemental report

....., 19....

Filed 3/1 1912 Robert H. Wright

Registrar

S-Y CO., 16670

Registrar

MAR 3 1966

MAR 3 1 2008

319-120007-815

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-20-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 21

File No. 4250

No. ..... St.

Primary Registration District No. 2024

Registered No. 45

Hospital .....

FULL NAME OF CHILD Joseph Fredrick Larson

Sex of Child: M.

Twin, Triplet, or other? ..... and Number in order of birth .....

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Feb. (Month) 20 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Fred Larson	FULL MAIDEN NAME Mabel Haney
RESIDENCE Moore	RESIDENCE Moore
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:55 A. M. on the date above stated.

(Signature) D. W. Matthews M.D.

(Physician or Midwife)

Address Arco Ida

Filed 2/7/25 1912 Robert H. Loughlin Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1957

JUL 13 1955

County of [illegible]

CERTIFICATE OF BIRTH

City of Bloomington

Registration District No. 24 File No. 4251

No. ____, ____ St.

Primary Registration District No. 2091 Registered No. 35

Hospital ____

FULL NAME OF CHILD Howard Thompson Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 12, 1912

FATHER		MOTHER	
FULL NAME	Thomas Ward	FULL MAIDEN NAME	Adelia Thompson
RESIDENCE	Bloomington, Idaho	RESIDENCE	Bloomington, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hayward M.D.

(Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

5-7-12, 19..

J. M. S. Deputy Registrar

Filed Feb 20 1913 J. H. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bear Lake — Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Bloomington — Registration District No. 24 — File No. 4252

No. ____, ____ St. — Primary Registration District No. 2091 — Registered No. 37

Hospital ____

FULL NAME OF CHILD Velma Elmoyne Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 16, 1912

	FATHER	MOTHER
FULL NAME	Geo Ward	FULL MAIDEN NAME Clarissa Bundurson
RESIDENCE	Bloomington	RESIDENCE Bloomington
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE	Idaho.	BIRTHPLACE Idaho.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Hayward M.D (Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report 5-7-12, 19..... J. M. S. Deputy Registrar

Filed Feb 25 1913 J M Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

Amended 3-5-74

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 26
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4252

SEP 5 9 36 AM '74

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Velma Ellmorne Ward (Name on Original Certificate) who was born (Was Born or Died) on Feb 18, 1912 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs middle name	Ellmorne	Elmoyne

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of
September, 1974

Notary Public, residing at Salt Lake City, Utah
My commission expires 4-22-78
(Seal)

Signed Alfred W Brooker
(Signature of Any Credible Person)

1803 So 15th East
(Street Address, City, State)
Salt Lake City, Utah

FORM DH 60-155

Social Security Card, # 528 30 7345 gives name as Velma Elmoyne Ward Brooker.
Card issued over 5 years ago.
Viewed by V.S.

Voter Information Card gives name as Elmoyne Brooker, Registered voter in Dist # 2590. W. Sterling Evans, Salt Lake County Clerk 250 E. 4th South Salt Lake City, Utah. Registered voter over 5 years.
Viewed by V.S.

SEP 5 - 1974

993-127-004-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 4253

Primary Registration District No. 2092 Registered No. 41

FULL NAME OF CHILD Margan Bradley Rich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 27 1912

FATHER		MOTHER	
FULL NAME	Margan J. Rich	FULL MAIDEN NAME	Elizabeth Bradley
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Paris	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 11 1912 J. W. Howard Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form U.S. Mo. 12-15-1966 FD-4

128-120-004-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 4254

Primary Registration District No. 2092 Registered No. 40

FULL NAME OF CHILD Ural Hoskin Ashley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert L. Ashley	Bessie Hoskin
RESIDENCE	Paris	Paris
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Paris	Wellsville, Ut.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11.45 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Ida.

Filed Mar 11 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

993-226-004-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Registration District No. 24 File No. 4255

Primary Registration District No. 2092 Registered No. 38

FULL NAME OF CHILD Ora Rich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 26, 1912

FATHER		MOTHER	
FULL NAME	Milando Rich	FULL MAIDEN NAME	Elara Raford
RESIDENCE	Paris, Idaho.	RESIDENCE	Paris, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jill Hayward M.D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 4 1912 Jill Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

K

712-112-00K244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Registration District No. 24 File No. 4256

Primary Registration District No. 2092 Registered No. 36

FULL NAME OF CHILD Scott Budge Passey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 12 1912

FATHER		MOTHER	
FULL NAME	Eduard J. Passey	FULL MAIDEN NAME	Effie Budge
RESIDENCE	Paris, Idaho.	RESIDENCE	Paris, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	School Teacher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4. P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Haywood M.D.

(Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 20 19 12 J. M. Haywood

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

285-208100 4-585

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4257

Primary Registration District No. 2092 Registered No. 39

FULL NAME OF CHILD Aurelia Shepherd.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Feb. 8, 1912

	FATHER	MOTHER
FULL NAME	Russell Shepherd	Lottie Mye
RESIDENCE	Paris Idaho	Paris, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Paris, Ida.	Idaho
OCCUPATION	Bk Bank	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Haywood M.D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 15 1912 J. H. Haywood

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUL 27 1953

818-108.00K-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 — File No. 4258

Primary Registration District No. 2096 — Registered No. 23

FULL NAME OF CHILD Cecile James Hayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 8 1912

FATHER

FULL NAME: John Riley Hayes

RESIDENCE: Georgetown Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Morgan, Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Harriet Emmeline Dunn

RESIDENCE: Georgetown, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Bloomington, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 10th

Number of children, of this mother, now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report 5-7-12 ..... 19.....

J. M. S. ..... Registrar

Filed Feb 18 1912 Marion C. Clark ..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

155-202-004-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ____, ____ St.

Hospital

Registration District No. 24

Primary Registration District No. 2097

File No. 4259

Registered No. 33

FULL NAME OF CHILD Baby Jensen Wanda

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	2 2 1912

FATHER		MOTHER	
FULL NAME	Leon Jensen	FULL MAIDEN NAME	Jennie Bliss
RESIDENCE	Bennington Idaho	RESIDENCE	Bennington Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bennington Idaho
OCCUPATION	Farmer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Poynter M.D. (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

5-7-12, 19..

J.M.S.

Registrar

Filed Feb 16 1912 J.W. Hayward Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

719-126-004395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ____, ____ St.

Hospital

Registration District No. 24 File No. 4260

Primary Registration District No. 2097 Registered No. 3X 33

FULL NAME OF CHILD Baby Parker Jared Ross Parker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12 - 26 - 1911

FATHER		MOTHER	
FULL NAME	Jarrod Parker	FULL MAIDEN NAME	Marion Lindsay
RESIDENCE	Bennington Idaho	RESIDENCE	Bennington Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Bennington Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos Reynolds M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Deputy

Registrar

S-Y CO., 16670

SEP 18 1961

JAN 23 1976

Dup CD 1912-4936

995-114-00k-397

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4261

Primary Registration District No. 2098 Registered No. ~~25~~ 26

FULL NAME OF CHILD La Voi Maria Irving

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	2-14-1912

FATHER		MOTHER	
FULL NAME	Wm. T. Irving	FULL MAIDEN NAME	Drusilla Tippetts
RESIDENCE	Montpelier, Ida.	RESIDENCE	Montpelier.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Montpelier, Ida.	BIRTHPLACE	Perry, Utah
OCCUPATION	Laborer.	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Francis E. Bridges

M. D.

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Montpelier, Idaho

Filed Feb 24 1912 J. H. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

66-127.004-294

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24

File No. 4262

Primary Registration District No. 2098

Registered No. 25 ~~24~~

FULL NAME OF CHILD ~~Baby~~ Hoffmeyer Albert John

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 27 1912

FATHER		MOTHER	
FULL NAME	Chas A Hoffmeyer	FULL MAIDEN NAME	Clara Simpson
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Dr~~ M Poynter MD

(Physician or Midwife)

Address Montpelier

Given names added from a supplemental report 5-7-12

..... 19.....

J.M.S. Deputy

Registrar

Filed Mar 2 1912 J W Hayward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 31 1973

395-215-004-515

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital

Registration District No. 24 File No. 4263

Primary Registration District No. 2098 Registered No. 26 ~~26~~

FULL NAME OF CHILD Baby Lindsay Lottie Mable

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 15 1912

FATHER		MOTHER	
FULL NAME	E R Lindsay	FULL MAIDEN NAME	Lotte Van Orman
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Black Smith	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Pennsylvania
		OCCUPATION	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 05 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Poynter MD

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Registrar

Filed Feb 24 1913 J W Hayward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 5 1969

818-208004-339

PLACE OF BIRTH

County of Bear Lake.

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24 File No. 4264 27 26

Primary Registration District No. 2098 Registered No. ____

FULL NAME OF CHILD Ethel Hoyo

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 8 1912

FATHER		MOTHER	
FULL NAME	Em Hoyo	FULL MAIDEN NAME	Mollie Clifford
RESIDENCE	Montpelier-Route	RESIDENCE	Montpelier Route
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Engineer	OCCUPATION	Home Life

Number of child of this mother including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dow Poyner MD

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed Feb 19 1913 J. M. Hayward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 0 1976

(57-105-004235

PLACE OF BIRTH

County of Bear Lake.

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V, S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4265

Primary Registration District No. 2098 Registered No. 28

FULL NAME OF CHILD Clarence Edward Le Roy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 5 1912

FATHER		MOTHER	
FULL NAME	Frank H Le Roy	FULL MAIDEN NAME	Nellie R Stevens
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	N J	BIRTHPLACE	Ogden Utah
OCCUPATION	Merchant	OCCUPATION	Home Work

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Le Roy

M D (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 19 1913 J W Hammond

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 11 1942

354-113-004-157 [redacted]

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24 File No. 4266

Primary Registration District No. 2098 Registered No. 29 ~~28~~

FULL NAME OF CHILD Ivan Maxwell Teuscher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male ~~Female~~			Yes	2 13 1912

FATHER

FULL NAME Henry Teuscher

RESIDENCE Geneva 4 mi

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Switzerland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Aegler (Aegler)

RESIDENCE ~~Montpelier~~ Geneva Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Switzerland

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom Rogers MD

(Physician or Midwife)

Address Montpelier Idaho

Filed Feb 24 1913 J. W. Hayward Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

214-215-004-413

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24

File No. 4267

Primary Registration District No. 2098

Registered No. 30 29

FULL NAME OF CHILD Helen Dawson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	January 15 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Harry D. Dawson	FULL MAIDEN NAME	Rose Matti
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Echo Utah	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Poynter M.D.

(Physician or Midwife)

Address Montpelier Idaho

Filed Feb 24 1912 J. W. Hayward Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2

845-218-004-713

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 4268

Primary Registration District No. 2098 Registered No. 31 ~~30~~

FULL NAME OF CHILD Georgia May Houdley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie Houdley	Emma A. Hollerman Pollerman
RESIDENCE	Montpelier Idaho	Montpelier Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Canada	Nebraska
OCCUPATION	Boiler Maker	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Rogers MD (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 19 1912 J. W. Hayward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 1974

817-216-004-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 24 File No. 4269

Primary Registration District No. 2098 Registered No. 32

FULL NAME OF CHILD Lida May Haggerty

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	February 16, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Elmo Thos. Haggerty	FULL MAIDEN NAME	Blanch M. Brisee
RESIDENCE	Montpelier, Idaho	RESIDENCE	Montpelier, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at ..... M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) Don Poynter, M.D.

(Physician or midwife)

Address Montpelier, Idaho

Filed Feb 24, 1912 J. W. Hayward
192 **Registrar.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1969

MAY 1 5 1970

JAN 1 4 1977

253-2071019-419

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 4270

No. ____, ____ St.

Primary Registration District No. 2034

Registered No. 23

Hospital Res

FULL NAME OF CHILD Marrie Betta

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 7th, 1912

FATHER	MOTHER
FULL NAME: Joe Betta	FULL MAIDEN NAME: Marrie Marcolia
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 10 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mackay Idaho

Filed Feb 21 1912 C. T. Keirby

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

493-211-019-255

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital Res

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 4271

Primary Registration District No. 2064 Registered No. 24

FULL NAME OF CHILD Ethylene Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 11, 1912

FATHER	MOTHER
FULL NAME: Jack Miller	FULL MAIDEN NAME: Cora Kent
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Idaho
OCCUPATION: Drayman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 23 1912 C. L. Kirtley

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912—359895

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PLACE OF BIRTH

Form V. S. No. 11-C—16m-8-20-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 4272

No. ....., ... St.

Primary Registration District No. 2064

Registered No. 36

Hospital Res

FULL NAME OF CHILD Nellie Donehue

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 14 1921

FATHER	MOTHER
FULL NAME: Thomas Donehue	FULL MAIDEN NAME: Hanner McKelvey
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 56 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mackay Idaho

Filed Feb 23d 1921 C. E. Hartley

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

348.119.019_318

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Hospital Res

Registration District No. 14

File No. 4273

Primary Registration District No. 2004

Registered No. 26

FULL NAME OF CHILD James Curtis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
			Yes	Feb 19, 1912

FATHER	MOTHER
FULL NAME: Frank Curtis	FULL MAIDEN NAME: Exie Taylor
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V. Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb. 23d 1912 C. L. Hartley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

399-128-040-658

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

*No*_____, _____ *St.*

Registration District No 28 **File No.** 4274

Primary Registration District No. 1071 **Registered No.** 3

Hospital Wallace

FULL NAME OF CHILD William Joseph Trimble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 25th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Downing Trimble	Annie Sophia Weyer
RESIDENCE	Wallace Idaho	Wallace Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Philadelphia	Sprague Wash.
OCCUPATION	Book Keeper	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 10.9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. St. Jean. M.D

(Physician or Midwife)

Address Wallace Hospital Wallace Ida.

Given names added from a supplemental report

_____, 1912.

Filed Feb. 6, 1912 F. Leo Quigley

_____ Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK. PERMANENT RECORD

281-189-002-213

PLACE OF BIRTH

[redacted] TE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

of Vital Statistics

CATE OF BIRTH

County of Adams

City of Council

Registration District No. 4

File No. 4275

No. ____, ____ St.

Primary Registration District No. 2011

Registered No. 9

Hospital ____

FULL NAME OF CHILD Hugh Chadwick Shaw

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M	— and —		yes	Jan 29 (Month) (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ben Shaw	FULL MAIDEN NAME	Maggie Bacus
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben Shaw

Farmer (Physician or Midwife)

Address Council, Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-16- 1912 Frank E Brown

Registrar

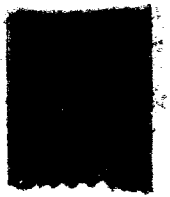
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



AUG 28 1972

386-105-002-249

PLACE OF BIRTH

Form V. S. No. 11-C—16m-8-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

4276

County of Cedars

City of Indian Valley Registration District No. 4 File No.

No. ____, ____ St. Primary Registration District No. 2011 Registered No. 10

Hospital

FULL NAME OF CHILD Ernest Lavelle Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3rd	Yes	Jan 5, 1912

FATHER		MOTHER	
FULL NAME	Lewis Thompson	FULL MAIDEN NAME	Maud Smith
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Bryon
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

Physician
(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19....

Filed 2-16- 19 12 Frank E Brown

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-216-002-689

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 4

File No. 4277

No. ____, ____ St.

Primary Registration District No. 20 11

Registered No. 11

Hospital ____

FULL NAME OF CHILD Marjorie May Morrison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	____	____	yes	2 — 16 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank H Morrison	Blanch May Whitaker
RESIDENCE	Council	Council
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Iowa	N.Y.
OCCUPATION	Lumberman	H W J

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician or ~~Midwife~~)

Address Council

Given names added from a supplemental report

....., 19.....

Filed 2—16— 19 12 Frank E Brown

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 16 1942

843-205-002-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gadams

City of New Meadows

No. —, — St.

Hospital

Registration District No. 4. File No. 4278

Primary Registration District No. 2012. Registered No. 12

FULL NAME OF CHILD Helen Lorene Hull.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes.	Feb. 5th, 1912.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Hull.	FULL MAIDEN NAME	Emmette Barnett.
RESIDENCE	New Meadows, Ida.	RESIDENCE	New Meadows, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19. (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska.
OCCUPATION	Laborer.	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows, Idaho.

Given names added from a supplemental report

....., 19....

Filed 2-24 1912 Frank E. Brown Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4-5-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of GEM } ss.

Certificate No. 4278

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Lorene Hull (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5, 1912 (Date of Event)
in New Meadows (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Helen Lorene Hull	Eligabeth Gene Hull

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of GEM } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 19 71

Notary Public, residing at Emmett, Idaho

My commission expires Oct. 19, 1973

(Seal)

Signed Emma Barnett Beattie
(Signature of Any Credible Person)

313 S. Hayes Emmett Idaho
(Street Address, City, State)

FORM DH 60-155

re Marriage

Own childs birth certificate Idaho State file No. 192534 born June 4, 1931 Payette, Idaho gives mothers name as Elizabeth Belle Hull .
Viewed by VS

School Census Report School Dist No. 56 County Nez Perce, State of Idaho Sept. 1918 gives name as Elizabeth Hull .
Viewed by VS.

299-115-002-664

PLACE OF BIRTH

m V. S. No. 11-C—15m-6-20-.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

No. ____, ____ St.

Hospital

Registration District No. 4 File No. 4279

Primary Registration District No. 2012 Registered No. 13

FULL NAME OF CHILD Donald Theadore Briggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Feb. 15, 1912

FATHER		MOTHER	
FULL NAME	Warren L Briggs	FULL MAIDEN NAME	Jessie LaFountain
RESIDENCE	New Meadows, Ida.	RESIDENCE	New Meadows, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows Ida.

Filed 2-24- 1912 Frank E Forney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1970

OCT 11 1962

APR 2 9 1942

133-216-002-555

PLACE OF BIRTH

County of Adams

City of Tamarack

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 4. File No. 4280

Primary Registration District No. 2012. Registered No. 14

FULL NAME OF CHILD Amanda Grace Nealy.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes.	Feb 16th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M Allen	Amanda Nealy.
RESIDENCE	Tamarack Ida	Tamarack Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows, Ida.

Filed 2-24-1912 Frank E. Brown
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JUN 14 19[redacted]

493 215-002-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Adams

City of Council

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 4281

Primary Registration District No. 20 11 Registered No. 15

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.	—	—	Yes	2 — 15 — 1912

FATHER		MOTHER	
FULL NAME	A L Inchafer	FULL MAIDEN NAME	Olive Robinson
RESIDENCE		RESIDENCE	
COLOR	Whr.	COLOR	
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Lawyer	OCCUPATION	Hsw

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician or ~~Midwife~~)

Address Council

Given names added from a supplemental report

....., 19.....

Filed 2-16- 19 12 Frank E Brown

S-Y CO., 16670

Registrar

Registrar

439-227-082-349

PLACE OF BIRTH

County of Adams

City of Meadows

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 4 File No. 4282

Primary Registration District No. 2012 Registered No. 17

FULL NAME OF CHILD Marjorie Grace McRae

Sex of Child: Female | Twin, Triplet, or other? | and Number in order of birth: 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: Feb (Month) 27 (Day) 192 (Year)

FATHER	MOTHER
FULL NAME: Dan L McRae	FULL MAIDEN NAME: Grace Turner
RESIDENCE: Meadows	RESIDENCE: Meadows
COLOR: White	AGE AT LAST BIRTHDAY: 37 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Idaho
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 27, at 1 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr George L Ray, Meadows

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 3-10- 19 12 Frank G Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 11 1955

SEP 24 1942

791-226-002-695

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Meadows

No. ____, ____ St.

Hospital ____

Registration District No. 4 File No. 4283

Primary Registration District No. 2012 Registered No. 16

FULL NAME OF CHILD Hannah Prall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		First	yes	Feb 26th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Prall	Myrtle Brown
RESIDENCE	Meadows Idaho	Mt Meadows
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Utah	Texas
OCCUPATION	Laborer	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. George L Ray

(Physician or Midwife)

Address Meadows

Given names added from a supplemental report

____, 19____

Filed 3-10- 1912 Banker Brown

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

449-201-032-294

PLACE OF BIRTH

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Form V. S. No. 11-C—10m-6-20-11

CERTIFICATE OF BIRTH

County of Lincoln

City of

No. , St.

Hospital

Registration District No. 29 File No. 4284

Primary Registration District No. 2102 Registered No. 8

FULL NAME OF CHILD Ruby Irene Murray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 1, 1912

FATHER	MOTHER
FULL NAME: Felix John Murray	FULL MAIDEN NAME: Lillian Kidwell
RESIDENCE: Jerome Ida.	RESIDENCE: Heyburn Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: California	BIRTHPLACE: Wisconsin
OCCUPATION: Printer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or Midwife)

Address Heyburn Ida. V. R. Killen

Given names added from a supplemental report

....., 19.....

Filed Mar. 8 1912 V. R. Killen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15 1942

943-108-272-691

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Lincoln

City of

No. , St.

Hospital

Registration District No. 29

Primary Registration District No. "2102

File No. 4285

Registered No. 9

FULL NAME OF CHILD Claude Rutledge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 8 2

FATHER	MOTHER
FULL NAME: H. W. Rutledge	FULL MAIDEN NAME: Linnie Franks
RESIDENCE: Texas	RESIDENCE: Heyburn Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Texas
OCCUPATION: Barber	OCCUPATION: Housewife

Number of child of this mother, including present birth: I

Number of children, of this mother, now living, including present birth: I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at I. 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

(Physician or Midwife)

Address Heyburn Ida. V. R. Killen

Filed Mar. 8 19 12 V. R. Killen

Registrar

Given name added from a supplemental report

, 19

Registrar

S-Y CO.. 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

816-222-032-459

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

4286

PLACE OF BIRTH

County of Lincoln

City of [redacted]

No. [redacted], [redacted] St.

Hospital

Registration District No. 29 File No.

Primary Registration District No. 2102 Registered No. 11

FULL NAME OF CHILD Hyorth Meryl Emerson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 22, 1912

FATHER

FULL NAME Augusta Hyorth

RESIDENCE Weyburn

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Charlotte Nielsen

RESIDENCE Weyburn

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

(Signature) W. L. Thompson

(Physician or Midwife)

Address Weyburn Idaho

Filed March 10 1912 J. R. Killam Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

559-119-032-859

[redacted]

No. 11-C—10m-5-7-11

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Lincoln

City of Near Heyburn

No ....., ... St.

Registration District No 29 File No. 4287

Primary Registration District No 2102 Registered No. 10

Hospital .....

FULL NAME OF CHILD Edwin Donald Newburg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Feb. 19th (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Edwin Newburg	FULL MAIDEN NAME Jennie Helm
RESIDENCE	Heyburn, Idaho	Heyburn, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	42 (Years)
BIRTHPLACE	Holland	New York
OCCUPATION	Farmer	

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or Midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10 1912 T. R. Killeen

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JAN 9 1970

612-201-022-612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

U. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Dubois

No ....., ... St.

Hospital .....

Registration District No 9 File No 4288

Primary Registration District No 2080 Registered No. 147

FULL NAME OF CHILD Gladys May Oakley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			no	March 1, 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Belle Oakley
RESIDENCE		RESIDENCE	Dubois
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR W	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife)

Address Dubois Idaho

Given names added from a supplemental report

....., 19.....

Filed March 10 1912 R. Hayes Fisher M.D.

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

[redacted]

DUP OF 12- 340747

155-116-002-469

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

No. 11-C—10m-9-1-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bk Lake

City of St. Charles

Registration District No. 24 File No. 4290

No. ....., ... St.

Primary Registration District No. 2090 Registered No. 469

Hospital .....

FULL NAME OF CHILD John Roland Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 16 1912

FATHER		MOTHER	
FULL NAME	John Jensen	FULL MAIDEN NAME	Alice Mortison
RESIDENCE	St. Charles Ida.	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Office at State Penitentiary	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hayward M D (Physician or Midwife)

Address Paris Idaho

Given name added from a supplemental report

....., 19.....

Filed Mar 23 1912 J. H. Hayward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

MAY 14 1942

369-127-022-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] 8-7-45

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF I[redacted]

Bureau of Vital [redacted]

CERTIFICATE O[redacted]

Registration District No. 9 [redacted] No. 4291

Primary Registration District No. 2040 Registered No. 115

FULL NAME OF CHILD ELMER Lords

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	——	——	Yes	Feb. 27 1912

FATHER		MOTHER	
FULL NAME	Joseph Lords	FULL MAIDEN NAME	Tressa Farnsworth
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 30 1912 Ray H. Fisher M.D.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 1782d

5;5/41 L. B.

Mackay, Idaho.
April 26, 1941.

TO WHOM IT MAY CONCERN:

On February 27th 1912, I gave birth to a baby boy at Rigby, Idaho with Dr. Ray Fisher the attending physician. At the time of this birth we had not decided upon a name for him and his birth was recorded without giving him a name or a name being shown. We later named this baby Elmer Lords;

Signed Mrs Joe Lords

STATE OF IDAHO)
)ss
COUNTY OF CUSTER)

On this 26th day of April in the year 1941, before me, Morris Stacy, a Notary Public in and for said county and state, personally appeared Mrs Joe Lords, known to me to be the person whose name is subscribed to the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Mackay, Idaho, the day and year in this certificate first above written.

Notary Public Morris Stacy

Residence at Mackay, Idaho.

Notary Public in and for the State of Idaho,
Residing at Mackay, Idaho.
My Commission expires February 29, 1944

552-126-022-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2040

File No. 4293

Registered No. 117

FULL NAME OF CHILD ____ Nebeker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____	____	Yes.	Feb. 26, 1912

FATHER		MOTHER	
FULL NAME	John Nebeker	FULL MAIDEN NAME	Pearl Price
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby — Idaho.

Given names added from a supplemental report

....., 19.....

Filed McDec 12 19 12 Ray H. Fisher M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

K

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-2-7-11

DECEASED

685-187-022-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4294

Primary Registration District No. 2040 Registered No. 118

FULL NAME OF CHILD Levi Harold Wheeler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	Feb. 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred. A. Wheeler	Jean M. Cameron
RESIDENCE	Idaho - Poplar	Idaho - Poplar
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 10 19 12 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 7 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

159.01021-813

Amended 5-28-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4295
Local Reg. No. 121
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Annis
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Annis
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Sadie
b. (Middle): Ellen
c. (Last): Merrill

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 18, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Warren
b. (Middle): L.
c. (Last): Merrill

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): L.
c. (Last): Hall

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Elizabeth Rose

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 10, 1912

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address IVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Annis

*No*_____, _____ *St.*

Hospital _____

Registration District No. 7 **File No.** 4295

Primary Registration District No. 2040 **Registered No.** 121

FULL NAME OF CHILD Merrill

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	Feb. 19, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren L. Merrill	Mary L. Hall
RESIDENCE	Annis	Annis
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Ida Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7-10 P. M. on the date above stated.

(Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Rose

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed Mch. 10 1912 Ray H. Fink M.D.

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

MAY 28 1908

NAME OF CI

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED

APR 30 1968

State of ..... } ss.
County of .....

Certificate No. 4295

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Merrill (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1912 (Date of Event)

in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sadie Ellen Merrill
Child's Date of Birth	Feb. 19, 1912	February 16, 1912

Subscribed and sworn to before me this 27 day of April, 1968.

Notary Public, residing at Rupert, Idaho

My commission expires 6-28-69

(Seal)

Signed Mary Idell Merrill

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of April, 1968.

Notary Public, residing at Rupert, Idaho

My commission expires 6-28-69

(Seal)

Signed C. Richard Broulim

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 2-10-69. one copy pd. rec. #9160.

Own Child's Birth Certificate (Idaho Birth) on file; #247252, gives full maiden name of mother as Sadie Ellen Merrill - viewed by VS.

Family Church Record, appears old and unaltered, gives full name as Sadie Ellen Merril born Feb. 18, 1912 at Annis, Idaho to Warren Merril and Idell Hall, married to Elmer Raymond Drake on Dec. 18, 1928 - viewed by VS.

Photo Copy of Application to The Gem State Mutual Life Association, Inc., June 24, 1948, Group Insurance, gives one name as Sadie E. Drake, Age 36, born Feb. 18, 1912 at Annis, Idaho - viewed by VS.

296-221-022-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Annis

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4296

Primary Registration District No. 2040 Registered No. 120

FULL NAME OF CHILD ____ Browning

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	— (To be answered only in event of plural births)	—	Yes	Feb. 21, 1912

FATHER		MOTHER	
FULL NAME	Geo. A. Browning	FULL MAIDEN NAME	Emma C. Madsen
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Rose

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mch 10 1912 Ray Stark M.D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child, the PARENTS' ADDRESS must be given, and the order in which the births occurred.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 15-C—Amended

stered No. 120

(Day) (Year)

815-12-022-218

Amended: 2-6-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4299
Local Reg. No. 107
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rigby
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Floyd
b. (Middle): Roderick
c. (Last): Hansen

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) January (Day) 20, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Oscar
b. (Middle): J.
c. (Last): Hansen

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Denmark

10. USUAL OCCUPATION: Clerk

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Anna
b. (Middle): A.
c. (Last): Bahlke

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. A. Anderson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 10, 1912

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address: DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

FEB 6 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-17

PLACE OF BIRTH

County of Fremont

City of Rigby

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 — File No. 4299

Primary Registration District No 2040 — Registered No. 107

FULL NAME OF CHILD ____ Hansons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____		____	Yes.	Jan. 17 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar J. Hansons	Alma A. Balka
RESIDENCE	Rigby	Rigby
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Denmark	Utah
OCCUPATION	Clerk	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or Midwife)

Address Rigby — Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 19 1918 Ralph Fisher M.D.

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 27 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 4299

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hanson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 17, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Floyd Roderick Hansen
Child's Date of Birth	Jan. 17, 1912	January 20, 1912
Father's Last Name	Hanson	Hansen
Full Maiden Name of Mother	Alma A. Balka	Anna A. Bahlke

Subscribed and sworn to before me this 17th day of October, 1967

Notary Public, residing at Salt Lake City, Utah
My commission expires 5-16-72
(Seal)

Signed x Floyd Roderick George Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1171 W. 2nd No. Kaysville Utah 84037
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 1967

Notary Public, residing at Salt Lake City, Utah
My commission expires 5-16-72
(Seal)

Signed Robert Bahlke
(Signature of Any Credible Person)

1391 Ramona Ave Salt Lake City Utah
(Street Address, City, State)

FORM DH 60-155

CL 5-5-64. rm one copy pd. rec. #24424.

L.D.S. Church Cert. of Birth, entered on record Feb. 6, 1921, page 1830 gives full name as Floyd R. Hansen, born January 20, 1912 at Rigby, Idaho to Oscar J. Hansen and Anna Alverda Bahlke -viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Feb. 5, 1921 gives full name as Floyd Roderick Hansen, son of Oscar J. and Anna A., born Jan. 20, 1912 at Rigby, Idaho - viewed by V.S.

L.D.S. Church Cert. fo Birth, entered on record Feb. 6, 1921, page 1830 gives full name as Floyd Roderick Hansen, born 20 January 1912, at Rigby, Jefferson, Parent's Oscar J. Hansen and Anna Alverda Bahlke = viewed by V.S.

Marriage Certificate, County of Salt Lake, State of Utah, gives groom as Oscar J. Hansen and Bride as Anna A. Bahlke, dated April 5, 1906 - viewed by V.S.

389-220-022-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rigby

*No*_____, _____ *St.*

Hospital _____

Registration District No. 9 3040

Primary Registration District No. _____

File No. 4300

Registered No. 111

FULL NAME OF CHILD Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Feb. 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orson Wm. Christensen	Alice L. Hochstrasser
RESIDENCE	Rigby	Rigby
COLOR	W.	W.
AGE AT LAST BIRTHDAY	29 (Years)	23 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Blacksmith & Farmer	Housewife.

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson (Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

_____, 19____

Filed Mch 6 1912

_____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-1-41

Given names added from a supplemental report

19 .....

Registrar

(Physician or Midwife)

Address .....

Filed ..... 19 .....

Registrar

[redacted] 022-745

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of East La Belle

Registration District No 9 File No. 4301

No ....., ... St.

Primary Registration District No. 2040 Registered No. 110

Hospital .....

FULL NAME OF CHILD Della Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	— and	—	Yes	Feb. 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James P. Christensen	Mary Gunderson
RESIDENCE	East La Belle	East La Belle
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	30
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 9 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 6 1912 Ray H. Fiske M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 5 1973

APR 1 1953

869-117-022-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont.

City of Rudy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-O-Rev. 4-24

Registration District No. 9 File No. 4302

Primary Registration District No. 2040 Registered No. 109

FULL NAME OF CHILD Raymond William Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Feb. 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Henry Young	Susie Hulse
RESIDENCE	Rudy	Rudy
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth. 3

Number of children, of this mother, now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Anderson

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 16, 19 12 Ray H. Tuttle

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

MAY 30 1974

Dup. of 1912-273324

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUN 14 9 04 AM '74
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4302

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Young (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 17, 1912 (Date of Event)
in Rudy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Raymond William Young

Subscribed and sworn to before me this 12th day of June, 1974

Notary Public, residing at Blackfoot, Idaho
My commission expires 7-15-1978
(Seal)

Signed Vidie M. Young (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wells 2nd Ave Rudy Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 5/30/74

Patriarchial Blessing from John Webster on Raymond William Young son of Susie Maud Hulse young and James Henry Young. Born at Percy, Idaho, 8 Feb. 17,1912. dated Jan. 29, 1930. viewed by V. S.

JUN 17 1974

Family Group record from the LDS Church fro James Henry young and Susue Maud Hulse. child's name given as Raymond William Young bonr Feb.17, 1912. viewed by V. S.

168-129-022-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of East LaBelle

Registration District No. 9

File No. 4303

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 108

Hospital ____

FULL NAME OF CHILD Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Jan. 29, 191?

FATHER		MOTHER	
FULL NAME	Wm. L. Johnson	FULL MAIDEN NAME	Lillian M. Scott
RESIDENCE	La Belle Lorenzo #2	RESIDENCE	La Belle
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10, 19 12 Ray H. Linn

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

APR 16 1975

613-20-022-213

Amended 10-19-56

PLACE OF BIRTH

Form V. S. No. 11-0-Rev. 6-4-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

Registration District No. 9 File No. 4304

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 145

Hospital ____

FULL NAME OF CHILD MURLIN CLAIRE WALKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Mar 3 1912

FATHER		MOTHER	
FULL NAME	Roy Walker	FULL MAIDEN NAME	Laura Clair Ball
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton M. D

(Physician or Midwife)

Address Menan Idaho

Given names added from a supplemental report

....., 19....

Filed Mch 10 1913 Ray H. Fiske M.D.

Registrar

SYRS - YORK CO., PTRS. & SONS 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH } ss.
County of SALT LAKE }

Certificate No. 4304

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Unnamed Walker (Name on Original Certificate) for Birth (Birth or Death) who was born (Was Born or Died) on March 3, 1912 (Date of Event) in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record Book (Bible Record, Insurance Policy, Etc.) prepared on March 3, 1912 (Give Date), are:

Certificate of Baptism - April 7, 1912
Certificate of Baptism July 3, 1920 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Murlin Claire Walker

Subscribed and sworn to before me this 25th day of September, 1956

Lucile S. Hughes
Notary Public, residing at Salt Lake City, Utah
My commission expires July 26, 1958
(Seal)

Signed Welby Leroy Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
858 Hoite Place, Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

Elizabeth Walker
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Veda W. Green
(Signature of Any Credible Person)
2100 Van Buren ave.
(Street Address, City, State)
Ogden Utah

FORM DPH 55.155

July 20, 1953

558 [illegible] Lake, Salt Lake City, Utah

751-105-022-[illegible]

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 10—Revised 1911

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4305

Primary Registration District No. 2040 Registered No. 146

FULL NAME OF CHILD GWEN SPENCER GRAY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Mar 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Spencer Gray	Margarette Griffiths
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) J. E. Melton M.D.
(Physician or Midwife)

Address Menan, Idaho

Filed Mch 10 1912

Ray H. Gibbs M.D.
Registrar

EVANS - YORK CO., PTRS. & BDRS. 17886

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Utah } ss.

Certificate No. 4305

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gwen Spencer Gray (Name on Original Certificate) who Born (Was Born or Died) on March 5, 1912 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Mar 31, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Gwen Spencer Gray		Gwen Spencer Gray
name	none given	

Subscribed and sworn to before me this 1st day of August, 1942

Signed Margaretta A. Gray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Notary Public, residing at Provo Utah

My commission expires Dec. 2, 1945
(Seal)

1367 Richards Street
(Street Address, City, State)
Salt Lake City, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 1942

Signed Estella A Hansen
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Provo Utah

My commission expires Dec. 2, 1945
(Seal)

1910 2nd So Provo Utah
(Street Address, City, State)

AUG 12 1942

AUG 14 1942

352-225-022-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No ____, ____ St.

Hospital ____

Registration District No 9 File No. 4306

Primary Registration District No. 2040 Registered No. 144

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Truman Lessey	Emeline Taylor
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Mrs M. E. Clark

Midwife

(Physician or Midwife)

Address Clawson, Idaho

Filed Mch 10 1912 Taylor Rich M.D.

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

PLACE OF BIRTH

MAR 2 0 1973

281-205-022.314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4307

Primary Registration District No. 2040 Registered No. 132

FULL NAME OF CHILD Mary Lambourne Shanks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	Feb 5 1912

	FATHER	MOTHER
FULL NAME	Joseph Shanks	FULL MAIDEN NAME Minnie Lambourne
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7a m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. K. A. Parker

(Physician or Midwife)

Address Rigby, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10, 19 12

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OCT 28 1942

533 - 20-4-022-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4308

Primary Registration District No. 2040 Registered No. 130

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Mch 4 [illegible]

FATHER		MOTHER	
FULL NAME	Edwin Ellsworth	FULL MAIDEN NAME	Edwina Walker
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Grain Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby, Idaho

Filed Mch 10 19 17 Ray H. Fisher M.D. Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

235 - 22-022-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Jan. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No 9 File No. 4310

No ....., ... St.

Primary Registration District No. 2037 Registered No. 131

Hospital .....

FULL NAME OF CHILD ~~Ingrid~~ THELMA Clarissa STEVENS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	Jan 24 1912

FATHER		MOTHER	
FULL NAME	Nathan H. Stevens	FULL MAIDEN NAME	Clarissa Curtis
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs O. B. Curtis

Midwife (Physician or Midwife)

Address Victor, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1912 Ray A. Fisher M.D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 4310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Udell Stevens (Name on Original Certificate) who was born (Was Born or Died) on Jan 24th, 1912 (Date of Event)
in Victor Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on abt Feb 20, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Udell	Thelma Clarissa Stevens

Subscribed and sworn to before me this 23rd day of July, 1942

Notary Public, residing at

My commission expires
(Seal)

Signed Fern L. Weber (aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

324 W. 7th So. Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of July, 1942

Notary Public, residing at Salt Lake City, Utah.

My commission expires July 19, 1943
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 27 1942

FEB 2 0 1974

JUL 2 9 1942

655 - 207-022-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ....., ... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4311

Primary Registration District No. 2037 Registered No. 94

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Feb 7 1912

FATHER		MOTHER	
FULL NAME	P R Fenton	FULL MAIDEN NAME	Katie Christenson
RESIDENCE	Chapin	RESIDENCE	Chapin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

(Physician or Midwife)

Address Driggs Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 19 12 Ray W Linn Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17320

PLACE OF BIRTH

APR 9 1969

314-101-022-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-6-7-11

PLACE OF BIRTH

County of Fremont

City of Victor

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4312

Primary Registration District No. 2037 Registered No. 122

FULL NAME OF CHILD Leonard Henry Lampe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Feb. 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Lampe	Emma H. N. Krueger
RESIDENCE	Victor	Victor
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Germany	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M. on the date above stated.

(Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. V. B. Curtis

Victor - Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb. 10 1912 M. J. Crisler M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

	(To be answered only in event of plural birth)
FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE

813-21-022-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Fremont

City of Victor

No. ....., ... St.

Hospital .....

Form V. S. No. 11-G—Rev. 6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4313

Primary Registration District No. 2037 Registered No. 123

FULL NAME OF CHILD Verla Ellen Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	Feb. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lamoin Hatch	Ida A. Johnson
RESIDENCE	Victor	Victor
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housekeeper

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. V. B. Curtis

(Physician or Midwife)

Address Victor Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 16 1912 M. P. Crisler, M. D. for [illegible] Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 20 19

DECEASED

MARION RESERVED FOR BINDING
WESTERN PENNSYLVANIA HISTORICAL MAGAZINE—THIS IS A REGISTERED TRADEMARK

863-208-022-883

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH amended Jan. 5, 1978

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9 File No. 4314

No. ....., ... St.

Primary Registration District No. 2037 Registered No. 124

Hospital .....

FULL NAME OF CHILD Lorna Hollingshead

Sex of Child	Twin, Triplet or other? — (To be answered only in event of plural births)	and Number in order of birth —	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes,	Feb. 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos. Hollingshead	Annie Lovina Allen
RESIDENCE	Victor	Victor
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) Mrs. V. B. Curtis

(Physician or Midwife)

Address Victor - Idaho

Filed Feb. 16 1912 M. P. Crisler M. D. for D. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 2 5 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 21 10 06 AM '77

Certificate No. 4314

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hollingshead (female) who was born on Feb 8, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Victor, Idaho (Fremont) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Hollingshead	Lorna Hollingshead
mother's maiden name	Annie L. Holandshead	Annie Lovina Allen

Subscribed and sworn to before me this 8th day of
Dec, 19 77

Notary Public, residing at Preston, Idaho
My commission expires 10-13-81
(Seal)

Signed Lorna D. Hollingshead
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11/18/77 nm

Certificate of baptism and confirmation in the LDS Church lists child as Lorna Hollingshead, born February 8, 1912, to Joseph Hollingshead and Anna Allen. Child baptized Feb. 4, 1920.
viewed by vs Jan. 5, 1978

JAN 10 1978

Family record lists child as Lorna Hollingshead, born Feb. 8, 1912, to Joseph Hollingshead and Annie Lovina Allen. Family record obviously old.
viewed by vs Jan. 5, 1978.

648-113-022-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Chapin

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C [illegible]

Registration District No. 9 File No. 4315

Primary Registration District No. 2037 Registered No. 125

FULL NAME OF CHILD Kenneth Charles Furniss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Feb. 13 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Furniss	Rhoda Moulton
RESIDENCE	Bates	Bates
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora. D. Keith

(Physician or Midwife)

Address Driggs - Idaho

Given names added from a supplemental report

....., 19....

Filed Feb. 21 19[illegible] M. P. Crisler, M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

315

449-22-052-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4616

Primary Registration District No. 2037 Registered No. 126

FULL NAME OF CHILD Grace Durrant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	____ and ____	____	Yes.	Feb. 21 1912

FATHER		MOTHER	
FULL NAME	Walter H. Durrant	FULL MAIDEN NAME	A. Theresa Porter
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Canada
OCCUPATION	Photographer	OCCUPATION	Housekeeper

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-46 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Driggs - Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 24 1912 M. P. Crisler for D. Fisher Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17526

OCT 17 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 10 2 29 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4316

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Durrant (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1912 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Grace Durrant

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of
February, 1975

Notary Public, residing at Salt Lake City, Utah
My commission expires 12-29-1977
(Seal)

Signed Verna Durrant Humphrey
(Signature of Any Credible Person)

2900 Cherry Blossom Lane
(Street Address, City, State)
Salt Lake City, Utah

FORM DN 60. 155

CL 10/17/74

Certif. of birth from the LDS Church gives name as Grace Durrant born Feb. 21, 1912 at Driggs, Idaho. Father's name given as Walter H. Durrant and mother's name as Almira T. ~~XXX~~ Porter. Entered on record. Born ~~XX~~ June 2, 1912.

MAR 2 6 1975

Page from father's diary gives nameas grace. dated Sunday June 2, 1912. Was Blessedon this day by the Bishop. she was Three months and 11 days old on this dated. viewed by V. S.

553-12-022-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-5-11

PLACE OF BIRTH

County of Fremont

City of Bates

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4318

Primary Registration District No. 2037 Registered No. 127

FULL NAME OF CHILD ____ Nelson, Warren Daniel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____ and	____	Yes.	Jan. 29 1912

FATHER		MOTHER	
FULL NAME	Dana Nelson	FULL MAIDEN NAME	Rosella Nickolls
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Dora D. Keith

(Physician or Midwife)

Address Driggs - Idaho

Given names added from a supplemental report

...., 19....

Filed Feb. 9 19 12 M. P. Crisler M.D. Registrar

...., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 8 1954

299 - 201-022 - 281

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4319
Local Reg. No.
Reg. Dist. No. 9

Amended 8/31/76.

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Joyce
b. (Middle): Evelyn
c. (Last): Birch

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Feb. 1, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle):
c. (Last): Birch

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
20 YEARS	Idaho	Blacksmith	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sadie
b. (Middle):
c. (Last): Shaw

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
20 YEARS	Nebraska	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Ora D. Keith
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Driggs, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Feb 9, 1912
22. REGISTRAR'S SIGNATURE: M. P. Crisler, M.D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | Time: 5:30 PM

RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
Was 1% Silver Nitrate Used

METHOD OF DELIVERY

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the GISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C Rev. 5-7-11

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4319

Primary Registration District No. 2037 Registered No. 128

FULL NAME OF CHILD Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	Feb. 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Bird	Sadie Shaw
RESIDENCE	Driggs	Driggs
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Idaho	Nebraska
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ona D. Keith
(Physician or Midwife)

Address Driggs - Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 9 1912 M. P. Crisler, M. D.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form V. S. No. 11-C—1964

STATE OF IDAHO

PLACE OF BIRTH

SEP 1 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
'76 AUG 11 08 AM

State of ..... } ss.
County of ..... }

Certificate No. 4319

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Bird (Name on Original Certificate) who was born (Was Born or Died) on February 1, 1912 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Joyce Evelyn Birch
father's name	Joseph Bird	Joseph Birch

Subscribed and sworn to before me this 11th day of August, 1976

Notary Public, residing at Rigby, Idaho, 83442

My commission expires 1 Feb 1979

(Seal)

Signed Lee D. Bush (Brother to Joyce)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3314 Quincy Ave., Ogden, Utah, 84403
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 3 2 76 1 copy paid rec. 6134.

Applicatin to the Metropolitan Life Insurance Co gives nameas Joyce E. Baker born Feb 1, 1912. dated Sept 21, 1951. husband's name as Lowell J. Bk Baker. viwed by V. S.

Marriage certificate from Utah gives names as Willard "W" Wadsworth and Joye Evelyn Birch. married June 8, 1963. and Were Sealed Oct 21, 1969. viewed by VS

415-115-022-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4321

Primary Registration District No. 2037 Registered No. 129

FULL NAME OF CHILD Wm. Dawdson - Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Feb. 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Dawdson	Florence Bowles
RESIDENCE	Driggs	Driggs
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 32	W. 24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Carpenter	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

(Physician or Midwife)

Address Driggs - Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 19 1912 M. P. Crisler, M.D. for D.F.L.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Given names added from a supplemental report

19

Registrar

(Profession or Occupation)

Address

Filed 19

Registrar

699-122-02-2-745

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Marysville

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 4323

Primary Registration District No. 9038 Registered No. 105

FULL NAME OF CHILD William Harvey Wright

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	Yes.	2-22 1921

FATHER		MOTHER	
FULL NAME	Claude Wright	FULL MAIDEN NAME	Mary Guntner
RESIDENCE	Marysville	RESIDENCE	Marysville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M. C. Hummell

Physician

(Physician or Midwife)

Address Marysville - Idaho

Filed Mch 10, 19 23 Clay B. Richards
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

CERTIFICATE OF BIRTH

855-120-022-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

Registration District No. 9 File No. 4324

Primary Registration District No. 2038 Registered No. 106

FULL NAME OF CHILD ELDON Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	— and	—	Yes	2-20 19[illegible]7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. J. Henderson	Dora Larson
RESIDENCE	Ashton	Ashton
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 35	W. 24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Hummell

Physician (Physician or Midwife)

Address Marysville Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch 10 19 Ray H. Peck Mgr
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 2 1951

331-101-02-1-783

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 21-C—Rev. 7-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9 File No. 4325

No. ....., ... St.

Primary Registration District No. 2038 Registered No. 150

Hospital .....

FULL NAME OF CHILD Hyrum Ross Clark

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	Jan 1 1912

FATHER		MOTHER	
FULL NAME	Hyrum Justus Clark	FULL MAIDEN NAME	Nora Selina Jacobson
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife (Physician or Midwife)

Address Teton, Idaho

Filed Mch. 10 1912 Ray H. Fisher Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

113 - 226 - 022 - 335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No ____, ____ St.

Registration District No 9 File No. 4326

Primary Registration District No. 2038 Registered No. 142

Hospital ____

FULL NAME OF CHILD Dora Lodema Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	Feb 26, 1912

FATHER		MOTHER	
FULL NAME	Chas. Jackson	FULL MAIDEN NAME	Luella Clegg
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M. D.

(Physician or Midwife)

Address St Anthony Ida

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1912 Ray H. Fish Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

165- 101-022 -113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-5-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No ____, ____ St.

Hospital ____

Registration District No 9 File No. 4327

Primary Registration District No. 2038 Registered No. 173

FULL NAME OF CHILD Edward Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
M	—		—	yes	March 6

FATHER		MOTHER	
FULL NAME	Edward D. Jones	FULL MAIDEN NAME	Laura M. Jackson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ma	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M.D.

(Physician or Midwife)

Address St Anthony Idaho

Given names added from a supplemental report

....., 19....

Filed Mch 10 19 17 Ray H. Rush M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

669-604-022-393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-1st-5-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Registration District No. 9 File No. 4328

Primary Registration District No. 2038 Registered No. 148

Hospital .....

FULL NAME OF CHILD Lionell ~~xxxxxxxxxx~~ Robert Furniss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Jan 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Furniss	Catherine Sidella L. Tuck
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY	24 (Years)	29 (Years)
BIRTHPLACE	Mendon, Utah	Brights, Va
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Belle Riggs

Midwife (Physician or Midwife)

Address Teton Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1912 Ray M. Fisher Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

PLACE OF BIRTH

City of _____

No. _____ St.

State of Utah)
) ss
County of Cache)

AFFIDAVIT

RECEIVED
APR 29 1941

Robert Furniss, being duly sworn, does depose and say:

That he/~~xxx~~ is the father (relationship) of Lionell Robert Furniss, that he/~~xxx~~ is an American citizen, and that the following information is correct to the best of his/her knowledge:

FULL NAME OF CHILD Lionell Robert Furniss

DATE OF BIRTH January 4th, 1912 SEX OF CHILD Male

PLACE OF BIRTH Teton (City) Freemont (County) Idaho (State)

NAME OF ATTENDING PHYSICIAN, IF KNOWN Isabell Riggs

FULL NAME OF FATHER Robert Furniss

BIRTHPLACE Mendon, Utah CITIZEN OF U.S.A.

FULL MAIDEN NAME OF MOTHER Vidella Catherine Tuck

BIRTHPLACE Brights, Virginia CITIZEN OF U.S.A.

c.c. 5/6/41. w.h.

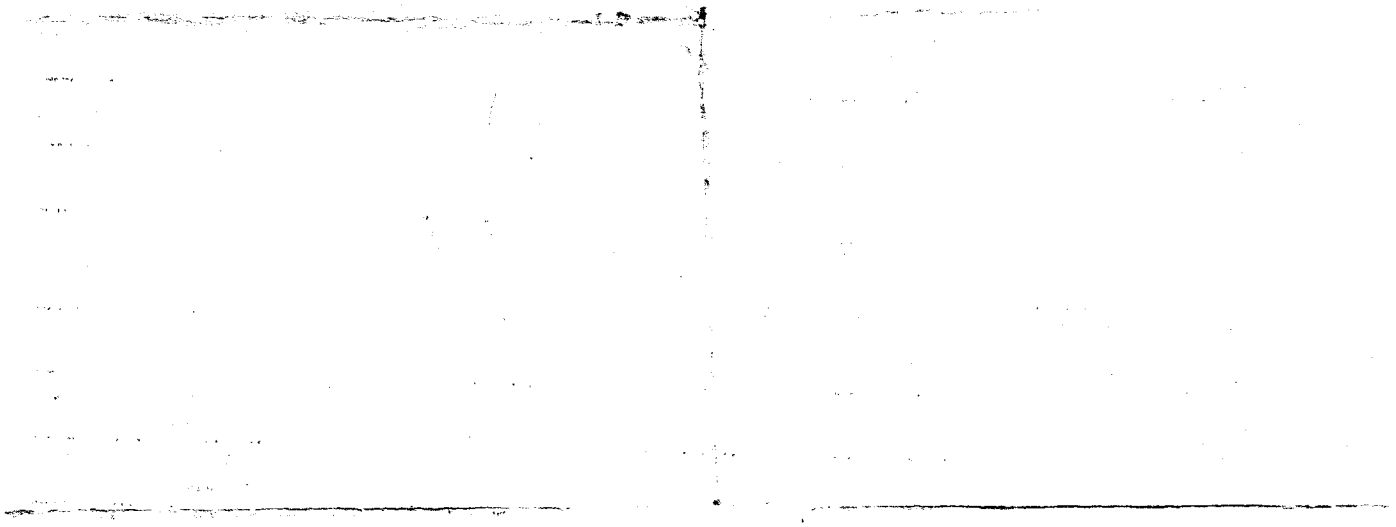
Signature Robert Furniss

Address 622 East 1st South Logan, Utah

Subscribed and sworn to before me
this 28th day of April, 1941.

Notary Public in and for the County of Cache
State of Utah

My commission expires August 13th, 1943



297-229-022-415

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

Registration District No. 4

File No. 4329

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 165

Hospital

FULL NAME OF CHILD Alva Oleta Bigler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 29 1917

	FATHER	MOTHER
FULL NAME	M. S. Bigler	Mary Dorrs
RESIDENCE	Wilford	Wilford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	35
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 10 1917 Ray M. Fisk M.D. Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No.

JAN 23 1974

WRITE CLEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTE: In case of more than one child at birth, a SEPARATE RETURN must be made for each and both names must be given in order of birth.

466-125-022-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-O—Rev. 4-1-11

STATE OF IDAHO.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Ora

No ____, ____ St.

Hospital ____

Registration District No 9 File No 4330

Primary Registration District No 2038 Registered No. 141

FULL NAME OF CHILD Premature son of Alvin Moon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 25 1912

FATHER		MOTHER	
FULL NAME	Alvin Moon	FULL MAIDEN NAME	Alice ~~Foot~~ Tout
RESIDENCE	Ora	RESIDENCE	Ora
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B West M. D.

(Physician or Midwife)

Address St Anthony, Ida

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1912 Ray H. Fisher

Registrar

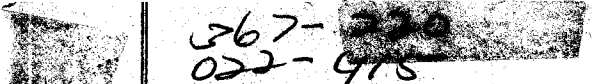
SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

330

STATE OF IDAHO

PLACE OF BIRTH



PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9 File No. 4331

No. ....., ... St.

Primary Registration District No. 2038 Registered No. 140

Hospital .....

FULL NAME OF CHILD Loretta Alice Coplinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 20 1912

FATHER		MOTHER	
FULL NAME	Fred A Coplinger	FULL MAIDEN NAME	Mertie Davis
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M. D.

(Physician or Midwife)

Address St. Anthony Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 19 12 Ray H. Fisk M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

1914 JUN 1 1971

764-122-022-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Jan. 8-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No 9 File No. 4332

No ....., ... St.

Primary Registration District No. 2038 Registered No. 139

Hospital .....

FULL NAME OF CHILD Chester Gould

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 22 1912

FATHER		MOTHER	
FULL NAME	Ernest Gould	FULL MAIDEN NAME	Ethel Burks
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B. West M. D.

(Physician or Midwife)

Address St. Anthony Ida.

Given names added from a supplemental report

....., 19.....

Filed Mch 10 19 12 Ray H. Fisk M.D.

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

5. 1942

666-109
022-299

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

No. ____, ____ St.

Registration District No. 9 File No. 4333

Primary Registration District No. 2038 Registered No. 138

Hospital ____

FULL NAME OF CHILD William Woolstenhulme

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Woolstenhulme	Ellen Ursula Birch
RESIDENCE	Wilford	Wilford
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M. D.

(Physician or Midwife)

Address St Anthony Ida

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1912 Ray H. Fisher Reg

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 28 1942

315-216-022-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-15

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No 9 File No 4334

No ____, ____ St.

Primary Registration District No 2038 Registered No. 137

Hospital ____

FULL NAME OF CHILD Margaret Lander

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 16, 1912

FATHER		MOTHER	
FULL NAME	J. Moon Lander	FULL MAIDEN NAME	Edith Bingham
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B. West M.D.

(Physician or Midwife)

Address St Anthony Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 19 17 Ray S. Fisher M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAY 21 1971

659-106-02[illegible]-6 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

County of Fremont [redacted] ices

CERTIFICATE OF BIRTH

City of Parker

Registration District No. 9 File No. 4335

No. ____, ____ St.

Primary Registration District No. 2038 Registered No. 136

Hospital ____

FULL NAME OF CHILD Louis Henry Ovratt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Louis Ovratt	Amy Irene Miller
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1030P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M.D.

(Physician or Midwife)

Address St Anthony Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1913 Ray B. Fisher M.D.

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 1 8 1976

1/10/41 L. G.

464-109-02-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C (Rev. 6-1-41)

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9 File No. 4036

No. ____, ____ St.

Primary Registration District No. 2038 Registered No. 135

Hospital ____

FULL NAME OF CHILD Ray Douglas

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)		—	yes	Feb 9 1912

FATHER		MOTHER	
FULL NAME	Douglas R. Douglas	FULL MAIDEN NAME	Ida Wann Lowe
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Warehouseman at O.S.L. R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 57 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M.D.

(Physician or Midwife)

Address St. Anthony Ida

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1912 Ray St. Clair Mc

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO

PLACE OF BIRTH

535-216-02-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No 9 File No. 4337

No ....., ... St.

Primary Registration District No. 2038 Registered No. 134

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	Feb 16, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will Ecroyn	FULL MAIDEN NAME	Katie Dollinger
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... 2.

Number of children, of this mother, now living, including present birth ..... 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Louis

(Physician or Midwife)

Address St Anthony Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 19 12 Ray H. Fish M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

RECORD OF BIRTH—TYPEWRITING MUST BE LEGIBLE

396-[illegible]-32-781

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-3-29-11

County of Fremont

City of Sunnydell Registration District No. 9 File No. 434

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 154

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	1 — 28 — 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arlee Brown	Pearl Gray
RESIDENCE	~~Sunnydell~~ Deceased	Sunnydell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Mo.	Mo
OCCUPATION	—	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs
Midwife
(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Orchard Idaho

Filed Mch. 10 19 12 Ray M. Gibbs
Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

993-109-022-391

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg — Registration District No. 9 — File No. 4342

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 153

Hospital ____

FULL NAME OF CHILD GLEN OSCAR RICKS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Feb 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wallace Ricks	Irene Crandall
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Eshe M.D.

(Physician or Midwife)

Address Rexburg, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1913 Ray W. Fisher Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 4342

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Glen Oscar Ricks (Name on Original Certificate) who was born (Was Born or Died) on February 9, 1912 (Date of Event) in Rexburg, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Glen Oscar Ricks
Father's name	Ed	Wallace

Subscribed and sworn to before me this 21st day of September, 1942.

Notary Public, residing at Idaho Falls, Idaho

My commission expires Sept. 20, 1942.
(Seal)

Signed Wallace Ricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Idaho, 1. t. Street
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 1942

DEC 1 0 1968

OCT 1 1942

753-124-022-693

PLACE OF BIRTH

Form U. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Replung Registration District No. 9 File No. 4343

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 156

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	2 — 24 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Pettit	Eva Wilding
RESIDENCE	Replung	Replung
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	41
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Eschen M. D.

(Physician or Midwife)

Address Replung Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10. 1912 Ray H. Eschen M.D.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form VS, No. 11-C—Jan-6-50

Registra

of

(Month) (Day)

251- 223-022-313

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 4344

No. ....., ... St.

Primary Registration District No. 2039 Registered No. 157

Hospital .....

FULL NAME OF CHILD Agnes Marie Bean

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	2 — 23 — 1912

FATHER		MOTHER	
FULL NAME	Chas. Bean	FULL MAIDEN NAME	Agnes Latham
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Engd.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Eshe M. D.

(Physician or [redacted])

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10 19 12 Ray H. Fisk M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 1948

NOV 1 1948

613 - 102-022-141

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 4345

County of Fremont

City of Sugar

Registration District No. 9

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 160

Hospital ____

FULL NAME OF CHILD KENNETH CARLOS WALKER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	3 – 2 , 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. C. Walker	Mary Adams
RESIDENCE	Rupert	Rupert
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eshe M.D.
(Physician or Midwife)

Address Rupert, Ida.

Given names added from a supplemental report

....., 19....

Filed Mch. 10 19 12 Ray V. Fisher M.D.
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 4345

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth Carlos Walker (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1912 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 2, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Kenneth Carlos Walker
(Kenneth Carlos Walker)		

Subscribed and sworn to before me this 25th
day of April, 1942

Mary K. Wilcox

Notary Public, residing at Idaho Falls, Idaho
My commission expires April 10, 1946
(Seal)

Signed Emmett C Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

474 I Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of April, 1942

Mary K. Wilcox

Notary Public, residing at Idaho Falls, Idaho
My commission expires April 10, 1946.
(Seal)

Signed Mary E. Walker
(Signature of Any Credible Person Other Than Previous Year)

474 I Street, Idaho Falls, Idaho
(Street Address, City, State)

APR 28

APR 2 9 1942

253-206-032-935

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

County of Fremont

City of Rexburg

Registration District No. 9 File No. 4346

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 158

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 6, 1912

FATHER		MOTHER	
FULL NAME	Alma E Beck	FULL MAIDEN NAME	Mary McNeil
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.50 P. M. on the date above stated.

(Signature) G. G. Eeles M.D.
(Physician or Midwife)

Address Rexburg Idaho

Filed Mch. 10. 1912 Ray H. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—1m-6-50-1

PLACE OF BIRTH

County of

963-122-22-155

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-31-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Salem

Registration District No. 9

File No. 4347

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 159

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	2-29-32

FATHER		MOTHER	
FULL NAME	Jesse Roberts	FULL MAIDEN NAME	Lilly Jensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 40 a.m. on the date above stated.

(Signature) G B Eaton M D

(Physician or Midwife)

Address Rupert, Idaho

Filed Mch. 10 1932 Ray B. Pike M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child of mother, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—June-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MAR 1 5 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

If the case of more than one child at birth, a CERTIFICATE MUST be made for each and the number of each child stated

619-120-02-666

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11 Or Form No. 11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem — Registration District No. 9 — File No. 4348

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 161

Hospital ____

FULL NAME OF CHILD JAMES WOODS WARD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	2-20 1912

FATHER		MOTHER	
FULL NAME	A. N. Ward	FULL MAIDEN NAME	Mary Woods
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Eshe M.D.

(Physician or Midwife)

Address Rexburg, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10, 19 12 Ray A. Fisher M.D. Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BONNEVILLE }

Certificate No. 4348

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for James Woods Ward (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on February 20, 1912 (DATE OF EVENT)
in Salem-Fremont County (PLACE OF EVENT) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Henry Alford N. Ward (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 7th, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	James Woods Ward

Subscribed and sworn to before me this 7th
day of April, 19 42

Notary Public, residing at Idaho Falls Idaho

My commission expires 5/22/44
(SEAL)

Signed Henry Alford N. Ward
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 1 1942 By
(REGISTRAR'S SIGNATURE)

JUL 1 1942

JUL 3 1942

227-11-022-452

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 21-C—Rev. 6-20-11

County of Fremont

City of Wilford

Registration District No. 9

File No. 4349

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 162

Hospital ____

FULL NAME OF CHILD Asa Lorenzo Bagley

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	2 11 1912

FATHER		MOTHER	
FULL NAME	A. S. Bagley	FULL MAIDEN NAME	Jane Meservey
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife
(Physician or Midwife)

Address Teton Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch. 10. 1912 Ray H. Fisher, M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C—Jan-6-50-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

962-111-022-847

PLACE OF BIRTH

Form V. S. No. 11-C-16m-6-22-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4350

County of Fremont

City of Teton

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2039 Registered No. 163

Hospital

FULL NAME OF CHILD Carl Roberts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	2 - 11 1912

FATHER		MOTHER	
FULL NAME	J. J. Roberts	FULL MAIDEN NAME	Agnes Hughes
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife

(Physician or Midwife)

Address Teton Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1912 Ray H. Peck

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

255-221-022-756

Amended 4-10-62

(Be sure the information is complete and accurate)

State File No. 4351
Local Reg. No. 149
Reg. Dist. No. 9

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Agatha
b. (Middle):
c. (Last): Kendall

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Feb. (Day) 21, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Julius
b. (Middle): N.
c. (Last): Kendall

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alice
b. (Middle): Lenora
c. (Last): Georgeson

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 9
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Elizabeth Kendall

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Oxford, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: March 10, 1912

20. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY (WEEKS):

22b. WEIGHT AT BIRTH (LBS. OZS.):

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-Original 5-11-26

Bureau of Vital Statistics

County of Fremont

CERTIFICATE OF BIRTH

City of Sugar City

Registration District No. 9 File No. 4351

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 149

Hospital ____

FULL NAME OF CHILD Getha Kendall

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)		—	yes	Feb 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julious N Kendall	Nora Georgson
RESIDENCE	Sugar City	Sugar City
COLOR / AGE AT LAST BIRTHDAY (Years)	W / 39	W / 38
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall

Midwife (Physician or Midwife)

Given names added from a supplemental report

Address Ogden Utah

Filed Mar 10 1926 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Stylo-York Corp., Rtes. Albion (17926)

APR 10 1962

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Davis

Certificate No. 4351

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Getha Kendall (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1912 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Getha Kendall	Agatha Kendall
Full Name of Father	Julious N. Kendall	Julius N. Kendall
Full Maiden Name of Mother	Nora Georgson	Alice L. Georgeson

Subscribed and sworn to before me this 1st day of December, 1961

Notary Public, residing at Kaysville Utah
My commission expires Oct 19 1962
(Seal)

Signed Lenora Neal K Hyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

356 West 1st North Kaysville Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 1961

Notary Public, residing at Kaysville Utah
My commission expires Oct 19 1962
(Seal)

Signed Ethel K Kovac
(Signature of Any Credible Person)

172 North 1st West
(Street Address, City, State)
Kaysville, Utah

FORM DH 60-155 CL 11-14-61. nm

L.D.S. Church Certificate of Birth, entered on record July 11, 1920 gives full name of child as Agatha Kendall, born Feb. 21, 1912 at Sugar City, Idaho to Julius Nathaniel Kendall and Alice Lenora Georgeson - North Davis Stake, Sunset Ward Record of Baptisms and Confirmations, 1920, - viewed by V.S.

Statement from Carl S. Hasty, Clerk of the 8th Ward, Lorin Farr Stake, Ogden, Utah states "The records of the Ogden Eighth Ward, Lorin Farr Stake of the Church of Jesus Christ of Latter Day Saints, shows the birth date of, Agathe Kendall Hart to be the 21st of February 1912. Born in Sugar City, Idaho. She was baptized the 11th of July 1920. Her father Julius N. Kendall. Her mother Leona Jorgenson." viewed by V.S. statement made Dec. 1, 1961. -

Statement from Mrs. Lois Proctor, Secretary Department of Pupil Personnel, Ogden, Utah states "The Ogden City Schools Census records show the Agatha Kendall, daughter of Leonora Kendall, was born 2-21-12, resided at 3213 Wall, and attended Washington School in the eighth (8) grade in the year 1926-27." - viewed by V.S. statement made Dec. 4, 1961 -

Application for Marriage License, Feb. 1, 1928, county application no. 5750, State of Utah, County of Weber gives full name of groom as Lorin Hart and full name of bride as Agatha Kendall, born Feb. 21, 1912 at Sugar City, Idaho to Jules Kendall and Lenora Georgison - viewed by V.S.

Family Record, dated Mar. 4, 1930, appears old and unaltered gives full name as Agatha Kendall, born Feb. 21, 1912 at Sugar City, Idaho, married Feb. 1, 1928 to Lorin Hart; father-Julius Nathanil Kendall, born Nov. 16, 1872 at Springville, Utah, married Alice Lenora Georgeson, May 7, 1902; mother-Alice Lenora Georgeson, born May 5, 1874 at Weston, Idaho - viewed by V.S.

Certified Copy of Father's Death Cert., State of Utah, #951, died Dec. 31, 1938 at Ogden, Utah gives full name as Julius N. Kendall - viewed by V.S.

Cert. Copy of Mother's Death Cert., State of Utah, #5743 D, died April 19, 1949 at Ogden, Utah gives full name as Lenora Georgeson Kendall - viewed by VS

846 - 103-022-214

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—10m-6-29-17

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton — Registration District No. 9 — File No. 4352

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 170

Hospital DELRAY

FULL NAME OF CHILD Dell Ray Huff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2-3-19

FATHER		MOTHER	
FULL NAME	J. A. Huff	FULL MAIDEN NAME	Elizabeth Sambs
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 11.30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Dell Riggs

(Physician or Midwife)

Address Teton — Idaho

Filed Mch. 10 19 19 — Ray Fisher M.D. Registrar

____ 19 ____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

DEC 31 1942

Certificate No. 4352

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb 3, 1912 (DATE OF EVENT)
in Twenty Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Dell Ray	Delray Huff
"	"	"
"	"	"

Subscribed and sworn to before me this 29th.
day of December, 1942

Maud Henry
Notary Public, residing at Nampa Idaho
My commission expires Sept 19 — 1946
(SEAL)

Signed Ann Elyabeth Huff
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
204-12 Ave No Nampa Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of December, 1942

Maud Henry
Notary Public, residing at Nampa
My commission expires Sept 19 1946
(SEAL)

Signed Clare Mabee
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Nth 3rd Ave No Nampa Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 4 1943

JUN 5 1973

769-125-22-559

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 4353

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 167

Hospital ____

FULL NAME OF CHILD Thomas Lee Gordon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Jan 25 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Gordon	Marie Neibaus
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Idaho,	Idaho,
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bill Riggs

(Physician or Midwife)

Address Teton Idaho

Filed Mch 16 1917 Ray S. Davis M.D.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

APR 10 1947

OF BIRTH

997-230-022-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 7

File No. 4354

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 169

Hospital ____

FULL NAME OF CHILD Grace Riggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Jan 30 12

FATHER		MOTHER	
FULL NAME	C. W. Riggs	FULL MAIDEN NAME	Orlena Hansen
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Hardware merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10 19 Ray A. Fisher Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 3 1974

855-115-022-883

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

County of Fremont

City of Teton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 4358

Primary Registration District No. 2039

Registered No. 166

FULL NAME OF CHILD Noal Henderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 15 191[illegible]

FATHER		MOTHER	
FULL NAME	John Henderson	FULL MAIDEN NAME	Mary E. Richmond
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Dorman

(Physician or Midwife)

Address Sugar City

Given names added from a supplemental report

....., 19.....

S-Y CO., 16670

Registrar

Filed Mch 10 19 D. Ray Fisher M.D.

Registrar

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 5 1942

MAY 11 1942

DECEASED

993-222-022-173

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ....., ... St.

Registration District No. 9 File No. 4357

Primary Registration District No. 2039 Registered No. 151

Hospital .....

FULL NAME OF CHILD Grace Isabel Rickes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 22, 1912

FATHER		MOTHER	
FULL NAME	Orson Rickes	FULL MAIDEN NAME	Marguite Archibald
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs Almira M Nelson

Midwife
(Physician or Midwife)

Address Rexburg Idaho

Filed Mch 10 19 12 Ray A Risley M.D.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

193-224-022-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Registration District No. 9 File No. 4358

Primary Registration District No. 2039 Registered No. 152

Hospital ____

FULL NAME OF CHILD Merle Archibald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	2-24-1912

FATHER		MOTHER	
FULL NAME	Thomas W. Archibald	FULL MAIDEN NAME	Ellen Rucker
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Almira M Nelson

Midwife (Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10, 1912 Ray A. Dirks M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 3 0 1973

Amended 12/3/69

295-128-022-134

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Independence

Registration District No. 9 File No. 4359

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 16

Hospital ____

FULL NAME OF CHILD Dewest Evan Kingsford

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
M	—			yes	Jan 2

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Kingsford	FULL MAIDEN NAME	Lucy E. Alder
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.... Address Rexburg Ida

Filed Mch. 10 19 12 Ray Stanley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED NOV 28 1969 Bureau of Vital Statistics

State of Oregon
County of Douglas } ss.

Certificate No. 4359

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Denvart Evan Kingsford (Name on Original Certificate) who was born (Was Born or Died) on Jan. 23, 1912 (Date of Event)
in Independence, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Denvart	Dewert Evan Kingsford

Subscribed and sworn to before me this 27th day of January, 1968

Ethelin M. Kincher

Notary Public, residing at Sutherlin, Oregon

My commission expires March 22, 1971

(Seal)

Signed Dewert Evan Kingsford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#1--Box 357--Sutherlin, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Linn } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of February, 1968

Notary Public, residing at Albany, Oregon

My commission expires 4-23-68

(Seal)

Signed Beatrice Margaret Skidmore
(Signature of Any Credible Person)

1430 So Hill Albany Ore 97321
(Street Address, City, State)

FORM DH 60-155 CL 1-8-62. nm

Certificate of Membership dated Oct. 13, 1927 to LDS Church. gives name as Dewert E. Kingsford. Parents as Joseph A. Kingsford and Lucy Ellen Adams. Signed by J. L. Bills, Bishop. Viewed by V. S.

DEC 3 1969

State fo Idaho Public School Diploma from Custer county gives name as Dewert Kingsford. DatedMay 11, 1927 ~~gixxss~~ Signed byElvin Cutler, Teacher. Viewed by V. S.

105-117-022-337

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Fremont

City of Teton Registration District No. 9 File No. 4360

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 164

Hospital ____

FULL NAME OF CHILD Joseph P Jones

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	2 — 17 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J R. Jones	Alvada Clark
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Utah	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3300 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife (Physician or Midwife)

Address Teton Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch. 10. 1912 Ray V. Risk M.D.

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAH
Bureau of Vital Statis
CERTIFICATE OF

PLACE OF BIRTH

949-119-02-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-10m-6-24

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of —

No —, —St.

Hospital —

Registration District No 9 File No. [redacted]

Primary Registration District No 2038 Registered No. 133

FULL NAME OF CHILD Heber Murri

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 19 1927

FATHER		MOTHER	
FULL NAME	Charles C. Murri	FULL MAIDEN NAME	Eliza Stimpson
RESIDENCE	Fremont Co	RESIDENCE	Fremont Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2a m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Louns

(Physician or Midwife)

Address St. Anthony, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 19 27 Ray [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

[redacted] 65 - 165-001-237

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Ada

[redacted] Boise

Registration District No. 1

File No. 4362

No. 26th & Hyson St.

Primary Registration District No. 2004

Registered No. 28

Hospital

FULL NAME OF CHILD Joseph Lester Dove

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Feb. 3, 1912.

FATHER		MOTHER	
FULL NAME	R. B. Dove	FULL MAIDEN NAME	Edith Adeline Slater
RESIDENCE	Mayfield Idaho	RESIDENCE	Mayfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb. 5, 1912 G. E. Thornton M.D.
Registrar

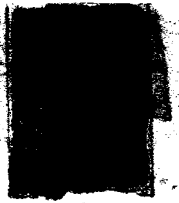
16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 24 1962



869-108-001-661

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1005 Ellis Ave.

Registration District No. 1 File No. 4363

Primary Registration District No. 2004 Registered No. 42

Hospital

FULL NAME OF CHILD Richard Fisher Hopewell

Sex of Child	Twin, Triplet, or other? and (Number in order of birth) (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2 8 1912

FATHER	MOTHER
FULL NAME Charles E. Hopewell	FULL MAIDEN NAME Minnie Foster
RESIDENCE 1005 Ellis Ave Boise	RESIDENCE 1005 Ellis Ave Boise
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ca
OCCUPATION Collector	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis Bourk

(Physician or ~~Midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed Feb. 17, 1912 G. E. Shoobridge

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 3-12-59

PLACE OF BIRTH

466 - 115 - 001 - 249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Near Star

No. ..... St.

Hospital .....

Registration District No. 1 File No. 4364

Primary Registration District No. 2001 Registered No. 57

FULL NAME OF CHILD John Robert Moore

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2-15-1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	H. Leonard Moore	FULL MAIDEN NAME	Viola Smith
RESIDENCE	Near Star	RESIDENCE	Near Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

(Signature) O.W. Hall, M.D.

(Physician or midwife)

Address Star, Idaho

Filed March 6, 1912 G.E. Shawhan, M.D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] 11-O—10m-6-20-11

PLAC[redacted]

County of [redacted]

City of Mar Star

Registration District No. 1 File No. 4364

No. ____, ____ St.

Primary Registration District No. 2001 Registered No. 57

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2 10 12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A Leonard Moore	Viola Smith
RESIDENCE	Mar Star	Mar Star
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O O Hull MD

Star Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address ____

Filed March 6, 1912 G E Shawhan M.D. Registrar

S-Y CO., 16670 Registrar

[redacted]

MAR 12 1959

Notorized statement from Notary Public Crea Eastin, Missouri, county of Harrison, states that he has seen the Family Bible which shows the correct full name as John Robert Moore - Photostatic Copy sent in appears old - viewed by V.S. Other Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Missouri } ss.
County of Harrison }

Certificate No. 4364

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on February 15, 1912 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	John Robert Moore

Subscribed and sworn to before me this 1st day of October 1958.
L. O. Fowler
Notary Public, residing at Blythedale Mo
My commission expires 11-30-1959
(Seal)

Signed Henry Leonard Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
Blythedale Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ~~Harrison~~ Missouri } ss.
County of Harrison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October 1958.
L. O. Fowler
Notary Public, residing at Blythedale Mo
My commission expires 11-30-1959
(Seal)

Signed Ruth Irene Denton
(Signature of Any Credible Person)
Blythedale Mo
(Street Address, City, State)

FORM DPH 55.155

NNCL 7-17-58. nm

Social Security Card, #469-12-9525, Aug. 30, 1937 gives name as John Robert Moore - viewed by V.S.

Local Board - Selective Service Notice of Classification, order no. 2988 - Class, IV-A - Sept. 11, 1945 gives name as John Robert Moore - viewed by V.S.

29.4 [redacted]-001-813

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rm-6-20-11

County of Ada

City of Star

Registration District No. 1

File No. 4365

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 58

Hospital ____

FULL NAME OF CHILD George Orris Simons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	Feby 16, 1912

FATHER		MOTHER	
FULL NAME	Fredrick Simons	FULL MAIDEN NAME	Ina Hall
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ada Hall MD

(Physician or Midwife)

Address Star Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 6, 1912 G. E. Shawhan MD

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

RESIDENCE

COLOR

BIRTHPLACE

434-105-001-719

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 4366

No. R#1 St.

Primary Registration District No. 2003

Registered No. 34

Hospital

FULL NAME OF CHILD Howard McMullan

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	one	1st	yes	Feb 5, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Walter L. McMullan	FULL MAIDEN NAME: Addie I. Parker
RESIDENCE: Meridian R#1	RESIDENCE: Meridian R#1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Mo
OCCUPATION: Rancher	OCCUPATION: House wife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician

(Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed Feb. 11, 1912 E. E. Shawhan

Registrar

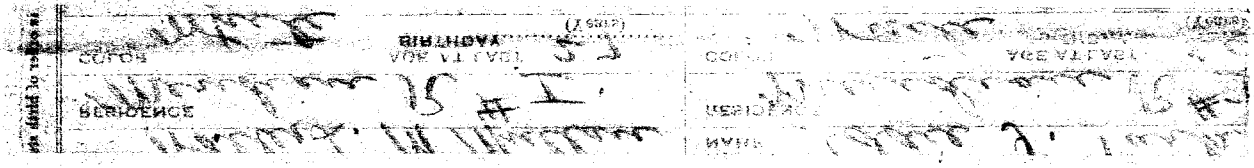
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



666-228-001-538

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Franklin School Dist

No. ____ St.

Registration District No. 1

File No. 4367

Primary Registration District No. 2004

Registered No. 37

Hospital

FULL NAME OF CHILD Blanche Doris Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	28, 1912

FATHER		MOTHER	
FULL NAME	Guy Wood	FULL MAIDEN NAME	Mabel Eby
RESIDENCE	Franklin School Dist.	RESIDENCE	Franklin School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barnes

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed Feb 17 1912 E. E. Shawlon

Registrar

S-Y CO., 16670

Registrar

Application Denied. New

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4367

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	name Jones	Blanche Doris Wood

Subscribed and sworn to before me this ..... day of March, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(SEAL)

Signed X Mrs Guy Wood
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 20 1965

MAR 5 1943

693-229-001-618

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1

File No. 4368

No. Ind. School Dist 1

Primary Registration District No. 2004

Registered No. 38

Hospital Wylie Station.

FULL NAME OF CHILD Florence Mae Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	1 29 1912

FATHER		MOTHER	
FULL NAME	Hiram W. Williams	FULL MAIDEN NAME	Nettie Warne
RESIDENCE	Ind School Dist	RESIDENCE	Ind. School Dist
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ia	BIRTHPLACE	Ida
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barnes

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 17, 1912 E. E. Shawhan M.D.

Registrar

S-Y CO., 16670

Registrar

JAN 1 8 1972

JUN 2 6 1975

291-231-001-2016

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boalisster

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 4369

Primary Registration District No. 2004 Registered No. 39

FULL NAME OF CHILD Caryl Ethel Braden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	1 8 1912

FATHER	MOTHER
FULL NAME Herbert L Braden	FULL MAIDEN NAME Cora Brooks
RESIDENCE Collister	RESIDENCE Collister
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Pa	BIRTHPLACE Ohio
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Braden

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb. 17, 1912 E E Shaw M D Registrar

S-Y CO., 16670

APR 30 1948

SEP 22 1955

719-205-001-862

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-5-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridale

Registration District No. 1

File No. 4370

No. Cole School Dist.

Primary Registration District No. 2004

Registered No. 40

Hospital

FULL NAME OF CHILD ~~Margaritta Esmeralda~~ Garrett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	2 1, 1912

FATHER		MOTHER	
FULL NAME	John G. Garrett	FULL MAIDEN NAME	Myrtle Moseley
RESIDENCE	Meridale-Cole School Dist.	RESIDENCE	Meridale Cole School Dist.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wis
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8:15 P.M. on the date above stated.

(Signature) John Burch

(Physician or Midwife)

Address Boise Ida.

Filed Feb. 17 1912 G. E. Shawhan M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

OCT 16 1952

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4370

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
first name	Margaritta	Gari Garrett

Subscribed and sworn to before me this 4th day of Jan, 1943

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mrs. Gus Garrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 3 1943

SEP 29 19[illegible]

MAR 19 1963

695-107-001-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. Linden St.

Registration District No. 1

File No. 4371

Primary Registration District No. 2004

Registered No. 41

Hospital

FULL NAME OF CHILD Winfield Clay Weithers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			Yes	2 (Month) 7 (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME: Luther Clay Weithers	FULL MAIDEN NAME: Stella A Williams
RESIDENCE: Linden Ave So Boise	RESIDENCE: Linden Ave So Boise
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Iowa
OCCUPATION: Farming man	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10:25 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl Hill M.D.

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 17, 1912 S. E. Shawhan

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

JUN 9 2 1937

533-270-001-616

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise

No. School Dist-#9

Registration District No. 1

Primary Registration District No. 2004

File No. 4372

Registered No. 43

Hospital

FULL NAME OF CHILD Florance Faith Eskeldson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	2 10 1912

FATHER		MOTHER	
FULL NAME	John Eskeldson	FULL MAIDEN NAME	Florance Fawkes
RESIDENCE	School Dist #10 9/2	RESIDENCE	School Dist No. 9
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. Earl Hull

(Physician or ~~Midwife~~)

Address Boise Ida

Filed Feb 17, 1912 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 15 1973

MAY 16 1974

MAR 13 1975

666 - 212-001-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Eagle

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 4373

Primary Registration District No. 2002 Registered No. 44

FULL NAME OF CHILD Ruby Jay Woods.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		First	Yes	2 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Woods	Ellen Cannafax
RESIDENCE	Eagle Idaho	Eagle - Idaho
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Searcy Arkansas	Green Forest Arkansas
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Whiteman

(Physician or Midwife)

Address Eagle Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 23 1912 G. E. Shawhan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DECEASED

583-213-001-291

Form V. S. No. 11-3-10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 4374

Primary Registration District No. 2202 Registered No. 45

FULL NAME OF CHILD Evelyn Marie Lytchison

Sex of Child: Female | Twin, Triplet or other? ... and Number in order of birth 4th (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: 2 (Month) 13 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Ernest Loren Lytchison	FULL MAIDEN NAME: Minnie Brashears
RESIDENCE: Eagle Idaho	RESIDENCE: Eagle Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 34 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Eagle Idaho
OCCUPATION: Blacksmith	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) R. J. Whiteman MD
(Physician or Midwife)

Address Eagle Idaho

Filed Feb 23, 1912. G. E. Strowhan
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

DUP OF 1912 D53-551

DUP OF 1912 D53-551

296-279-001-331

Form V. S. No. 11-C—16m-9-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Bench

No. [illegible] St.

Hospital —

Registration District No. 1

File No. 4375

Primary Registration District No. 2004

Registered No. 47

FULL NAME OF CHILD Viola Annie Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 19, 1912

FATHER		MOTHER	
FULL NAME	Carl P Brown	FULL MAIDEN NAME	Annie Blank
RESIDENCE	Bench	RESIDENCE	Bench
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Chicago, Ill	BIRTHPLACE	Wisconsin
OCCUPATION	farmer	OCCUPATION	House

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Glasse

Physician

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 28 1912 G. E. Thornton M.D.

Registrar

S-Y CO., 16670

NOV 10 1967

MAY 23 1972

JUN 12 1979

218 - 220 - 001849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 4376

No. R# II, 9 M. S. & E. — Primary Registration District No. 2054 — Registered No. 49

Hospital

FULL NAME OF CHILD Baby —

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe-	one	4th	yes	Feb 20, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Chas S. Bay —	FULL MAIDEN NAME: Sarah A. Hurst
RESIDENCE: Meridian R. # II	RESIDENCE: Meridian R # II
COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Neal

Physician

(Physician or Midwife)

Address Meridian, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar. 4, 1912 E. E. Shanahan M.R.
Registrar

S-Y CO., 16670

OCT 15 1968

719 - 225-001-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 4377

No. R#I 5m N of W, Primary Registration District No. 2003 Registered No. 50

Hospital

FULL NAME OF CHILD Ellen Louise Parker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	~~one~~	2nd	yes	Feb 23, 1912

FATHER	MOTHER
FULL NAME Ray Parker	FULL MAIDEN NAME Ethel Mae McMullen
RESIDENCE Meridian R#I	RESIDENCE Meridian R#I
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Neal

Physician

(Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar. 4, 1912 E. E. Hawkins

Registrar

S-Y CO., 16670

Registrar

RESIDENCE

BIRTHDAY (Year)

BIRTHDAY (Year)

431 - 115 - 001 - 266

PLACE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 4378

No. ....., ... St. Primary Registration District No. 2003 Registered No. 51

Hospital CLAUDE DeVERNE

FULL NAME OF CHILD David Richard McAllister

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	5-a	yes	Feb 15 1912

FATHER	MOTHER
FULL NAME James M McAllister	FULL MAIDEN NAME Emma L. Booze
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kan	BIRTHPLACE Neb
OCCUPATION Labor	OCCUPATION Home wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

(Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 4, 1912 G. E. Shawhan

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF OHIO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RESIDENCE

BIRTHPLACE

AGE AT LAST BIRTHDAY

(Years)

COLOR

RESIDENCE

BIRTHPLACE

AGE AT LAST BIRTHDAY

(Years)

STATE OF IDAHO SEP 8 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4378

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sur Name	McCallister	McAllister
Name	Claud Richard	Claude DeVerne McAllister

Subscribed and sworn to before me this 4
day of Sept, 1942
Marion W. Clark
Notary Public, residing at Lewiston

My commission expires .....
(Seal)

Signed Emma McAllister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

SEP 9 1942

168-22807-62

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 4379

No. ____, ____ St.

Primary Registration District No. 200

Registered No. 54

Hospital

FULL NAME OF CHILD Mildred Grace Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F M			yes	Feby 29, 1912

FATHER

FULL NAME Richard Johnson

RESIDENCE Eagle

COLOR W AGE AT LAST BIRTHDAY 51 (Years)

BIRTHPLACE Pennsylvania

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary A Corbaley

RESIDENCE Eagle

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE England

OCCUPATION Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 4:30a M. on the date above stated.

(Signature) A W Hall MD

(Physician or Midwife)

Address Star Idaho

Filed March 6, 1912 E. E. Shawhan MD Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 11 1957

5-66-224-201-355

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 4380

No. ____, ____ St.

Primary Registration District No. 2003

Registered No. 55

Hospital ____

FULL NAME OF CHILD Treva Nofsiger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M.			Yes	July 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Nofsiger	Leartha Lee.
RESIDENCE	Near Meridian	Near Meridian
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 55	Wh 53
BIRTHPLACE	Ohio	Oregon
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 5.

Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.55 P. M. on the date above stated.

(Signature) A W Hull MD

(Physician or Midwife)

Address Star Idaho

Filed Nov 6, 1913

L. E. Shawhan, M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No

Registe

Date of
birth
(Month

MOTHER

AGE A
BIRT

DWIFE

(Year)

OF ATTEND

(Signature)

Address

Filed

PLEASE PRINT

PLEASE TYPE

PLEASE PRINT OR TYPE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
BUREAU OF
VITAL STATISTICS
'76 6 12 31 PM

Certificate No. 4380

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nofziger (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 24, 1912 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Treva Nofsiger

Subscribed and sworn to before me this 6th day of February, 19 76

Florence Enbright

Notary Public, residing at Boise

My commission expires 4-2-78

(Seal)

Signed John E Farmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte #1 Box 111A Melba Idaho 83641
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

A.6.76

An old driver's license issued Sept. 20, 1967 gives name as Treva Farmer born Feb. 24, 1912. Card or Operator's License issued by the Idaho Motor Vehicle Division.
Viewed by V.S.

FEB 10 1976

Marriage License and Certificate issued by Canyon County gives name of bride as Treva Nofzigermarried to Joh E. Farner on May 1, 1932. Springer, Minister. Certificate # 192231 filed with Canyon County Recorder J. C. Smith.
Viewed by V.S.

796 - 213 - 001 - 366

PLACE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Lucile Proctor

Revised U. S. No. 11-C—Ign-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 4381

Primary Registration District No. 2001 Registered No. 56

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F W.			yes	Feb (Month) 13 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	J W Proctor	FULL MAIDEN NAME	Dr. Lowe.
RESIDENCE	Star	RESIDENCE	Star
COLOR	Co.	COLOR	Co.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Kentuckey
OCCUPATION	Veterinarian	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5309 M. on the date above stated.

(Signature) Clyde Hall MD

Star Idaho.

(Physician or Midwife)

Address ____

Filed Mar 6, 1912 G E Lawhan MD Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON 25, D. C.

BIRTHPLACE

BIRTHDAY

CHILD

FATHER

BIRTH

File No.

Registrar

BIRTH

243-127-001-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise outside of limits

No 1619 N. 19th St.

Hospital —

Registration District No 1

File No. 4382

Primary Registration District No. 2004

Registered No. 46

FULL NAME OF CHILD Wallace Lee Buchanan

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	— (To be answered only in event of plural births)		—	yes	Feb. 27 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Oviatt Buchanan	Emaline Jones
RESIDENCE	Boise, Ida.	Boise, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	45	39
BIRTHPLACE	Newark, N. J.	Grant City, Mo.
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan, M.D.

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 27 1912 G. E. Shawhan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 4382

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 2-27-1912 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Wallace Lee - Buchanan

Subscribed and sworn to before me this 17th day of February, 1942

O. W. Oppenheim

Notary Public, residing at Boise, Idaho

My commission expires Sep. 30, 1945

(SEAL)

Signed Ermaline Buchanan

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R. #1, Boise, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1942

O. W. Oppenheim

Notary Public, residing at Boise, Idaho

My commission expires Sep. 30, 1945

(SEAL)

Signed Robert O. Buchanan

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R. #1, Boise, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

[redacted] 18 1973

NOV 14 1973

BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 4383

No. ....., ... St.

Primary Registration District No. 2102 Registered No. 14

Hospital .....

FULL NAME OF CHILD Paul Hollenbeck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 29 19??

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Hollenbeck	Nancy Ours
RESIDENCE	Heyburn	Heyburn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Neb.	Minnesota
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killeen

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed March 14 1912 V. R. Killeen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FEB 20 1962

[redacted]

BIRTH

RESIDENCE

COLOR

BIRTHPLACE

255-[illegible]-397

Form V. S. No. 11-C—15m-6-20-11

PL[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 29 File No. 4384

No. ____, ____ St.

Primary Registration District No. 2102 Registered No. 13

Hospital ____

FULL NAME OF CHILD Keef.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 29, 1912

FATHER		MOTHER	
FULL NAME	H. L. Keef.	FULL MAIDEN NAME	Jessie Tigard
RESIDENCE	Heyburn, Ida	RESIDENCE	Heyburn,
COLOR	White	AGE AT LAST BIRTHDAY (Years)	50
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Illinois	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killru

Physician.
(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____
Registrar

Filed March 14 1912 V. R. Killru
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12-343270

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S.

T OF BIRTH

RESIDENCE

2 - KEEP

DUP OF 12-343270

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

043-228-832-695

PLACE OF BIRTH

County of Lincoln

City of ..... No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C-1000-8-07-11

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 4385

Primary Registration District No. 2102 Registered No. 12

FULL NAME OF CHILD Anna Haskman

Sex of Child female | Twin, Triplet, or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of birth Feb. 28, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Haskman	FULL MAIDEN NAME	Anna Winkler
RESIDENCE	Heyburn. Ida	RESIDENCE	Heyburn,
COLOR	White	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed March 14 1912 V. R. Killen

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. II-C—Rev. 6-41

PLACE OF BIRTH

SEP 25 1942

156-[redacted]14-236

PLA[redacted]

Form V. S. No. 11-C—Rev. 9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 538 N. Sixth St.

Registration District No. 22 File No. 4386

Primary Registration District No. 2-108 Registered No. 28

Hospital

FULL NAME OF CHILD Unnamed Glenn Avey Jeffries

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 23 1912

FATHER	MOTHER
FULL NAME: Geo. W. Jeffries	FULL MAIDEN NAME: Sadie Stowell
RESIDENCE: 538 N Sixth Street, Payette	RESIDENCE: 538 N Sixth St. Payette
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Minnesota
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. K. Avey

Physician

(Physician or Midwife)

Address Payette Ida.

Filed Mch 11 1912 J. G. Woodward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 8 1973

385 - 12-7019-252

PLACE OF BIRTH

Form V. S. No. H-C-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22 File No. 4387

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 29

Hospital .....

FULL NAME OF CHILD Roger Russell Tyler 3/15/12

not Rogers to date

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	2 - 24 , 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. E. Tyler	FULL MAIDEN NAME	Bessie Bestor
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Hse.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Flack M.D

(Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 15 1912 J C Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MAR 11 1969

ESSENTIAL

ADDING INK

COLOR

BIRTHDAY

BIRTHPLACE

451 - 204-014-643

PLACE OF BIRTH

Form V. S. No. 11-43—16m—6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22

File No. 4388

No. ....., ... St.

Primary Registration District No. 2008

Registered No. 19

Hospital .....

Name Card, Form V. S. mailed

FULL NAME OF CHILD Bertha Faye Dean

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	2 4 19

FATHER		MOTHER	
FULL NAME	J.H.Dean	FULL MAIDEN NAME	Bessie Fuller
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Laberor	OCCUPATION	H.W

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6. A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M D

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Filed March 5 1912 J.C. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY.....
(Years)

366 - 230-014-386

PLACE OF BIRTH

County of Lanyon

City of Emmett

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 22

Primary Registration District No. 2008

File No. 4389

Registered No. 20

Name Card, Form [illegible] 27A mailed

FULL NAME OF CHILD Florence Rae Coon not known to me

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 30 , 191 2

FATHER		MOTHER	
FULL NAME	R.R.Coon	FULL MAIDEN NAME	Etta Thomas
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mich.	BIRTHPLACE	Ill.
OCCUPATION	Clerk	OCCUPATION	H.W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8.0A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed March 5 1912 J. C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

SEP 18 1962

DECEASED

123-131-014-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22

File No. 4390

No. ____, ____ St.

Primary Registration District No. 2008

Registered No. 21

Hospital ____

Name Card, Form V. S. 27A mailed

FULL NAME OF CHILD Russel R. Aston not known me

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	1 21 1912

FATHER		MOTHER	
FULL NAME	Elias Aston	FULL MAIDEN NAME	Carr
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	H . W

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M D

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

5-7-12, 19

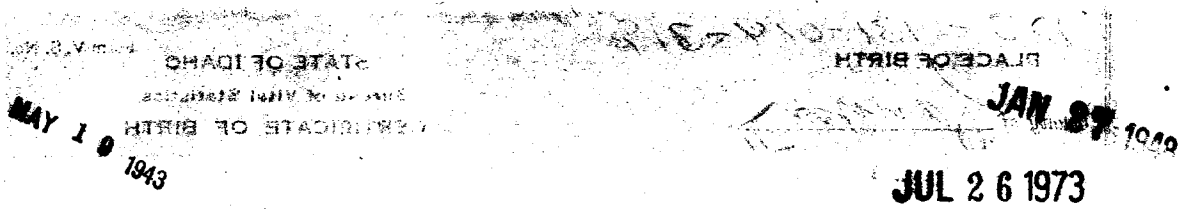
Filed March 5 1912 J. O. Woodward Registrar

S-Y CO., 166% J.M.S. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


MAY 10 1943
JAN 29 1949
JUL 26 1973

249-103-04-419

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted]

City of Emmett Registration District No. [redacted] 22 2008 File No. 4391

No. ____, ____ St. Primary Registration District No. [redacted] Registered No. 22

Hospital ____ Name Card, Form V. S. 27A mailed

FULL NAME OF CHILD Lester Martin Burton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	2 – 3 – 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Lynn Burton	Pearl Martin
RESIDENCE	Emmett Ida	Emmett Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	South Dekota	Emmett Ida
OCCUPATION	Teacher	House Mfe.

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Feb. 3 at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife) MD

Address Emmett

Given names added from a supplemental report

....., 19.....

Registrar

Filed [redacted] 19 12 J. C. Hodward Registrar

March 5/1912

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

SEP 9 1971

319 - 210-014-355

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Emmett
No. ____ St.
Hospital ____

Registration District No. 22 — File No. 4392
Primary Registration District No. 2008 — Registered No. 23

FULL NAME OF CHILD: Maxine Eleanor Carter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	February 10, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth: 1
Number of children of this mother now living, including present birth: 1

FATHER		MOTHER	
FULL NAME	Samuel H. Carter	FULL MAIDEN NAME	Pearl L. Teed
RESIDENCE	Emmett, Idaho	RESIDENCE	Emmett, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Indiana	BIRTHPLACE	So. Dakota
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark, M.D.

Emmett, Idaho
(Physician or midwife)

Address ____

Give names added from a supplemental report.

____, 192____

____
Registrar.

Filed 3 - 5 1912 — J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1959

Amended B 1873-518

854-22-1824-518

PLACE OF BIRTH

Form V. S. No. H-C—15m-6-26-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22

File No. 4394

2008

No. ____, ____ St.

Primary Registration District No. [redacted]

Registered No. 25

Hospital ____

Name Card, Form V. S. 27A mailed

FULL NAME OF CHILD Ida Myrtle Hedrick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	2-21-12

FATHER		MOTHER	
FULL NAME	Charley Hedrick	FULL MAIDEN NAME	Effie Alice Ray
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ark.
OCCUPATION	Bridge Builder	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 2-21-12, at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

[redacted] (Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Registrar

Filed [redacted] 19 12

March 5/1912 J. C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

1394

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED VITAL STATISTICS AUG 17 1973

State of Idaho
County of Ada } ss.

Certificate No. 4394

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Ida Hedrick (Name on Original Certificate) who was born (Was Born or Died) on February 21, 1912 (Date of Event)
in Emmett (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ida Hedrick	Ida Myrtle Hedrick

Subscribed and sworn to before me this 12th day of August 1973

Glenda MacGregor
Notary Public, residing at Boise
My commission expires Sept. 15, 1976
(Seal)

Signed Esther D. Teachout
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1726 Broom, Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

per phone call 8/6/73

Family Record- By Family Obviously Old gives name as Ida Myrtle Hedrick. born Feb. 21 1912 Canyon County Emmett. Idaho

AUG 17 1973

Viewed by VS

Social Security Card # 519-05-9896 Form OA-702.1 REV.(10-58) gives name as Ida Myrtle Bellino.
Viewed by VS

693-121-014-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C—Issued 6-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22

2008

File No. 4395

Primary Registration District No. 2220

Registered No. 26

Name Card, Form V. S. ..... Not Mailed

FULL NAME OF CHILD James Francis Wilson Not known to me

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Jan 21 1912

FATHER		MOTHER	
FULL NAME	Lem Wilson	FULL MAIDEN NAME	Hazle Park
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	H.D.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 0 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 5 1912 J C Woodward

Registrar

.....

Registrar

S-Y CO., 16670

DUP OF 12-318868

413-23 [redacted] -737

PLACE OF B[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. II-C—Rev. 1931

County of Kot[redacted]

City of Coeur d'Alene Registration District No. 12 File No. 4396

No. ____, ____ St. Primary Registration District No. 1003 Registered No. 27

Hospital ____

FULL NAME OF CHILD Margaret Louise Dollar

Sex of Child	~~Twin, Triplet,~~ or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single (To be answered only in event of plural births)	2	Yes	May 30 (Month, Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Wm Dollar	FULL MAIDEN NAME	Christina Almyra Klopfer
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Dentist	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O Dwyer

Physician (Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/10 1912 A. D. Sherman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

SEP 2 7 1974

793 + 202-328-419

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, ____ St.

Hospital Cpts

Registration District No. 17

Primary Registration District No. 1003

File No. 4397

Registered No. 28

FULL NAME OF CHILD No name yet George LeRoy

Sex of Child: Male	Twin, Triplet, or other? Single (To be answered only in event of plural births)	and Number in order of birth: 2	Legitimate? Yes	Date of birth: Feb (Month) 2 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	Joseph Ray Riles	FULL MAIDEN NAME	Janet Susan Main
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mich
OCCUPATION	Mgr. Steamboat Line	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Myers

Phys.

(Physician or Midwife)

Address Coeur d'Alene

Given names added from a supplemental report 5-7-12

..... 19.....

J.M.S.

Registrar

Filed 3/10/ 1912 L. L. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

359-E 203-028-168

Form V. S. No. 11-C—Rev. 6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootani

City of St Joe

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 4398

Primary Registration District No. 2044 Registered No. 29

FULL NAME OF CHILD Elsie Bergloff

Sex of Child: Female | Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth: 6 | Legitimate? Yes | Date of birth: Feb 3rd (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Andrew Bergloff	FULL MAIDEN NAME: Alma Johnson
RESIDENCE: St Joe Ida	RESIDENCE: St Joe
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Blacksmith	OCCUPATION: housewife

Number of child of this mother, including present birth: 6th

Number of children, of this mother, now living, including present birth: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Jan 23, at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W C Lindsay

Physician

(Physician or Midwife)

Address St Joe Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/10 1912 A A Sherman

Registrar

.....

Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

627-703-0[redacted]2

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone ... of ...

City of Pocono ... Registration District No. 12 ... File No. 4399

No. ..... St. ... Primary Registration District No. 2118 ... Registered No. 20

Hospital Idaho Hosp.

FULL NAME OF CHILD Patrick Jackson O'brien

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Feb 3 1912

FATHER		MOTHER	
FULL NAME	Paul J. O'brien	FULL MAIDEN NAME	Rose Lauser
RESIDENCE	Pocono	RESIDENCE	Pocono
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Indiana	COLOR	White
OCCUPATION	Sect. Foreman	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth ... 1 ... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. C. Lindsay M.D.

Physician (Physician or Midwife)

Address St. Joe Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/10 1912 A. N. Freeman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated

[redacted]

MAR 1- 1954

[redacted]

Form V. S. No. 11—C—Month Blank

STATE OF IDAHO
Bureau of Vital Statistics

County of Latah

CERTIFICATE OF BIRTH

City of Athol — Registration District No. 12 — File No. 4401

No. ____, ____ St. — Primary Registration District No. 2017 — Registered No. 22

Hospital ____

FULL NAME OF CHILD Georgia Lorenz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	May 4. 1912

FATHER		MOTHER	
FULL NAME	Wilbur Lorenz	FULL MAIDEN NAME	Nilda Olson
RESIDENCE	Athol, Ida.	RESIDENCE	Athol, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Pa.	BIRTHPLACE	Norway
OCCUPATION	Saw mill laborer	OCCUPATION	housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Kemp, Physician
(Physician or Midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report

____ 19____

Filed 5/10 1912 A. G. Hausman
Registrar

____
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated

[redacted]

PLACE OF BIRTH

OCT 4 1954

699-205-028-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—16m-8-'11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No ____, ____ St.

Hospital ____

Registration District No. 12 File No. 4402

Primary Registration District No. 2051 Registered No. 33

FULL NAME OF CHILD Laura May Wright

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1				2 5 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Hilery Wright	Lilly Maud McGwin
RESIDENCE	Post Falls Idaho	Ricevill Iowa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	36
BIRTHPLACE	Fayette Co. Iowa	Janesvill Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Feb 5 - 1912, at 8.45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marian H. Kennedy

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Post Falls, Idaho

Filed 3/10 1912 D.D. Norman

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registro

PLACE OF BIRTH

STATE OF IDAHO

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
NAME	
RES. DENCE	
COLOR	AGE AT LAST BIRTHDAY

285-106-028-7

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 44-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 14 File No. 4403

No. ____, ____ St.

Hospital Coeur d'Alene Hosp. Primary Registration District No. 1003 Registered No. 34

FULL NAME OF CHILD John Owen Shepherd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		11	Yes	2/6/192

	FATHER	MOTHER
FULL NAME	John Owen Shepherd	Vera Aleda Owen
RESIDENCE	Coeur d'Alene Idaho	Coeur d'Alene Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Webster Iowa	Burnsville Minn.
OCCUPATION	M. D.	Hus

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:15A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Owen Shepherd

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Coeur d'Alene Idaho

Filed 3/10 19 12 W. O. Brennan Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar D D Brennan J. H. Shepherd M.D.

DECEASED

231-106-028-243

PLACE OF BIRTH

STATE OF IDAHO

Form E. S. No. 11-C—Rev. 6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene — Registration District No. 14 — File No. 4404

No. 602, Lakeside St. — Primary Registration District No. 1003 — Registered No. 35

Hospital — Natal Sealer

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	Yes	Feb 6, 1912

FATHER		MOTHER	
FULL NAME	Mike Sealer	FULL MAIDEN NAME	Nellie Gertrude Butler
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Italy	BIRTHPLACE	Wisconsin
OCCUPATION	Mgr. Fruit Store	OCCUPATION	Nurse Mrs

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wynd M.D.

(Physician or Midwife)

Address C. d'A.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/10 1912 A. A. Freeman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

rec. 5/14/41. w.h.

993-109-028-814

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 12

File No. 4405

No. ____, ____ St.

Primary Registration District No. 1003

Registered No. 36

Hospital ____

FULL NAME OF CHILD Otto Ritzheimer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	4	Yes	Feb 9, 1912

FATHER		MOTHER	
FULL NAME	Peter Lawrence Ritzheimer	FULL MAIDEN NAME	Jessie Wright Hammond
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mt. Idaho, Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Driving wagon driver	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Byers Phys.

(Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 3/10 1912 L. L. Freeman Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12- 276430

100

294-110-0258-394

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dearmed

Registration District No. 2118 / 12 File No. 4406

No. ____, ____ St.

Primary Registration District No. 2118 Registered No. 37

Hospital ____

FULL NAME OF CHILD Timothy V Biddell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 2 (Day) 10 (Year) 191.2

FATHER

FULL NAME Joseph V Biddell

RESIDENCE Reservation

COLOR Red AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Reservation

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Annastasia Timothy

RESIDENCE Reservation

COLOR Red AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Reservation

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Fridley Midwife

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb. 10 19 12 Wm. D. Kinsler Registrar

3/10/12 D.D. Dreumaster

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

ORDER

COLOR

AGE AT LAST BIRTHDAY

319 - 214-028-415

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 12

File No. 4407

No. ..... St. .....

Primary Registration District No. 2051

Registered No. 38

Hospital .....

FULL NAME OF CHILD not named yet Edna May Carey

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	1		Yes	July 14, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry M Carey	FULL MAIDEN NAME	Minnie Anna Mann
RESIDENCE	Sp Lake	RESIDENCE	Sp Lake
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minnesota
OCCUPATION	Brakesman R.R.	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

(Signature) Earle J Priddle M.D.

(Physician or Midwife)

Address Spirit Lake

Filed July 10 1912

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

5-7-12, 19....

J.M.S. Deputy

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO
Statistics
OF BIRTH

File N

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Pric

AGE AT LAS
BIRTHDAY

MIDWIFE'S

Physic

653 - 215-228-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Rural

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 4408

Primary Registration District No. 1003 Registered No. 39

FULL NAME OF CHILD ~~Baby~~ Welch, Dorothy Olive

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female		III	Yes	2 (Month) 15th (Day) 1911 (Year)

	FATHER	MOTHER
FULL NAME	John Joseph Welch	FULL MAIDEN NAME Lola Irene Smith
RESIDENCE	Rural Idaho	RESIDENCE Rural Idaho
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Tucumcari Neb.	BIRTHPLACE Jamestown N. D.
OCCUPATION	Conductor	OCCUPATION Hse.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) John Hunt Shepherd M.D.

(Physician or Midwife)

Address Coeur d'Alene, Idaho

Filed 3/10 1911 D. D. Brennan

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

Registrar D. D. Brennan J. H. Shepherd M.D.

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

684-115-028-235

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, ____ St.

Hospital ____

Registration District No. 14

File No. 4409

Primary Registration District No. 1003

Registered No. 40

FULL NAME OF CHILD Leo Joseph Ohman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes.	Feb. 12 1912

FATHER		MOTHER	
FULL NAME	Michael J. Ohman	FULL MAIDEN NAME	Matilda Bleukert.
RESIDENCE	Coeur d'Alene.	RESIDENCE	Coeur d'Alene
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Albany. Minn.	COLOR	White
OCCUPATION	Laborer.	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Brockway. Minn.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4.

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm O Wood. Physician.

(Physician or Midwife)

Address Coeur d'Alene, Idaho

Given names added from a supplemental report

5-7-12, 19

J.M.S. Registrar

Filed 3/10 1912 H. D. Newman Registrar

S-Y CO., 16670

A A Breuer John Hunt Shepherd

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 19 1943

366-232-039-037

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls R.F.D. Registration District No. 12 File No. 4410

No. ____, ____ St. Primary Registration District No. 2051 Registered No. 41

Hospital ____

FULL NAME OF CHILD Nancy Elizabeth Cook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 22, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. G. Cook	Carrie McGaughy
RESIDENCE	Post Falls R.F.D.	Post Falls R.F.D.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	29
BIRTHPLACE	Ida.	Ida.
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Freeman (Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

5-7-12, 19....

J.M.S. Registrar

Filed 5/10 1912 D. D. Freeman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 4410

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nancy Elizabeth Cook (Name on Original Certificate) who (Was Born ~~Died~~) on Feb. 22 - 1912 (Date of Event)
in Post Falls - Kootenai Co. Idaho (Place of Event) erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nannie	Nancy Elizabeth Cook
Mother's name	McGaughy	McGaughy

Subscribed and sworn to before me this 3
day of Dec, 1942

Signed Wm S Cook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Post Falls Ida

My commission expires April 1-1944
(Seal)

Post Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of Dec, 1942

Signed Mrs Portia Jones
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Post Falls Ida

My commission expires April 1-1944
(Seal)

Post Falls Idaho
(Street Address, City, State)

DEC 9 1942

MAR 2 5 1975

DEC 1 1 1942

219-173-228-569

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d'Alene Registration District No. 12 File No. 4411
No. 322 S. 11 St. Primary Registration District No. 1003 Registered No. 42
Hospital

FULL NAME OF CHILD Robert M. Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Feb. 23, 1912

FATHER	MOTHER
FULL NAME: Chas. W. Bailey	FULL MAIDEN NAME: Ada E. Ross.
RESIDENCE: 322 S. 11 Coeur d'Alene	RESIDENCE: Coeur d'Alene, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Lower Ontario. Province of.	BIRTHPLACE: Stockholm Sweden.
OCCUPATION: Plumber.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 6
Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood.
Physician.
(Physician or Midwife)
Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/10 1912 D. H. Brennan
D. H. Brennan J. H. Shepherd Registrar

S-Y CO., 16670

OCT 9 1974

IDAH DEPARTMENT OF HEALTH
BURE VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 12 9 45 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Lake

Certificate No. 4411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bailey (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 23, 1912 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible rec. & Ins. Pol (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Robert M. Bailey

Subscribed and sworn to before me this 6th day of November, 1974

Glenda L. Snyder
Notary Public, residing at Ronan, Montana
My commission expires July 18, 1977
(Seal)

Signed Jack H Bailey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) brother
StarRt. Box 45 Ronan, MT
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of November, 1974

Glenda L. Snyder
Notary Public, residing at Ronan, Montana
My commission expires July 18, 1977
(Seal)

Signed Jack H Bailey
(Signature of Any Credible Person)
brother
Star Route Box 45 Ronan, MT
(Street Address, City, State)

FORM DH 60-155

CL 10/9/74

Insurance Policy from Mutaul of Omaha gives name as Robert M. Bailey, Goldcreek, Montana. Policy No. 101433-60M. dated 4-4-60. viewed by V. S.

Family Bible record gives ~~x~~ name as Robert Mitchell Bailey. born Feb. 22, 1912. viewed by V. S.

NOV 18 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins or more than one child of birth, a SEPARATE RETURN must be made for each and the number of birth, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14

File No. 4112

No. ..... St.

Primary Registration District No. 2051

Registered No. 5

Hospital

FULL NAME OF CHILD Evelyn Ruth Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Feb. 24

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pearl H. Smith	Elsie L. Richmond
RESIDENCE	Rathdrum, Ida.	Rathdrum, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Kans.	Iowa
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Ney

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 3/10 19 32 W. D. Brennan

S-Y CO., 10870 Registrar

Registrar

PLACE OF BIRTH

DEC 29 1970

198-125-025-2-71

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11 Revised 1911

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dremel

Registration District No. 2444 12

File No. 4913

No. ..... St.

Primary Registration District No. 218

Registered No. 452

Hospital .....

FULL NAME OF CHILD Peter Arrippa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 2 (Day) 25 (Year)

FATHER

FULL NAME Stanislaus Arrippa

RESIDENCE Reservation

COLOR Red AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Reservation

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary (Spokane)

RESIDENCE Reservation

COLOR Red AGE AT LAST BIRTHDAY 7th Reservation (Years)

BIRTHPLACE Spokane Reservation

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Snyder

(Physician or Midwife)

Address Desmet

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed ..... 1912 Wm J Snyder Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. In case of twins this was child of birth, GIVE DATE RETURN must be made for each child, the number of each in order of birth stated

413

RESIDENCE

COLOR

BIRTHPLACE

664-227-058-766

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Garwood

Registration District No. 12 File No. 4414

No. ____, ____ St.

Primary Registration District No. 2051 Registered No. 46

Hospital ____

FULL NAME OF CHILD Jeanie Fountain

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	Jan 27, 191[illegible]

FATHER		MOTHER	
FULL NAME	Albert Fountain	FULL MAIDEN NAME	Alice Goodrich
RESIDENCE	Garwood	RESIDENCE	Garwood
COLOR	W	AGE AT LAST BIRTHDAY (Years)	41
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Freeman

No. ____ (Physician or Midwife)

Address Parkline

Given names added from a supplemental report

____, 19____

Filed 3/10 19 12 W. S. Freeman Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1912–
DuP 08 273 284

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ontonagon

City of Ft Wilkins Lake — Registration District No. 147 — File No. [illegible]

No. ____, ____ St. — Primary Registration District No. 207 — Registered No. 28

Hospital ____

FULL NAME OF CHILD Ida Mae Hughson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Date) (Year)
Fem. (13 #)			Yes	July 25 1917

FATHER

FULL NAME Clarence Hughson

RESIDENCE Coleman

COLOR White — AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Mich

OCCUPATION Homesteader

MOTHER

FULL MAIDEN NAME Hannah Anderson

RESIDENCE ~~Ft Wilkins~~ Coleman

COLOR White — AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Sweden

OCCUPATION —

Number of child of this mother, including present birth 3rd

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Prindle M.D (Physician or Midwife)

Address Ft Wilkins

Given names added from a supplemental report

....., 19..... Registrar

Filed 3/10 19 17 A. A. Swanson Registrar

BY CO.—14679

STATE OF IDAHO

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED OCT 10 55 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4416

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hughson (Fem) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 25, 1912 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Copy 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ida Mae Hughson

Subscribed and sworn to before me this 6th day of October, 1972

Notary Public, residing at Spokane, Wash

My commission expires June 15, 1972

(Seal)

Signed Irene Hughson Speck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1114 W Montgomery, Spokane, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of Oct. 1972

Notary Public, residing at Spokane

My commission expires 9-24-73

(Seal)

Signed Mrs. Dolly Peterson
(Signature of Any Credible Person)

902 N. Maxwell
(Street Address, City, State)

FORM DH 60-155 CL 7/10/72

Change of Beneficiary to the U.S. Civil Service Commission, Washington, D. C. gives name as Layton, Archie Claud. Benficiary's name given as Ida Mae Layton. Dated Decmber 10, 1946. Viewed by V. S.

NOV 2 9 1972

High School Diploma from Spirit Lake High School gives name as Ida Mae Hughson Dated May 21, 1930. Viewed by V. S.

449 - 25-028-729

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 1st

File No. [illegible]

No. ..... St.

Primary Registration District No. 2049

Registered No. 445

Hospital Residence

FULL NAME OF CHILD Not Named Fred Gilbert Dudley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	5th	Yes	Feby 25 1912

FATHER		MOTHER	
FULL NAME	Fred A Dudley	FULL MAIDEN NAME	Mary Griffeen
RESIDENCE	Near Dudley Ida	RESIDENCE	Near Dudley Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Not ascertained U.S.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.15 Noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. E. Westmyer M.D.

(Physician or Midwife)

Address Rose Lake Ida

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Registrar

Filed Feb 19 12 Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 30 1941

221-003-123

PLACE OF BIRTH

[redacted]mended 1-14-60

County of Bannock

City of Dempsey

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 4418

Primary Registration District No. 2047 Registered No. 65

FULL NAME OF CHILD Emma Rachel Potter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan. 21, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Luther Potter	FULL MAIDEN NAME: Carrie Aslett
RESIDENCE: Dempsey	RESIDENCE: Dempsey
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Dempsey, Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) G. H. Casper

physician
(Physician or midwife)

Address Mc Cammon, Idaho

Filed 3-16-12 192 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each with the number of such, in order of birth added

K

[redacted] OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

City of Dem[illegible] Registration District No. [illegible] File No. 4413

No. ..... St.

Primary Registration District No. 2047 Registered No. 62

Hospital .....

FULL NAME OF CHILD Carrie Arlett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 - 20 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther Potter	Carrie Arlett
RESIDENCE	Dempsey	Dempsey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Dempsey, Ida	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Carson

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.. Address PO Cannon Ida

Ellis Kaufley Filed March 16, 19.. Ellis Kaufley

Registrar Registrar

JAN

JUN 2 7 1974

ertificate of Blessing, dated March 3, 1912(Blessed), shows date of birth as Jan. 21, 1912, L.D.S., Lopaz Ward, Pocatello Stake, viewed by V.S.also shows name as Emma Rachel Potter.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4418

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Carrie Aslett Potter (Name on Original Certificate) who was born (Was Born or Died) on Jan 20, 1912 (Date of Event)

in Dempsey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Carrie Aslett Potter	Emma Rachel Potter
Date of Birth	January 20, 1912	January 21, 1912

Subscribed and sworn to before me this 21 day of July, 1954

Hazel L. Hendricks

Notary Public, residing at Burley, Idaho

My commission expires Sept 28 1960

(Seal)

Signed Caroline May Potter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lava Hot Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Application for Social Security Account Number, dated Jan. 17, 1950, gives name as Emma Rachel Potter, and birth date as January21, 1912. Viewed by V.S.

7 Ada 123-795

PLACE OF BIRTH

County of Canyon

City of McCammon

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev. 1-11

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 4419

Primary Registration District No. 2047 Registered No. 65

FULL NAME OF CHILD Cleyg Raymond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 — 28 — 1912

FATHER		MOTHER	
FULL NAME	Cleyg Raymond	FULL MAIDEN NAME	Hortensia Green
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oxford Ida.	BIRTHPLACE	Malad, Ida
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaercher Registrar

S-Y CO., 16670

(Signature) G. H. Cooper

Physician

(Physician or Midwife)

Address McCammon Idaho

Filed March 19, 1912 Ellis Kaercher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

W6[illegible] 205-022-814

PLACE OF BIRTH

County of Bannock

City of Lopair

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C-(Rev. 3-20-11)

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 4420

Primary Registration District No. 1047 Registered No. 64

FULL NAME OF CHILD Henretta Monroe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 – 9 – 191[illegible]

FATHER		MOTHER	
FULL NAME	Henry Monroe	FULL MAIDEN NAME	Irena Hadley
RESIDENCE	Lopair	RESIDENCE	Lopair
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Swan Lake Ida
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaerly

Registrar

Filed March 19[illegible] Ellis Kaerly

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated

FEB 28 1967

NOV 9 1973

697-IH 023-295

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of McCammon Registration District No. 11 File No. 4421

No. ____, ____ St. Primary Registration District No. 2047 Registered No. 62

Hospital ____

FULL NAME OF CHILD FREDRICK SAMUEL Orgill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 11 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Orgill	Myrtle Kinney
RESIDENCE	McCammon	McCammon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Midland, Valley	Midland, Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

____, 19____

Ellis Kaney
Registrar

Filed March 6, 1912 Ellis Kaney
Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss. OCT [illegible]

Certificate No. 4421
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Orgill (Name on original certificate) who was born (Was born or died) on Jan. 11, 1912 (Date of event)
in McCammon (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by [illegible] (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Orgill	Fredrick Samuel Orgill

Subscribed and sworn to before me this 27
day of Oct., 19 41
J. I. Whitney
Notary Public, residing at McCammon Ida
My commission expires 2-24-42
[SEAL]

Signed Samuel B Orgill Jr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
McCammon Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of Oct., 19 41
J. I. Whitney
Notary Public, residing at McCammon
My commission expires 2-24-42
[SEAL]

Signed Frank Kinney
(Signature of any credible person other than the previous affiant.)
McCammon Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

County of Bannock

CERTIFICATE OF BIRTH

City of Arimo

Registration District No. 11

File No. 4422

No. ; St.

Primary Registration District No. 2047

Registered No. 61

Hospital

FULL NAME OF CHILD — Rebecca Nelsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1/16 1912

	FATHER	MOTHER
FULL NAME	Henry Nelsen	FULL MAIDEN NAME Rebecca Henderson
RESIDENCE	Arimo Ida	RESIDENCE Arimo, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Huntsville, Utah	BIRTHPLACE Logan, Utah
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at home on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Conyan

Physician

(Physician or Midwife)

Address McCammon, Ida

Given names added from a supplemental report

, 19

Ellis Rackley Registrar

Filed Feb 19 1912 Ellis Rackley Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NOT DUP OF 1912 - 352535

289-126-003-319

PLACE OF BIRTH

Amended 12-3-59

County of Bannock

City of Dempsey

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 4424

Primary Registration District No. 2047 Registered No. 59

FULL NAME OF CHILD Loren Richard Byington
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 26, 1912

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: James Byington	FULL MAIDEN NAME: Sarah Carr
RESIDENCE: Dempsey, Idaho	RESIDENCE: Dempsey, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 p.m. ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

Ellis Kackley
Registrar.

(Signature) Amy Toone

Midwife
(Physician or midwife)

Address Dempsey, Idaho

Filed 3-10-12 192 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each child, in order of birth, stated of each, in order of birth stated.

Form V. S. No. 11-C—Illm-6-29-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 4424

Primary Registration District No. 2047 Registered No. 55

FULL NAME OF CHILD Carlos Byington

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	/		yes	Feb 20 1912

FATHER

FULL NAME James Byington

RESIDENCE Dempsey Idaho

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Cook

RESIDENCE Dempsey Idaho

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION House Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

Elick Ackley Registrar

(Signature) Amy Toone

midwife

(Physician or Midwife)

Address Dempsey Idaho

Filed March 10, 1912 Elick Ackley Registrar

S-Y CO., 16670

DEC

Northwestern National Insurance Co. Policy gives name as Loren Richard Byington. Viewed by VS. Certificate of Blessing, dated April 7, 1912, gives name as Loren Richard Byington. Viewed by VS.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4424

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Carloss Byington (Name on Original Certificate) who Was born (Was Born or Died) on Feb. 26, 1912 (Date of Event) in Dempsey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Carloss	Loren Richard

Subscribed and sworn to before me this 15th day of June, 19 51

Notary Public, residing at Emma Casey
My commission expires July 17, 1955
(Seal)

Signed Clarence Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lake View Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 19 51

Notary Public, residing at Medford, Oregon
My commission expires 25 June 1952
(Seal)

Signed David F. Nielson Ward Clerk
(Signature of Any Credible Person)

244 Grant St. Ashland Ore
(Street Address, City, State)

FORM DPH 55. 155

617-702-[illegible]

PLACE OF BIRTH

County of Bannock

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of ..... Registration District No. 17 File No. 4405

No. ..... St. Primary Registration District No. 2047 Registered No. [illegible]

Hospital .....

FULL NAME OF CHILD Rodney Farr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 – 8 – 1912

FATHER		MOTHER	
FULL NAME	Rodney Farr	FULL MAIDEN NAME	Blanch Larsen
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Logan Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Robin
		OCCUPATION	House wife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kanely Registrar

(Signature) [illegible]

[illegible]

(Physician or Midwife)

Address [illegible]

Filed March 10 1912 Ellis Kanely Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made (for each and in order of birth stated.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

613-704-[illegible]

PLACE OF BIRTH

Form V. S. No. 11—Co. Ver. 6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No ____, ____ St.

Hospital ____

Registration District No. 11 File No. 4426

Primary Registration District No. 2046 Registered No. 75

FULL NAME OF CHILD Levi John Walker

Sex of Child	Twin, Triplet or single (To be supplied only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month)	(Day)	(Year)
M			Yes	March	9	1912

FATHER	MOTHER
FULL NAME: Frank Walker	FULL MAIDEN NAME: Ellen Lake
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Laport, Iowa	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. C. Comstock

Physician (Physician or Midwife)

Address Downey, Ida.

____, 19__

J. C. Comstock Registrar

Filed March 19 12 Ellis Kanaley Registrar

KING - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth, stating number of child, in order of birth, claimed

289 - 107-003-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No ....., ... St.

Hospital .....

Registration District No. 11 File No. 4427

Primary Registration District No. 2046 Registered No. 74

FULL NAME OF CHILD Edward Byington

Sex of Child	Twin, Triplet or Other (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month)	(Day)	(Year)
M				Yes	March	7	12

FATHER		MOTHER	
FULL NAME	Walter Byington	FULL MAIDEN NAME	DeEsta Kendall
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Springville, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.15P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Brumbaugh

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Downey, Ida.

J. C. Cusick Registrar

Filed Mch 10, 1912 Ellis Kasey Registrar

STMS - YORK CO., PTRS. & BDRS. 17520

FULL NAME OF CHILD

FULL NAME	FATHER	FULL MAIDEN	MOTHER

749-206-205-296

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No _____, _____ St.

Hospital _____

Registration District No. 11 File No. 4429

Primary Registration District No. 2046 Registered No. 72

FULL NAME OF CHILD Juanita Guidinger

Sex of Child	Twin, Triplet or Single (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth
F			Yes	Feb 6 (Month) (Day)

FATHER	MOTHER
FULL NAME: Edgar Guidinger	FULL MAIDEN NAME: Mary Brown
RESIDENCE: Downey Ida	RESIDENCE: Downey, Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Clarkson, Neb	BIRTHPLACE: Trayer, Ks.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Arment

Physician (Physician or Midwife)

Given names added from a supplemental report

J C Arment, 19____

Address Downey, Idaho.

Filed Mch 10, 19 2 Ella Kackley Registrar

Ella Kackley Registrar

SYMS - YORK CO., PTRS. & ENGS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

R. S. [illegible] of each certificate must state if birth, a SEPARATE RETURN shall be made for each and the number of such, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

FULL NAME OF CHILD

Child

Twin, or Triplet?

Number in order of birth

Sex

Birth

(Month) (Day) (Year)

(To be answered only in event of plural births)

FULL MAIDEN

FATHER

FULL MAIDEN

MOTHER

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

on the date above stated

at

389-220-003-26

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 4430

Primary Registration District No. 2046 Registered No. 553

FULL NAME OF CHILD Lota Ellen Christiansen

Sex of Child	Twin, Triplet or other (To be filled only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	2	Yes	Jan 20-12 191

FATHER	MOTHER
FULL NAME: Albert Christiansen	FULL MAIDEN NAME: Phoebe Bowman
RESIDENCE: Downey, Ida	RESIDENCE: Downey, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Hyde Park Utah	BIRTHPLACE: Richmond, Ut.
OCCUPATION: Farmer	OCCUPATION: Housewife
Number of child of this mother, including present birth: 10	Number of children, of this mother, now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) [signature]

Physician (Physician or Midwife)

Address Downey, Ida.

____, 19____

[signature] Registrar

Filed Jan 22 1912 [signature] Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

WERR - YORK CO., STMS. & BDRS. 17824

OCT 2 7 1994

8Y4-118-013-815

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No _____, _____ St.

Hospital _____

Registration District No 11 File No 4431

Primary Registration District No 2046 Registered No 52

FULL NAME OF CHILD Melvin Lewis Hadfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of twin or triplet births)	Legitimate	Date of birth (Month) (Day) (Year)
M	and	Yes	2-18-12 1912

FATHER	MOTHER
FULL NAME: John Henry Hadfield	FULL MAIDEN NAME: Eliza Hancock
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Syracuse, Utah	BIRTHPLACE: Downey, Ida
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or Stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. H. Hancock

Physician (Physician or Midwife)

Address Downey, Ida.

_____, 19__

J. C. Grant Registrar

Filed June 19 12 Ellis Kaseley Registrar

BLANK - YORK CO., PTRS. & BOOKS. 17898

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

STATE OF IDAHO

(Years)

F ATTENDIN

(Signature)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Box Elder } ss.

Certificate No. 4431

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Melvin Louis Hadfield (Name on Original Certificate) who 18 Feb (Was Born or Died) on 1912 (Date of Event)
in Downey Idaho Cambridge ward (Place of Event) erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Melvin	Melvin Louis Hadfield

O.K. Louisa A. Hancock

Subscribed and sworn to before me this 23
day of June, 1942
James Brough
Notary Public, residing at Tremonton Utah
My commission expires Oct. 5-1945
(Seal)

Signed Mrs John H. Hadfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Tremonton - Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Box Elder } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of June, 1942
James Brough
Notary Public, residing at Tremonton Utah
My commission expires Oct. 5-1945
(Seal)

Signed Alice A Hadfield Buxton
(Signature of Any Credible Person Other Than Previous Year)
Tremonton · Utah
(Street Address, City, State)

JUN 29 1942

255-114-003-483

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

*No*_____, _____ *St.*

Hospital _____

Registration District No 11 . **File No.** 4432

Primary Registration District No. 2046 **Registered No.** 57

FULL NAME OF CHILD Leland Kendall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2-14-12 ....191....

FATHER	MOTHER
FULL NAME Edwin Kendall	**FULL MAIDEN NAME** Ethel J. Millard
RESIDENCE Downey	**RESIDENCE** Downey
COLOR W **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 21 (Years)
BIRTHPLACE ~~Oxford. Ida.~~	**BIRTHPLACE** Preston, Ida.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.00A M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or Midwife)

Address Downey, Ida.

Given names added from a supplemental report

_____, 19____

[signature] Registrar

Filed Feb 22, 19 12 [signature] Registrar

H. S. - YORK CO., PTRS. & BORS. 17326

(Years)

Amended 6-27-58.

PLACE OF BIRTH 312-117-003-319

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Niter

No. ____ St. Registration District No. 11 File No. 4433

Hospital ____ Primary Registration District No. 2048 Registered No. 80

FULL NAME OF CHILD Clarence Edwin Casperson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 17, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER

FULL NAME: Ephriam R. Casperson

RESIDENCE: Niter, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Annie Larsen

RESIDENCE: Niter, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

Physician (Physician or midwife)

Address Grace, Idaho

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed March 10, 1912 Ellis Kackley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C Rev-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Inter — Registration District No. 11 — File No. 4433

No. ____, ____ St. — Primary Registration District No. 2048 — Registered No. 80

Hospital ____ St. John

FULL NAME OF CHILD ~~Baby~~ Casperson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feby 17, 1912

FATHER		MOTHER	
FULL NAME	Johniant Casperson	FULL MAIDEN NAME	Annie Larsen
RESIDENCE	Inter - Idaho	RESIDENCE	Inter - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5th. — Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard

Physician (Physician or Midwife)

Address Grace - Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kasey Registrar

Filed March 19 1912 Ellis Kasey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 27 1958

Family Record, and Certificate of Baptism and Confirmation, August 7, 1921
viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of YAKIMA }

Certificate No. 4433

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Casperson (Name on Original Certificate) who born (Was Born or Died) on February 17, 1912 (Date of Event)
in Niter, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on MORE THAN 6 YEARS AGO Aug. 7, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	John Casperson	Clarence Edwin Casperson

Subscribed and sworn to before me this 24th day of JUNE, 1958.
Robert F. Brachtenbach
Notary Public, residing at Selah Wash.
My commission expires Sept 29, 1959
(Seal)

Signed E R. Casperson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 2 Selah, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of YAKIMA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of JUNE, 1958.
Robert F. Brachtenbach
Notary Public, residing at Selah Wash
My commission expires Sept. 29, 1959
(Seal)

Signed Mrs Earl L Smith
(Signature of Any Credible Person)

1213 S. 12th Ave YAKIMA WASH
(Street Address, City, State)

FORM DPH 55.155

CL sent 6-6-58 one copy pd.

154-106-003-493

PLACE OF BIRTH
Amended 5-16-75

County of Lincoln

City of Lund

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-12

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 4434

Primary Registration District No. 2048 Registered No. 71

FULL NAME OF CHILD Glenn Oluf Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Boy			yes	March 6, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ole Anderson	FULL MAIDEN NAME	Margreet Miller
RESIDENCE	Lund Idaho	RESIDENCE	Lund Idaho
COLOR	White	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 3 A. M. on the date above stated.

(Born alive or stillborn) Alive

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Anderson

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Lund, Idaho

Ellis Kaney
Registrar

Filed March 19, 19 12 Ellis Kaney
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 9 1975

5 9 75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 16 4 44 PM 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 4434

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ole Anderson (Name on Original Certificate) who was born (Was Born or Died) on Feb. 1, 1912 (Date of Event)
in Lund, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ole	Glenn Oluf
Date of birth	Feb. 1, 1912	March 6, 1912

Subscribed and sworn to before me this 12th day of May, 1975.
Notary Public, residing at Rupert Idaho
My commission expires 8-1-76
(Seal)

Signed [signature] Son
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
266 Overlander Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. TAKEN FROM CHURCH RECORD

Subscribed and sworn to before me this day of May, 1975.
Notary ~~Public~~, residing at Clerk of the Dist. Court Rupert, Idaho
My ~~commission expires~~
(Seal)

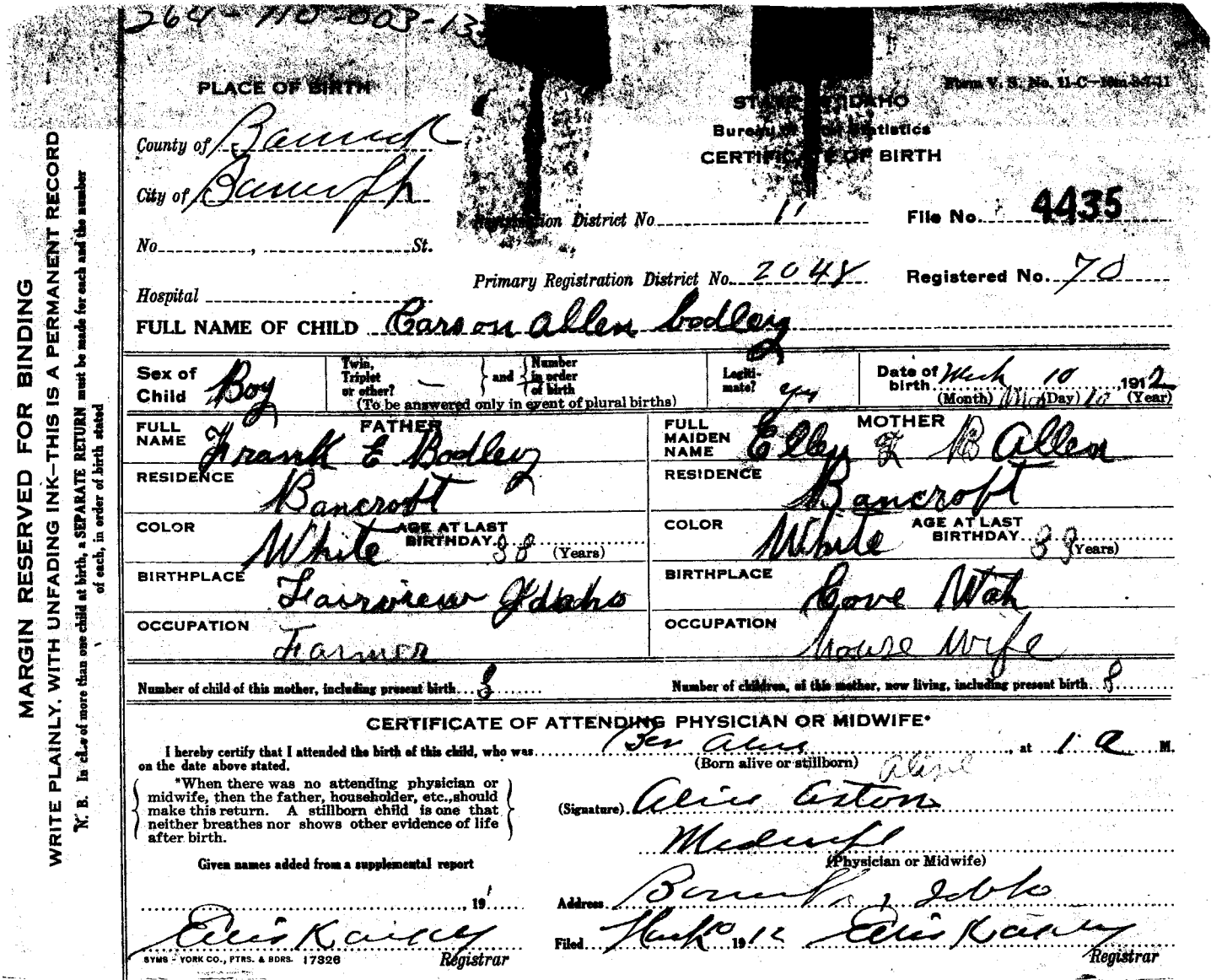
Signed [signature]
(Signature of Any Credible Person)
Rt. 2 Box 2 Idaho 83347
(Street Address, City, State)

Church Record of Membership issued by the L.D.S.Church gives name as Glen Olif Anderson born March 6, 1912 at Lund, Idaho. Blessed April 7, 1912.
Viewed by V.S.

Insuarnce Policy issued by the Occidental Life Co. gives name as Glenn Olif Anderson Born March 6, 1912/ Policy applied for Setp. 16, 1960 and issued Sept. 28, 1960. # 3861092

MAY 20 1975

Viewed by V.S.



264-110-803-13

PLACE OF BIRTH

County of Bannock

City of Bancroft

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 34-11

Registration District No. 11

File No. 4435

Primary Registration District No. 2048

Registered No. 70

FULL NAME OF CHILD Carson allen Bodley

Sex of Child: Boy

Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? yes

Date of birth: March 10 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E Bodley	Ella B Allen
RESIDENCE	Bancroft	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	33 (Years)
BIRTHPLACE	Fairview Idaho	Cove Wash
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Eaton

Midwife (Physician or Midwife)

Address Bancroft, Idaho

Given names added from a supplemental report

..... 19.....

Alice Kaiser Registrar

Filed March 19 12 Alice Kaiser Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1977

DUP OD 1912 # 3188606

154-121-003-8571

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Central — Registration District No. 11 — File No. 4436

No. ____, ____ St. — Primary Registration District No. 2048 — Registered No. 79

Hospital ____

FULL NAME OF CHILD Washington Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feby 21 1912

FATHER		MOTHER	
FULL NAME	Andrew S Anderson	FULL MAIDEN NAME	Elizabeth Keahs
RESIDENCE	Central - Idaho	RESIDENCE	Central - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Denmark	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 9th — Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard

(Physician or Midwife)

Address Inkom - Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercy
Registrar

Filed Mch 16 1912 Ellis Kaercy
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDATE OF

St.

C

FATHER

AGE AT
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CERTIFICA

the birth of this chil

supplemental report

367-119-003-256

PLACE OF BIRTH

Form V.S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grace — Registration District No. 11 — File No. 4437

No. ____, ____ St. — Primary Registration District No. 2048 — Registered No. 78

Hospital [illegible]

FULL NAME OF CHILD Cox, Charles Edward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Feb. 19, 1912

FATHER	MOTHER
FULL NAME Charles L. Cox	FULL MAIDEN NAME Flora Snow.
RESIDENCE Grace - Idaho	RESIDENCE Grace - Idaho.
COLOR White — AGE AT LAST BIRTHDAY 22 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26
BIRTHPLACE Wyoming	BIRTHPLACE Utah.
OCCUPATION Barber.	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard.

Physician (Physician or Midwife)

Address Grace - Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaerley Registrar

Filed March 10 1912 Ellis Kaerley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/22/41 L. B.

PLACE OF BIRTH

State of Idaho

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Inter

Registration District No. 11

File No. 4438

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 77

Hospital Cottage

FULL NAME OF CHILD Barney Fowler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 12, 1913

FATHER	MOTHER
FULL NAME Arthur V. Fowler	FULL MAIDEN NAME Emma Peck
RESIDENCE Lago - Idaho	RESIDENCE Lago - Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Bullard

(Physician or Midwife)

Given names added from a supplemental report

Clerk of Court Registrar

Clerk of Court Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

967-220-003-859

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form [illegible] H. C—15m-6-20-11

County of Bannock

City of Grace

Registration District No. 11

File No. 4439

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 76

Hospital ____

FULL NAME OF CHILD JOSEPHINE MARIE Voghaar

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 20, 1912

	FATHER	MOTHER
FULL NAME	John Voghaar	GRACE VAN DER HEIDE
FULL MAIDEN NAME		Grace Van Der Heide
RESIDENCE	Grace Idaho	Grace, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Holland	Holland
OCCUPATION	Merchant	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard M. D

(Physician or Midwife)

Address Grace, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaerley Registrar

Filed Feb 16 1912 Ellis Kaerley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4439

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (Correct Facts)
Name	Estellae	Josephine Marie Roghaar

Subscribed and sworn to before me this 15th day of May 1942

Harold B. Layne
Notary Public, residing at Grace Idaho

My commission expires Mar 8 - 1945
(Seal)

Signed John Roghaar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Grace Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of May 1942

Harold B. Layne
Notary Public, residing at Grace Idaho

My commission expires Mar 8 - 1945
(Seal)

Signed Wm T. Fowler
(Signature of Any Credible Person Other Than Previous Year)

Grace, Idaho.
(Street Address, City, State)

MAY 18 1942

MAY 8 C 1962

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 4439

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for [redacted] (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Alice VanDerFeere	Grace Van Der Heide

Subscribed and sworn to before me this 2nd day of June, 1942

Notary Public, residing at Grace, Idaho.

My commission expires May 7, 1945
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grace, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 1942

Notary Public, residing at Grace, Idaho

My commission expires May 7, 1945
(Seal)

Signed Wm T. Fowler
(Signature of Any Credible Person Other Than Previous Year)

Grace, Idaho.
(Street Address, City, State)

JUN 4 1942

JUN 5 1942

255-107-002-251

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

Registration District No. 11 File No. 4440

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 69

Hospital ____

FULL NAME OF CHILD Clarence Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	March 7, 1912

FATHER		MOTHER	
FULL NAME	Harold Bennett	FULL MAIDEN NAME	Millie Beary
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Perry	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

____, 19____

Ellis Kaercher Registrar

Filed March 9, 1912 Ellis Kaercher Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form C.S. No. 1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE

PATHER

ABE AT BIRTH

CERTIFIC

595-204-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 4441

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 68

Hospital ____

FULL NAME OF CHILD Clara Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				yes	March 4, 1912

FATHER		MOTHER	
FULL NAME	Alma Nielsen	FULL MAIDEN NAME	Clara Nielsen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cleveland Idaho	BIRTHPLACE	Cleveland, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgren

Midwife (Physician or Midwife)

Given name added from a supplemental report

____, 19____

Ellis Kaney Registrar

Address Treasureton Idaho

Filed March 19, 1912 Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE

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ICIAN OR M

154 - 118-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 4442

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 67

Hospital ____

FULL NAME OF CHILD Alfred Lauduer Andersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				yes	Feb 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Andersen	Hannah Penina Jensen
RESIDENCE	Cleveland	Cleveland
COLOR / AGE AT LAST BIRTHDAY	White / 33 (Years)	White / 23 (Years)
BIRTHPLACE	Weston, Idaho	Cleveland, Idaho
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

____, 19____

Ellis Kasey Registrar

Filed Mch 19, 1912 Ellis Kasey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 31 1966

955-207-085-349

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Jan. 5-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Inter Idaho

Registration District No. 11 File No. 9443

No. ....., ... St.

Primary Registration District No. 2048 Registered No. 58

Hospital .....

FULL NAME OF CHILD Thelma F mendenhall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	feb 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo mendenhall	Agnes H Turner mendenhall
RESIDENCE	inter Idaho	Inter ~~inter~~ Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Franklen Idaho	Lago Trout creek Idaho
OCCUPATION	farmer	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:10 a. m. on the date above stated.

(Born alive ~~or stillborn~~) yes

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lago Idaho

Filed Feb. 26 1912

Elis Kaercher
Registrar

Elis Kaercher
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 1 1972

985-1722-003-744

PLACE OF BIRTH

Form V. S. No. 11-2 (Rev. Oct. 11)

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Turner

Registration District No. 11 File No. 4446

No. —, • St.

Primary Registration District No. 2048 Registered No. 55

Hospital —

FULL NAME OF CHILD George Edwin Revoir.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Feb (Day) 22 (Year) 1912
Boy				

FATHER

FULL NAME: David Eli Revoir

RESIDENCE: Turner Idaho

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: West Jordan Salt Lake Co Utah

OCCUPATION: Farming and Sheep rising.

MOTHER

FULL MAIDEN NAME: Martha May Gummersall

RESIDENCE: Turner Ida

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Franklin Idaho

OCCUPATION: General Housekeeping

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 22 at 7:06 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~David E. Revoir~~ Phebe Gummersall

Physician or Midwife

Given names added from a supplemental report

..... 19.....

Address Turner Ida

Filed Feb 23 1912 Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

738-117-003-744

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Alexander

Registration District No. 11

File No. 4447

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 54

Hospital ____

FULL NAME OF CHILD Ellis Schmidt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 17, 1912

FATHER		MOTHER	
FULL NAME	John Schmidt	FULL MAIDEN NAME	Nellie Gunnerud
RESIDENCE	Alexander, Ida	RESIDENCE	Alexander, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Sweden	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Nurse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaseley

Physician (Physician or Midwife)

Address Spokane Wash

Given names added from a supplemental report

..... 19.....

Ellis Kaseley Registrar

Filed Feb 22 1912 Ellis Kaseley Registrar

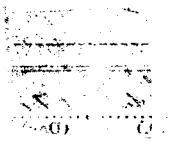
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1974 .



386-234-003-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. H-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Turner

Registration District No. 11

File No. 4448

No. ——— St.

2048

Primary Registration District No. 22

Registered No. 60

Hospital ———

FULL NAME OF CHILD Ednella Thomas.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Feb 24 Sat, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel S. Thomas	Alfretta Hancock.
RESIDENCE	Turner	Turner
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Ogden Utah.	Paison Utah.
OCCUPATION	Farmer.	General Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phoebe Summersdale

(Physician or Midwife)

Midwife, Summersdale

Address

Given names added from a supplemental report

Feb 15, 1912 Ella Kackley Registrar

Filed Mch 9 1912 Ella Kackley Registrar

B-Y CO., 16670

FEB 5 1968

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

No _____, _____ St.

Hospital _____

Registration District No 25 File No 4449

Primary Registration District No 2109 Registered No. _____

FULL NAME OF CHILD Frank Lorenz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	—	yes	Feb 28, 1912

FATHER		MOTHER	
FULL NAME	Charles Lorenz	FULL MAIDEN NAME	Lena Swanz
RESIDENCE	Mace Ida	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wis
OCCUPATION	Miner	OCCUPATION	Home wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician in attendance

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

Filed March 9 1912 Dr. Chas. C. Wetherman

_____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED SEPT. 13, 1949 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

525-22-0040-459

CERTIFICATE OF BIRTH

County of Shoshone
City of Mullan
No. ..... St.
Hospital .....

Registration District No. 25 File No. 4451
Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Adelina Liva
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 22, 1912

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Joseph Liva	FULL MAIDEN NAME: Carolina DeZoppa
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Carpenter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs
(Physician or midwife)

Address Mullan, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Mar. 15 1912 F. W. Rolfs
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. \ St.

Hospital \

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 4451

Primary Registration District No. 2108 Registered No.

FULL NAME OF CHILD Alma Levi

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	\		yes	2 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Levi	Carolina De Zoppa
RESIDENCE	Mullan	Mullan
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Italy	Italy
OCCUPATION	carpenter	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs

(Physician or Midwife)

Address Mullan Idaho

Filed March 13 19 12 F W Ralfs Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

Dr Chas A Eldridge

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 4451

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Uliss Levi (Name on Original Certificate) who born (Was Born or Died) on Feb 22nd 1912 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by affidavit (Bible Record, Insurance Policy, Etc.) prepared on Sept 2nd 1949 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	Levi	Liva
Name of Child	Uliss	Adelina

Subscribed and sworn to before me this 2 day of Sept, 1949

Notary Public, residing at Wallace, Idaho
My commission expires 9/2/53
(Seal)

Signed Olga Magnani
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wallace Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Sept, 1949

Notary Public, residing at Wallace, Idaho
My commission expires 9/2/53
(Seal)

Signed Archie D. McPhail, Sheriff
(Signature of Any Credible Person)

Wallace, Idaho
(Street Address, City, State)

396 - 218-040-119

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25

File No. 4452

No. —, St.

Primary Registration District No. 2108

Registered No.

Hospital —

FULL NAME OF CHILD Hazel Catherine Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	\	\	Yes	Feb 18, 1912

FATHER		MOTHER	
FULL NAME	Marion Sylvester Brown	FULL MAIDEN NAME	Manda E James
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Grand Island Neb.
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a.m. on the date above stated.

(Signature) F. W. Ralfson MD

(Physician or Midwife)

Address Mullan Idaho

Filed Mar 14 1912 F W Ralfson Registrar

Dr Chas. C. Gilman

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registra

MOTHER

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968-118-040-765

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 75

File No. 4453

No. —— St.

Primary Registration District No. 7101

Registered No.

Hospital —

FULL NAME OF CHILD Baby Gimble - Roy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Feb 18, 1912

FATHER		MOTHER	
FULL NAME	Henry Gimble	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Olney, Illinois
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reported by D. Kelly

No physician in attendance

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Filed March 16 1912 Dr. Chas. E. Bellman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

ed States
rtment of Commerce
au of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH:
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. 148 Fay St
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county 4 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. 148 Fay St
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice):
Mullan (Street or R.F.D.) Ida (Postoffice)

3. RESIDENCE OF FATHER (city, state) Mullan Ida

FULL NAME OF CHILD Roy Gimble

5. DATE OF BIRTH (Month, day, year) Feb 18 1912

Sex Boy | **7.** Twin or Triplet | If so—born 1st, 2nd, 3rd | **8.** No. months of Pregnancy 9 | **9.** Legitimate? yes

FATHER OF CHILD

FULL NAME Henry Gimble

Color or Race W | **12.** Age at time of THIS birth 28 yrs.

~~Birthplace~~ Germany
(City or Town) (State or foreign country)

Exact Occupation Mining

Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jones

17. Color or Race W | **18.** Age at time of THIS birth 24 yrs.

19. Birthplace Olney Ill
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business —

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead — (d) Stillborn —

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 a. M. on the date

and at the place stated above, and that personal particulars were furnished by Mary (First name) Jones (Last name), who is related to this child as mother (Mother, etc.)

MAY 19 1966

a) ..... (Date received) (b) ..... (Registrar's signature)

Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** F W Ralph **M.D.** (D.O., Midwife, etc.)

and address Mullan Date 5/6

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which th as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the a physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the chil householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public o institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of s having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less inte 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any othe charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse proper certificate of birth with the local registrar, within the time required by this article, shall be deemed gu misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? no

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? no

Describe: —

(2) Birth Injury? none

Describe: —

(3) Was mother given a Wasserman before

Yes..... No. no Pos..... N

(e) Signature of Physician:

F. W. Rolfs MD

613-11220-040-984

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 4454

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Feby 20 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME Thomas H Walker	FULL MAIDEN NAME Christina Thulin
RESIDENCE Wallace Idaho	RESIDENCE Wallace Idaho
COLOR White	AGE AT LAST BIRTHDAY 48 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Iowa
OCCUPATION Coal	OCCUPATION None

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Filed March 1 1917 Dr. Chas. G. Wells

Registrar

Registrar

S-Y CO., 16670

COLOR

AGE AT LAST BIRTHDAY

RESIDENCE

767-123-040-005

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25 File No. 4455

No. ____, ____ St.

Primary Registration District No. 2108 Registered No. ____

Hospital ____

FULL NAME OF CHILD James Toyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one and	2d	yes	Feby 23 1912

FATHER		MOTHER	
FULL NAME	Lewis Toyle	FULL MAIDEN NAME	Emma Lancaster
RESIDENCE	Mullan Ida	RESIDENCE	Mullan, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Canada
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

(Physician or Midwife)

Address Wallace, Ida

Given names added from a supplemental report

....., 19.....

Filed March 2 1912 Dr. Chas. C. Williams

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

PLACE OF BIRTH

CHILD

Twin,
Triplet
or other?
(To be

FATH

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attended the birth of

to attending ph
ber, housekeeper,
stillborn child
shows other evid

if item a employment

Form U. S. No. 11-C—Rev. 6-48

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE

[illegible]

[illegible]

[illegible]

231-120-040-225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 3-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 25 File No. 4456

No. ....., ... St.

Primary Registration District No. 2106 Registered No. .....

Hospital .....

FULL NAME OF CHILD Houston Francis Blankenship

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		2	Yes	2 20 1912

FATHER	MOTHER
FULL NAME Houston W. Blankenship	FULL MAIDEN NAME Francis Keene
RESIDENCE Wardner, Ida.	RESIDENCE Wardner, Ida.
COLOR W	AGE AT LAST BIRTHDAY 30 (Years)
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mont.	BIRTHPLACE Missouri
OCCUPATION St Engineer	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 3 1912 Dr. Chas. C. Wilson

Registrar

SYMS.-YORK CO., PTRS. & SDRS. 17326

Registrar

FEB 12 1952

149 - 228-060-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 F

File No. 4458

Primary Registration District No. 5105

Registered No. ____

FULL NAME OF CHILD Loretta Lucile Juris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F	1	2	Yes	2	28	1912

FATHER	MOTHER
FULL NAME: Geo V. Juris	FULL MAIDEN NAME: Kate Stefanik
RESIDENCE: Kellogg Idaho	RESIDENCE: Kellogg Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 7.30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 3 19 12 Dr. Chas. C. Hellman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

APR 14 1942

283 - 126 - 040 - 154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No ____, ____ St.

Registration District No 25 File No. 4459

Primary Registration District No 2105 Registered No. ____

Hospital ____

FULL NAME OF CHILD Vernon Leroy Siligo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	2	Yes	2 26 1912

	FATHER	MOTHER
FULL NAME	Joseph Siligo.	FULL MAIDEN NAME Lena Underline.
RESIDENCE	Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Italy	BIRTHPLACE California
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 3 1912 Dr. Chas. G. Hellman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

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819 - 218-060-6

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IDAHO
Bureau of Statistics

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No ____, ____ St.

Hospital ____

Registration District No. 25 File No. 1460

Primary Registration District No. 2105 Registered No. ____

FULL NAME OF CHILD Not Named Rosamond Ina Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	2	Yes	2 18 1912

FATHER	MOTHER
FULL NAME: John Harris	FULL MAIDEN NAME: Ida Lorraine Derbyshire
RESIDENCE: Kellogg, Ida	RESIDENCE: Kellogg, Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Mich.	BIRTHPLACE: Iowa
OCCUPATION: Miner	OCCUPATION: Home wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

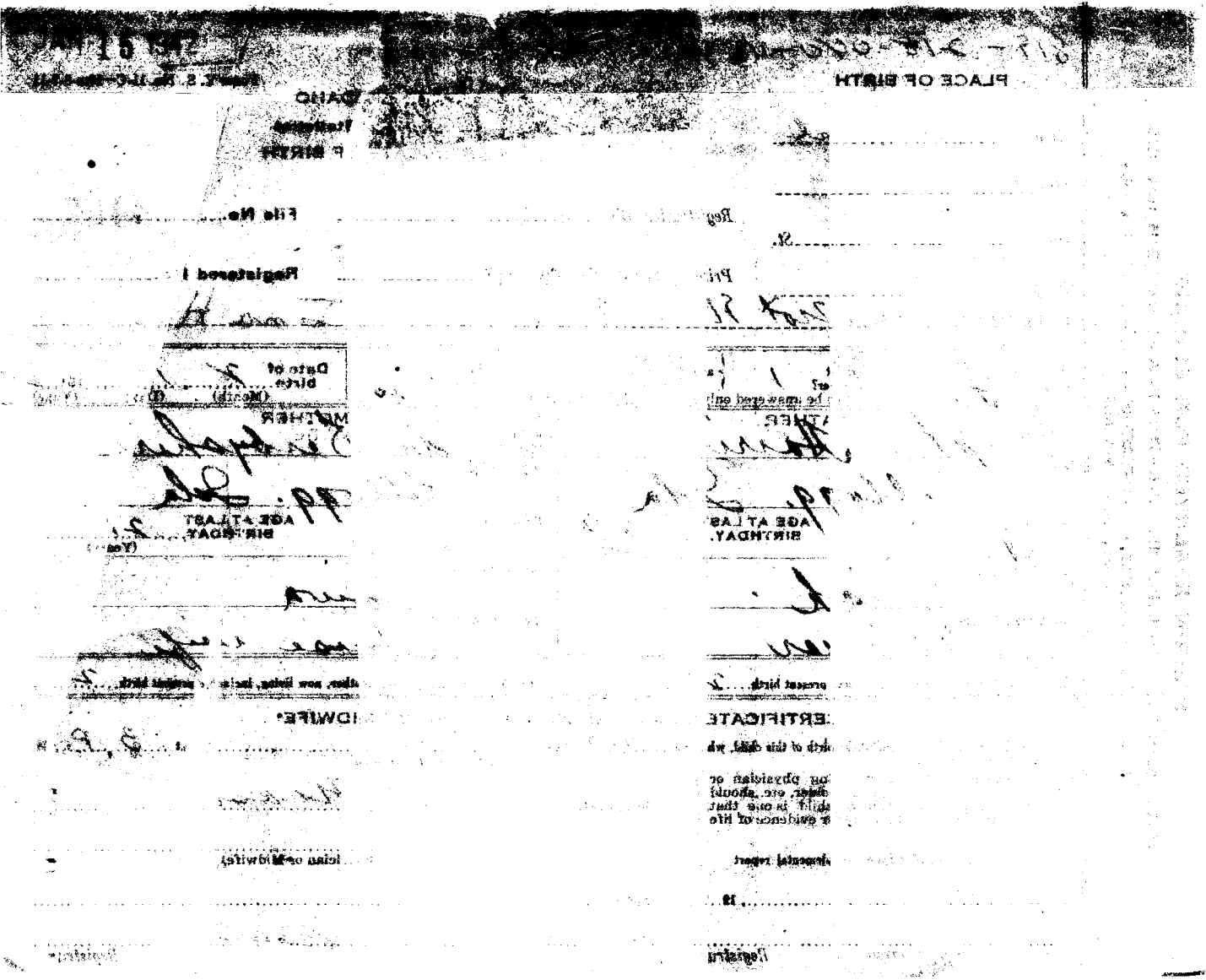
Filed Mar 3 1912 D. Chas. A. Bellman Registrar

SYMS - YORK CO., PTRS. & SDRS. 17925

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



296-226-040-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No 25 File No. 4461

No ....., ... St.

Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Fern Marie Brockman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	4	yes	1 14 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Richard A. Brockman	FULL MAIDEN NAME Nannie Larson
RESIDENCE Kellogg. Ida.	RESIDENCE Kellogg. Ida.
COLOR W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Minn.
OCCUPATION St Engineer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4. A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed March 3 1913 Dr. Chas. A. Bettman

Registrar

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Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

OF BIRTH

File N

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Physician or Midwif

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 4461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Fern Marrie	Fern Marie Brockman

Subscribed and sworn to before me this 4th
day of August, 19 42

Stella Brown
Notary Public, residing at Kellogg, Idaho
My commission expires Apr. 13, 1944
(Seal)

Signed Marie Larson Brockman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 7 1942

255-115-040-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ....., ... St.

Hospital .....

Registration District No. 25 File No. 1462

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Raymon Howard Sessions

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~Female~~ Male	1	3	yes	1 15 1912

FATHER	MOTHER
FULL NAME Walter Sessions	FULL MAIDEN NAME Clara Brumbler
RESIDENCE Kellogg.	RESIDENCE Kellogg.
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho.
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 3 19 12 W. Chas. A. Bottolfsen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

4/23/41 L. B.

PLACE OF BIRTH

STATE OF IDAHO

Form 7-S-BVS-11-C-10m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 75

File No. 4463

No. ____, ____ St.

Primary Registration District No. 2105

Registered No. ____

Hospital ____

FULL NAME OF CHILD Kennett Slade Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		Yes	Jan 29, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Slade Davis Taylor	Georgia Elaine Rose
RESIDENCE	Kellogg, Idaho	Kellogg, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Texas	Knoxville, Tenn
OCCUPATION	Vocalist	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:40a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Kennett, MD

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 9 19 12 Dr. Chas. C. Hoffman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 19

544-214-040-845

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 26

File No. 4464

No. ____, ____ St.

Primary Registration District No. 2105

Registered No. ____

Hospital Bunker

FULL NAME OF CHILD Iva Edmonds EDMONDS

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		Yes	Feb. 14, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jesse N Edmonds	FULL MAIDEN NAME Effie Evelyn Hunt
RESIDENCE Kingston, Idaho	RESIDENCE Kingston, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Nebraska
OCCUPATION Lumberman	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.20 M. on the date above stated.

(Signature) Scott Kennett, M.D.

(Physician or Midwife)

Address Kellogg, Idaho

Filed Feb 22 1912 W. D. Chamberlain Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 7 - 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }ss.
County of Alameda

Certificate No. 4464

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ivy	Iva Edmunds
Surname	Edmunds	Edmonds

Subscribed and sworn to before me this 1st
day of October, 1942

Anna L. Regan
Notary Public, residing at Oakland, Calif.
My commission expires Aug. 11, 1945
(Seal)

Signed Effie Edmonds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4368 Lincoln Ave, Oakland, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }ss.
County of Alameda

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of October, 1942

Anna L. Regan
Notary Public, residing at Oakland, Calif.
My commission expires Aug. 11th 1945
(Seal)

Signed Mrs. Mila Avery
(Signature of Any Credible Person Other Than Previous Year)
44 Agnon, San Francisco, Cal
(Street Address, City, State)

OCT 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kingston (Pinch Creek) Registration District No. 25 File No. 4465

No. ....., ... St. Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Devereaux (Lost)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	——	——	Yes.	Feb 26, 1912

FATHER		MOTHER	
FULL NAME	Alvin J. Devereaux	FULL MAIDEN NAME	Hester Jane Tucker
RESIDENCE	Kingston, Ida.	RESIDENCE	Kingston, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Tyler, Washington
OCCUPATION	Miner.	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken, Physician (Physician or Midwife)

Address Kellogg, Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 4, 1913 Dr. Chas. G. Pettman Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Murray

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 4460

Primary Registration District No. 2103 Registered No. .....

FULL NAME OF CHILD Bernard McEowen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	L	2 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pat McEowen	Martha Rice
RESIDENCE	Murray	Murray
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Canada	North Dakota
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. Leader M.D.

(Physician or Midwife)

Address Murray, Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 3 1912 Wm. Chas. A. Wittman

Registrar

S-Y CO., 16670

Registrar

OCT 27 2014

NAME CHANGE

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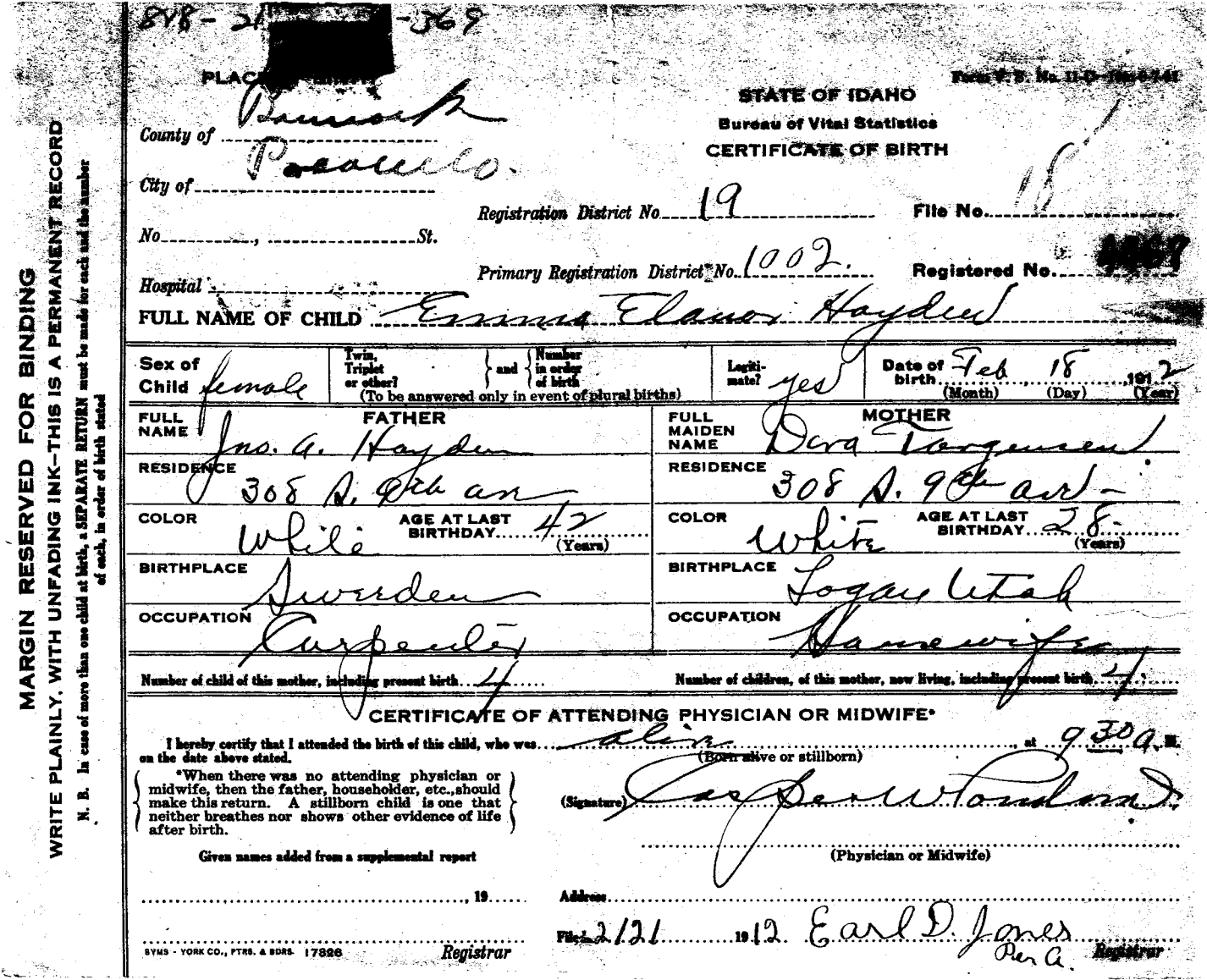
Depn of cert #12-143499



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-D Rev. 6-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello.

Registration District No. 19 File No. 16

No. ....., ... St.

Primary Registration District No. 1002. Registered No. [redacted]

Hospital .....

FULL NAME OF CHILD Emma Elaine Hayden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Feb 18 1912

FATHER		MOTHER	
FULL NAME	Jno. A. Hayden	FULL MAIDEN NAME	Dora Torgeson
RESIDENCE	308 N. Arthur	RESIDENCE	308 N. 9th Ave.
COLOR	White	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Swerden	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY	28 (Years)
		BIRTHPLACE	Logan Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Dennis Loveland M.D.

(Physician or Midwife)

Address .....

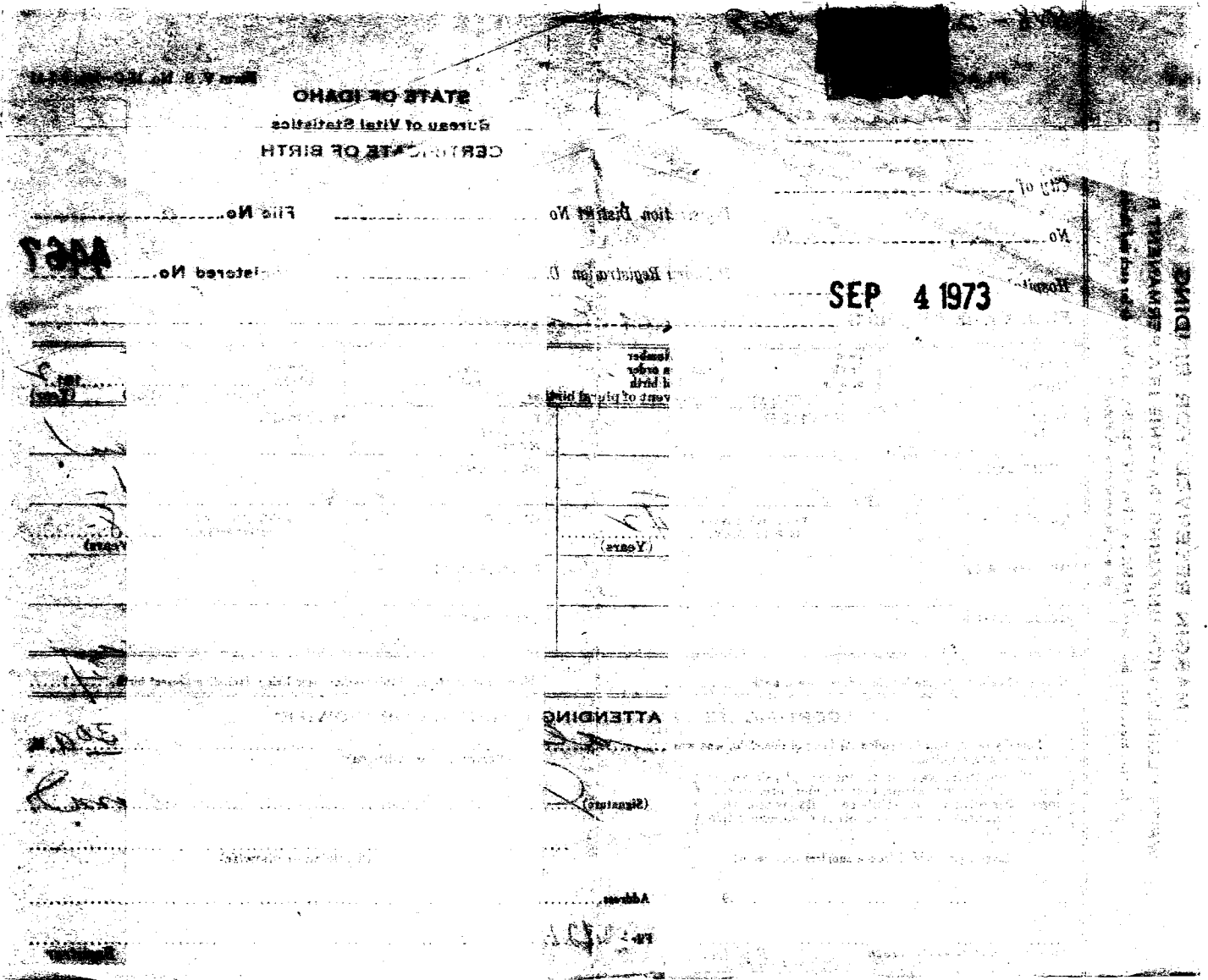
Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2/21 1912 Earl D. Jones Per A. Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826


SEP 4 1973

PLACE OF BIRTH

County of Bannock Ida

City of Pocatello

No. 827 So. 10th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Jun-6-25-11

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 19

Primary Registration District No. 1002 Registered No. 4468

FULL NAME OF CHILD Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 18, 1912

FATHER	MOTHER
FULL NAME Simpson Jensen	FULL MAIDEN NAME Esther Coffin
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Hyrum Utah	BIRTHPLACE Huntsville, Utah
OCCUPATION Passenger Brakeman	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Steely

Physician

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 21 1912 Earl D Jones Per A

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

CERTIFICATE OF BIRTH

STATE OF

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

259-113-003-364

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 636 W. Sherman St.

Hospital

Registration District No. 19

Primary Registration District No. 1002

File No. 20

Registered No. 4469

FULL NAME OF CHILD Berger, Garland Conroy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 13, 191[illegible]

FATHER	MOTHER
FULL NAME Lucius R. Berger	FULL MAIDEN NAME Violet E. Fouks
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Mellville, Utah	BIRTHPLACE Morgan Co, Utah
OCCUPATION Clerk in Furniture Store	OCCUPATION Housewife
Number of child of this mother, including present birth 2	Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or ~~(Midwife)~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/21 1912 Earl D. Jones

Registrar

Registrar

S-V CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Beneficial Life Insurance Policy, August 12, 1939 and Childs Birth Cert. #286384 viewed by Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Bureau of Vital Statistics
Certificate No. 4469

State of Idaho } ss.
County of Teton }

Date Filed MAY 12 - 1958

The undersigned does solemnly swear that certain facts on the certificate of Girl Tit (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Feb 12 - 1912 (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 12 - 1958 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Garland Conroy Berger

Subscribed and sworn to before me this 12 day of May, 19 58

Lynn S. Keasley
Notary Public, residing at Victor Ida
My commission expires Feb 21, 1959
(SEAL)

Signed Violet Evelyn Berger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Victor, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of May, 19 58

Lynn S. Keasley
Notary Public, residing at Victor Idaho
My commission expires Feb 21, 1959
(SEAL)

Signed Geo Vann
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Victor Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

JUN 2 1958

279-219-003-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 220 S. Main *St.*

Registration District No. 19 **File No.** 21

Primary Registration District No. 1009 **Registered No.** 4470

Hospital

FULL NAME OF CHILD Camilla Spillman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. G. Spillman	Melia Mary Miles
RESIDENCE	220 S. Main	220 S. Main
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	44
BIRTHPLACE	London, England	Logan, Utah
OCCUPATION	Boilermaker	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb. 19, 1912 at 6:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Wooley M.D
P.P.C.
(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/23 19 12 Earl D. Jones
Clerk
Registrar

S-Y CO., 16670

MAY 1 1942

JUN 11 1974

893-229-003-465

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 324 D Main St.

Hospital ✓

Registration District No. 19

Primary Registration District No. 1002

File No. 22

Registered No. 4471

FULL NAME OF CHILD — — Hicks

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	Jan 29, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Reed Hicks	FULL MAIDEN NAME	Grace Mary Donery
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colton Wash	BIRTHPLACE	Ohio Iowa
OCCUPATION	Maint'clerk (RR)	OCCUPATION	Housf

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 2 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J Howard MD

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/23 19 12 Earl Donery Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S-99-119-002-3019

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Bannock

City of Pocatello, Registration District No. 19 File No.

No. 804 S. Main St. Primary Registration District No. 1002 Registered No. 4472

Hospital

FULL NAME OF CHILD Walter James Virgin.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 17, 1912

FATHER		MOTHER	
FULL NAME	James Virgin	FULL MAIDEN NAME	Ida Cliffordson
RESIDENCE	804 S. Main	RESIDENCE	804 S. Main
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Virgin, Norway
OCCUPATION	Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Feb. 17, 1912, at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley M.D. Pr.t.c.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.... Address .....

Filed 2/23 1912 Earl D Jones Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15

AGE AT LAST
BIRTHDAY

COLOR

BIRTHPLACE

OCCUPATION

REFER ENTRY
INFLUENCING IN

814-113-003-942

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 440 N. Buchanan St.

Registration District No. 19 File No. 24

Primary Registration District No. 1012 Registered No. 4473

Hospital

FULL NAME OF CHILD Robert Henry Hamilton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 13, 1912

FATHER		MOTHER	
FULL NAME	John Henry Hamilton	FULL MAIDEN NAME	Zella Ruby
RESIDENCE	440 N. Buchanan	RESIDENCE	440 N. Buchanan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Danville, Illinois	BIRTHPLACE	Stratford, Penn.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb. 13, 1912, at 9:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M. D. Per F.C.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/23 19.12 Earl D. Jones Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 18 1971

MAR 27 1969

623-221-003-612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 345 S. Hayes St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 1-C—15m-6-20-14

Registration District No. 19 File No. 23

Primary Registration District No. 1609 Registered No. 4474

FULL NAME OF CHILD ETHEL LUCILE OSTERLIND

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 21, 1912

FATHER	MOTHER
FULL NAME Frederick Allen Osterlind	FULL MAIDEN NAME Miss Ethel Dakey
RESIDENCE 345 S. Hayes	RESIDENCE 345 S. Hayes
COLOR white	AGE AT LAST BIRTHDAY 31 (Years)
COLOR white	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Postville, Iowa	BIRTHPLACE Bennington, Idaho
OCCUPATION Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb. 21, 1912 at 4:27 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley. M.D P.A.C.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 2/23 19.12 Earl B. Jones P.A.C. Registrar

S-Y CO., 16670

BIRTHDAY	
BIRTHPLACE	
OCCUPATION	

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Bannock

Certificate No. 4474

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Osterlind (Name on Original Certificate) who born (Was Born or Died) on February 21, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Metropolitan Life Ins Co. (Bible Record, Insurance Policy, Etc.) prepared on Policy No 22125605 April 25, 1938 (Give Date) and:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ethel Lucile Osterlind

Subscribed and sworn to before me this 5th
day of March, 19 42.
Paul M Bryan

Notary Public, residing at Pocatello, Idaho
My commission expires October 24, 1944
(Seal)

Signed Mrs. Lillie Regan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sister of Child's mother
858 N. Main (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Bannock

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of March, 19 42
Paul M Bryan

Notary Public, residing at Pocatello, Idaho
My commission expires October 24, 1944
(Seal)

Signed Mrs Annie Lambros
(Signature of Any Credible Person Other Than Previous Year)
Sister-in-law of Ethel Lucile Osterlind
509 S. 4th Pocatello, Idaho
(Street Address, City, State)

JAN 4 1973

168-217-003-868

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 1 (C. 5m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 539 A 7th St.

Hospital —

Registration District No. 19 File No. 26

Primary Registration District No. 1992 Registered No. 4475

FULL NAME OF CHILD — — Johnson MILDRED BOLETHA

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nicholas P Johnson	Lillian C Hoysager
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	23
BIRTHPLACE	Sweden	Minneapolis Minn
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive ~~or stillborn~~) at 12 50 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) W F Howard M D

(Physician ~~or Midwife~~)

Address

....., 19.....

Registrar

Filed 2/23 19 12 Earl D Jones Per A Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 4475

SEP 17 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by (Bible Record, ~~Insurance Policy, Etc.~~) prepared on 9/17-1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred Boletha Johnson

Subscribed and sworn to before me this 16th
day of Sept, 1942.
Merle Hunter
Notary Public, residing at Portland, Oregon
My commission expires 1-19-43.
(Seal)

Signed M. Johnson Parent.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rte # 2 Box # 51
Gresham (Street Address, City, State) Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of Sept, 1942.
Merle Hunter
Notary Public, residing at Portland, Oregon
My commission expires 1-19-43.
(Seal)

Signed Selma Eklund
(Signature of Any Credible Person Other Than Previous Year)
(Grandmother of applicant)
Gresham, Oregon
(Street Address, City, State)

SEP 17 1942

DEC 13 1968

SEP 22 1942

955 - 117-003-285

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 237 S. 7th Ave.

Hospital ✓

Registration District No. 19 File No. 27

Primary Registration District No. 1002 Registered No. 4476

FULL NAME OF CHILD — — Reed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 17, 1912

FATHER

FULL NAME: Miles F Reed

RESIDENCE: Pocatello Idaho

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Principal A of I

MOTHER

FULL MAIDEN NAME: Ora Maude Kincaid

RESIDENCE: Pocatello Idaho

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address .....

Filed 2/23 19.12 Earl D. Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BIRTHDAY

BIRTHDAY

COLOR

BIRTHPLACE

495-128-003-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. II C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 118 N 11th St.

Hospital V

Registration District No. 19 File No. 28

Primary Registration District No. 1002 Registered No. 4477

FULL NAME OF CHILD — — Minshew

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	V	—	Yes	Jan. (Month) 28 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. O Minshew	FULL MAIDEN NAME	Maggie Mooring
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Eureka NC	BIRTHPLACE	Eureka NC.
OCCUPATION	Transfer man	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W J Howard M.D

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19..

Address .....

Filed 2/23 1912 Earl D Jones Registrar

Registrar

S-Y CO., 16870

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

795 - 216-003849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. H-6—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 109 N 3rd Ave

Hospital —

Registration District No. 19 File No. 9

Primary Registration District No. 1902 Registered No. 4478

FULL NAME OF CHILD ~~Green~~ Annetta Doris Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 16, 1912

FATHER

FULL NAME John T Green

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Birmingham, Eng

OCCUPATION Engineer

MOTHER

FULL MAIDEN NAME Etta Dell Hurt

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Casper Wyoming

OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 a. M. on the date above stated.

(Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 2/23 19.12 Earl D Jones

Registrar

S-Y CO., 16670

Cert. Copy of Own Child's Birth Cert., copy issued Oct. 1, 1952, State of California, child born Sept. 7, 1933 in Los Angeles County to:-Clarence Leroy Jensen, age 36, born in Utah and Annetta Doris Green, age 21, born in Idaho - viewed by V.S. Statement from Charles M. Gawthrop, Inglewood Unified School District, Inglewood, Calif. - states "This is to certify that Annetta Doris Green was enrolled in the Queen Street School from Sept. 7, 1926 to Jan. 28, 1927, at which time she graduated from the eighth grade. She was enrolled in Inglewood High School on Feb. 7, 1927 and attended until April 1930. The school records give her date of birth as Feb. 16, 1912." - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 4478

Date Filed

State of
County of

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Green (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1912 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record & insurance (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Annetta Doris Green

Subscribed and sworn to before me this 2 day of May, 1963

N. C. Dekker

Notary Public, residing at Inglewood, Calif.

My commission expires Dec. 6, 1966

(Seal)

N. C. DEKKER
My Commission Expires Sept. 25, 1966

Signed Annetta Doris Green
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 1963

N. C. Dekker

Notary Public, residing at Inglewood, Calif.

My commission expires Dec. 6, 1966

(Seal)

N. C. DEKKER
My Commission Expires Sept. 25, 1966

Signed Annetta D. Green
(Signature of Any Credible Person)

1337½ No. La Palma Ave.
Inglewood Calif.
(Street Address, City, State)

FORM DH 60-155 CL 4-5-63. one copy pd. rec. #02771.

JUN 12 1963

239-123-027-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Brewery *St.*

Registration District No. 19 **File No.** 3

Primary Registration District No. 1002 **Registered No.** 4479

Hospital

FULL NAME OF CHILD Frank Strehle, Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 23, 1912

FATHER

FULL NAME: Frank Strehle

RESIDENCE: Brewery.

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Baden-baden, Germany

OCCUPATION: Brew master

MOTHER

FULL MAIDEN NAME: Hannetta Hoffmann

RESIDENCE: Brewery

COLOR: white AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Hetten, Germany

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Feb. 23, 1912 at 3:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley M.D Per T.C.

(Physician or Midwife)

Address

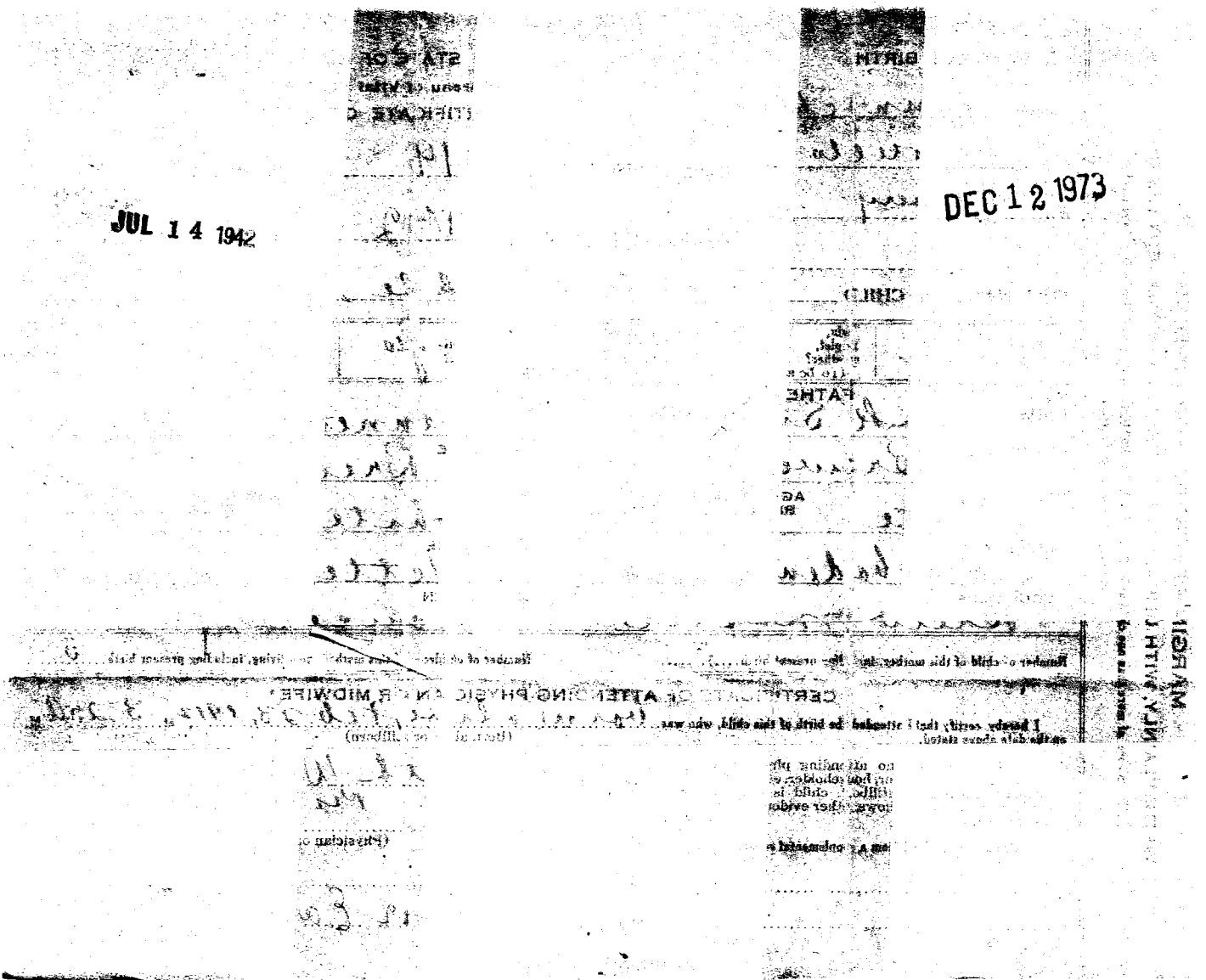
Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/29 1912 Earl D Jones Per A. Registrar

S-Y CO., 16670


JUL 14 1942
DEC 12 1973

231 - 208-003-457

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 945, W. Center St.

Hospital

Form V. S. No. 11-C—Rev. 6-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 31

Primary Registration District No. 100 Registered No. 4480

FULL NAME OF CHILD Vera May Scadden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Feb. 8 1912

FATHER		MOTHER	
FULL NAME	Robt Henry Scadden.	FULL MAIDEN NAME	Mary McGarnham.
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	New Zealand.	BIRTHPLACE	New Zealand.
OCCUPATION	Boilermaker	OCCUPATION	Domestic

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

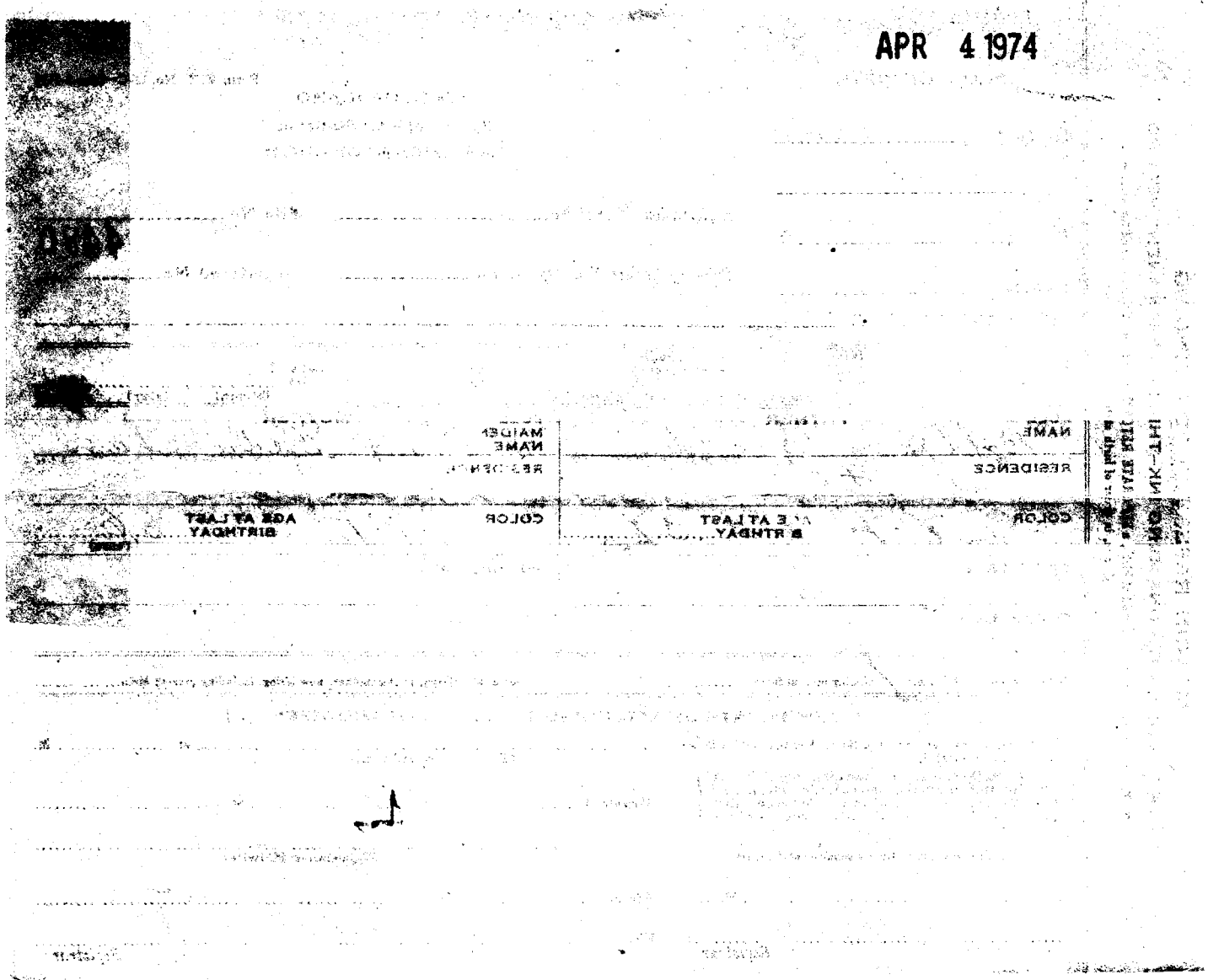
Registrar

Filed Feb 10 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

APR 4 1974



485-131-003-631

PLACE OF BIRTH

Amended 11/8/76

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Bannock

City of Pocatello,

No. 414 N. 4th St.

Registration District No. 19 File No. 32

Primary Registration District No. 102 Registered No. 4481

Hospital

FULL NAME OF CHILD Charles David Meyers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 31, 1912

FATHER	MOTHER
FULL NAME John Lee Meyers	FULL MAIDEN NAME Mary Anna McCander
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR white	AGE AT LAST BIRTHDAY 30 (Years)
COLOR white	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Hopkinsville Kentucky	BIRTHPLACE Pocatello, Idaho
OCCUPATION Passenger Brakeman	OCCUPATION Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan. 31, 1912, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D. Per f.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 17 19 12 Fred D. Jones

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
1 FEB '76

State of ..... } ss.
County of ..... }

Certificate No. 4481

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles David Meyers (Name on Original Certificate) who was born (Was Born or Died) on Jan. 31, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name	Meyers	Myers
father's name	John Lee Meyers	John Lee Myers
mother's name	Mamie O'Cander	Anna Mary O'Cander
date of birth	Febraury 7, 1912	Jan 31, 1912

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Charles David Myers
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of
October, 19 76.

Notary Public, residing at Pocatello Idaho
My commission expires December 16, 1979.
(Seal)

Signed Frances Lucile Ball
(Signature of Any Credible Person)
1110 E. Lewis Pocatello, Ida
(Street Address, City, State)

FORM DH 40-155

CL 12/29/75 nm

Statement by Sister about family records gives name as Charles David Myers, father's name as John Lee Myers and mother's name as (Maiden name as XX O'Cander. viewedby V. S. Birthdate Jan 31, 1912

NOV 8 1976

Honorable discharege from the u. S. Army gives name as Charles D. Myers. born Jan 31, 1912 at xxx pocatello, Idaho. dated April 6, 1946. viewed by VS

NOV 16 1976

DEC 30 1976

STATE OF CALIFORNIA
COUNTY OF SONOMA } SS.

Oct 12 12 or

On 10-2-76 before me,
the undersigned, a Notary Public in and for said County and State,
personally appeared Charles David Myers
, known to me
to be the person whose name subscribed to the within
instrument and acknowledged that executed the same.

(Seal)

OFFICIAL SEAL
ANN BRABEC
NOTARY PUBLIC - CALIFORNIA
SONOMA COUNTY
My comm. expires JUL 7, 1980

Signature

Name (Typed or Printed)
Notary Public in and for said County and State

Misc.-166 (G.S.) Ack. Individual (Rev. 6-62)
Staple
Staple

243-121-0005-83

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 857, So. Main St.

Hospital home

Registration District No. 19

File No. 323

Primary Registration District No. 1002

Registered No. 4482

FULL NAME OF CHILD Dotell Albert Butcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 2, 1912

	FATHER	MOTHER
FULL NAME	Roy Edgar Butcher	Pearl Victoria Vilanor
RESIDENCE	857 So. Main St.	857 So. Main St.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Missouri	Italy
OCCUPATION	common labor	housekeeping

Number of child of this mother, including present birth three

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. Annie Bird

midwife
(Physician or Midwife)

Address 905 So. Main St.

Filed 3-19 1912 Earl D. Jones
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

612-411-003-26

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 630 N. Garfield St.

Hospital

STATE OF IDAHO

Form V. S. No. 3 (Rev. 6-29-11)

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 34

Primary Registration District No. 1002

Registered No. 4483

FULL NAME OF CHILD Wasley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 2 (Day) 11 (Year) 1912
male				

FATHER	MOTHER
FULL NAME Howard E. Wasley	FULL MAIDEN NAME Marie Ann Burns
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Belmont, Nevada	BIRTHPLACE County Cumberland, England
OCCUPATION asst Bank Cashier	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Steely

(Physician ~~or Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/21 1912 Earl D. Jones Per A. Registrar

S-Y CO., 16670

Registrar

256 Amended 2/3/11 10-003-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1029 N. Hayes St.

Hospital Home

Registration District No. 19 File No. 36

Primary Registration District No. 1012 Registered No. 4485

FULL NAME OF CHILD Mabel Jeanette Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Alford Brown	Nettie Gatchel
RESIDENCE	Utah 1029 N. Hayes	1029 N. Hayes
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Utah
OCCUPATION	farming	housekeeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 405 So. Main St.

Given names added from a supplemental report

....., 19.....

Filed 2-13 1912 Earl D. Jones Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 2 - 1971
Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 4485

Date Filed 2-13-12

The undersigned does solemnly swear that certain facts on the certificate of birth

for Jennette Brown (Name on Original Certificate) who was born (Was Born or Died) on Feb. 10, 1912 (Date of Event)

in Pocatello, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Jennette Brown	Mabel Jeanette Brown
Mother's name	Omitted	Nettie Gatchel

Subscribed and sworn to before me this 29th day of January, 19 71

Notary Public, residing at Idaho Falls, Idaho

My commission expires Jan. 15, 1974

(Seal)

Signed Jennette G. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

205 11th St. Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 19 71

Notary Public, residing at Idaho Falls, Idaho

My commission expires Jan. 15, 1974

(Seal)

Signed [illegible] Brown
(Signature of Any Credible Person)

205 11th St. Idaho Falls, Ida.
(Street Address, City, State)

FORM DH 60-155 CL 1/22/71 nm

Membership Record gives name as Mabel Jeanett Brown born Feb. 10, 1912 at Pocatello, Idaho. Father's name: John Alfred Brown and mother's name as Nettie Gatchel. Viewed by V. S.

FEB 3 1971

Record of Blessin and Baptism from LDS Church gives name as Mabel Jeanette Brown Rasband born Feb. 10, 1912 at Pocatello, Idaho. Blessed April 7, 1912. Date of Baptism March 6, 1920. Father's name as John Alfred Brown and mother's name as Nettie Gatchel. Signed by Alden B. Staker, Custodian of Church Records. Viewed by V. S.

864-205-003-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 421 N. 4th Ave. St.

Hospital Home

Registration District No. 19

Primary Registration District No. 1002

File No. 37

Registered No. 4486

FULL NAME OF CHILD Juanita Young.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 7, 1912

FATHER		MOTHER	
FULL NAME	Charles Arthur Young	FULL MAIDEN NAME	Estella Gatewood
RESIDENCE	421 N. 4th. Ave.	RESIDENCE	421 N. 4th Ave.
COLOR	black	COLOR	black
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Common labor	OCCUPATION	housekeeping

Number of child of this mother, including present birth. one

Number of children, of this mother, now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a live (Born alive or stillborn) on the date above stated. at 8 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna Bird

Midwife (Physician or Midwife)

Address 905 So. Main St.

Given names added from a supplemental report

....., 19.....

Filed 2-13 1912 Earl Lyons

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

COLOR	AGE AT LAST BIRTHDAY	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY	NAME

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-209-003-331

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 906 So. 2nd Ave. St.

Hospital Home

Registration District No. 19 File No. 38

Primary Registration District No. 1002 Registered No. 4487

FULL NAME OF CHILD

Sex of Child: female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Dec. (Month) 9 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: John Thomas Smith	FULL MAIDEN NAME: Anna Clark
RESIDENCE: 906 So. 2nd Ave.	RESIDENCE: 906 So. 2nd Ave.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: England
OCCUPATION: common labor	OCCUPATION: housekeeping

Number of child of this mother, including present birth: 12

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna Bires

midwife (Physician or Midwife)

Address 905 So. Main St

Given names added from a supplemental report

....., 19.....

Filed 2-13-A 1913 Earl Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

RESERVED

ADDENDUM

RESIDENCE

COLOR | AGE AT LAST BIRTHDAY (Years) | NAME

BIRTHPLACE | COLOR | AGE AT LAST BIRTHDAY

(542)

PLACE [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Buhl

Registration District No. ~~20 87~~ 23

File No. 4488

No. ....., ... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD ARCH HARLAN Eustis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb XXX 19th 1912

FATHER	MOTHER
FULL NAME: John W. Eustis	FULL MAIDEN NAME: Margaret Hazelwood
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Maine	BIRTHPLACE: Mo
OCCUPATION: Carpenter	OCCUPATION: housewife

Number of child of this mother, including present birth: 10

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted], born alive at 4 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 2-20 1912 J. W. Murphy

S-Y CO., 16670 Registrar

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IOWA

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) Linn (City)

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

BUSICOM'L

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 4488

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Archie Harlan Eustis (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Feb 19, 1912 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb 20, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Eustis	Archie Harlan Eustis
Date of birth	Feb. 18, 1912	Feb. 19, 1912

Subscribed and sworn to before me this 19th
day of January, 1942.
x Stanley A. Webber
Notary Public, residing at Buhl, Idaho.
My commission expires Sept. 26, 1942.
(SEAL)

Signed Margaret M.A. Eustis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
528-11th Ave Buhl, Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 19th
day of January, 1942.
x Stanley A. Webber
Notary Public, residing at Buhl, Idaho.
My commission expires Sept. 26, 42.
(SEAL)

Signed John Weymouth Eustis
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
528-11th Ave Buhl, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 23 1942

685-218-042-819

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of A W. Buhl

Registration District No. ~~20 8~~ 23 File No. 4489

No. ....., ... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Whitby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 18 1912

FATHER		MOTHER	
FULL NAME	Chas. W hitby	FULL MAIDEN NAME	Maggie Harger
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 2-20 1912 J. T. Murphy Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-296397

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls.

City of ~~Twin Falls~~ Buhl Registration District No. ~~20 87~~ 23 File No. 4490

No. ....., ... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Sawlberg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 17, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Sawlberg	Bridget Mc Govern
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Holland	Wisc.
OCCUPATION	farmer	housework

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Chas. Witherbee M.D.

(Physician or Midwife)

Address Buhl Ida

Filed 2-20 1912 J. D. Mumpley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

293 - 22-042-133

Amended 10-24-61

(Be sure the information is complete and accurate)

State File No. 4491

Local Reg. No.

Reg. Dist. No. 23

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Frederica

b. (Middle): Ethel

c. (Last): Kilgore

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 2 - (Day) 27 - (Year) 1912

FATHER OF CHILD

7. FULL NAME: a. (First) Fred; b. (Middle) G.; c. (Last) Kilgore

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Iowa

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Ethel; b. (Middle); c. (Last) Allen

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Ark.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. H. Murphy, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Buhl, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 2-29-1912

20. REGISTRAR'S SIGNATURE: J.H. Murphy

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

GISTRAR in the issuing office and full address

pondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

293-227-042-133

Form V. S. No. H-C—15m-6-2

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH.

County of Twin Falls

City of Buhl

Registration District No. ~~20823~~ 23

File No. 4491

No. ____, ____ St.,

Primary Registration District No. 2087

Registered No. ____

Hospital ____

FULL NAME OF CHILD Fraonka A. Killgore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	2-27 191-

FATHER		MOTHER	
FULL NAME	A. G. Killgore	FULL MAIDEN NAME	Ethel Allen
RESIDENCE	Buhl.	RESIDENCE	Buhl
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19.
BIRTHPLACE	Iow.	BIRTHPLACE	Ark.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Mumpley M. D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 2-29 1912 J. D. Mumpley Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 24 1931

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4491

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Fredreka Killgore (Name on Original Certificate) who was born (Was Born or Died) on Feb. 27, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Fredreka Killgore	Frederica Ethel Kilgore
Full Name of Father	F. G. Killgore	Fred G. Kilgore

Subscribed and sworn to before me this 19th day of
Aug, 1961
Lee F Bartlett
Notary Public, residing at Buhl Ida
My commission expires Dec 24, 1964
(Seal)

Signed Fred G Kilgore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
PA Box 1291 Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of
Aug, 1961
Lee F Bartlett
Notary Public, residing at Buhl Idaho
My commission expires Dec 24, 1964
(Seal)

Signed Mrs Pearl Larsen (aunt)
(Signature of Any Credible Person)
Filer Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10-25-60. nm

State of California, Notification of Birth Registration, No. 898, child born Dec. 6, 1947 at Eureka, California - gives full maiden name of mother as Frederica Ethel Kilgore - viewed by V.S.

Records of the Selective Service System, Registration Card, date of Registration: June 5, 1917, gives full name as Fred Guy Kilgore, born Dec. 4, 1886 in Iowa, age at time of registration, 30 years old - viewed by V.S.

Statement from Mark R. Andersen, Superintendent of the Class A School District No. 262, Eden, Hazelton, Idaho - states "The records on file in my office at Valley High School, Eden-Hazelton, Idaho show Frederica Kilgore, daughter of Fred Guy Kilgore, born February 27, 1912, graduated from Hazelton Elementary School in 1926. She attended Hazelton High School the following year, 1926-27, and again in 1927-28." - viewed by V.S.

Family Record, picture post card, gives full name of child as Frederica Ethel Kilgore, age 14 months, weight 20 lbs. - appears old and unaltered - viewed by V.S.

619 - 207-042-615

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. ~~2087~~ 23 File No. 4492

No. ____, ____ St.

Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Winfred Ward.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes.	2 7 1912

FATHER		MOTHER	
FULL NAME	C. R. Ward.	FULL MAIDEN NAME	Mrs Vida Ward.
RESIDENCE	4 S. 1½ W. Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26.	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mich.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M. D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2 - 10 1912 J. H. Murphy

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

"WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

dup of 1912-D77-159

Amended 5/25/73

449-228-042-44

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4493
Local Reg. No.
Reg. Dist. No. 23

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 4½ W. 1 N

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

d. STREET ADDRESS (If rural, give location): 4½ W. 1 N.

3. CHILD'S NAME (Type or print)

a. (First): Myrtle

b. (Middle): Catherine

c. (Last): Duran

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	2 28 1912

FATHER OF CHILD

7. FULL NAME

a. (First): R.

b. (Middle): R.

c. (Last): Duran

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
52 YEARS	Ore.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mrs. R. R.

b. (Middle):

c. (Last): Duran

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Ore.	6		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. H. Murphy

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Buhl, Ida.

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: 2-29-12

22. REGISTRAR'S SIGNATURE: J. H. Murphy

23. DATE ON WHICH GIVEN NAME ADDED
BY ____
Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

449-228-042-448

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2087 23 File No. 4493

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Myrtle Durand.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2 - 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R.R. Durand.	Mrs. R.R. Durand.
RESIDENCE	4½ W. 1 N. Buhl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	1-2	35
BIRTHPLACE	Ore.	Ore.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 3.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mumpley M. D.

(Physician or Midwife)

Address Buhl. Ida.

Given names added from a supplemental report

....., 19.....

Filed 2-29 1912 J. H. Mumpley Registrar

.....
Registrar

S-Y CO., 16670

MAY 2 1973

MAY 25 1973

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS MAY 11 9 53 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4493

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Myrtle Durand (Name on Original Certificate) who was born (Was Born or Died) on Feb. 28, 1912 (Date of Event)
in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Myrtle Durand	Myrtle Catherine Duran
father's last name	Durand	Duran

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of
May, 1973

Notary Public, residing at Spokane, Wash.
My commission expires 4-1-75
(Seal)

Signed Alice J. Duran
(Signature of Any Credible Person)

[illegible] Cir [illegible] Ste
(Street Address, City, State)
Spokane

FORM DH 60-155 OL 5-1-73

1/11 Ad

High School Diploma from Lewiston High School gives name as Myrtle Catherine Duran. Dated May 20, 1931. Viewed by V. S.

Death notice of mother: Myrtle Duran died at 85 years, Was married go Reason Duran. Viewed by V. S.

Baby book gives name as Myrtle Catherine born Feb. 28, 1912. Viewed by V. S.

649-104-042-774

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls.

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2187 23 File No. 4494

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Ward,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 4, 191.2

FATHER		MOTHER	
FULL NAME	Wm. Ward	FULL MAIDEN NAME	Martha Gruetzmacher
RESIDENCE	Filer Ida.	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neb,	BIRTHPLACE	Minn,
OCCUPATION	Rancher,	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 2-10 19.2 J. V. Mumaffey

Registrar

S-Y CO., 16670

Registrar

OCT 3 0 1969

595-116-042-297

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 File No. 4495

No. ..... St.

Primary Registration District No. 20 & 6 Registered No. .....

Hospital Home

FULL NAME OF CHILD Howard Lee Vining

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	2 – 16 ,1912

FATHER		MOTHER	
FULL NAME	Lee Vining	FULL MAIDEN NAME	Jennie Biggerstaff
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Lyon Co. Iowa	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Illinois
		OCCUPATION	Home

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Armer M.D.

(Physician or Midwife)

Address Filer Idaho

Filed 2-20 1912 Robert Coughlin Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

459-115-042-55-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4496

Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD CHARLES CLEON MEIER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	2 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob A Meier	Zuea Neil
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Caro Co Mo	Cherokee Co Kans
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G A Newberry

Filer Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 2-20 19 12 John S Coughlin

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

DEC 27 1941

DEC 30 1976

133 - 111 - 042 - 319

Amended 2/6/76

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 File No. 4497

No. ____, ____ St.

Primary Registration District No. 2086 Registered No. ____

Hospital ____

FULL NAME OF CHILD John Carson Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes.	2 - 11 - 12

FATHER		MOTHER	
FULL NAME	Benj Faleen	FULL MAIDEN NAME	Emma Carson
RESIDENCE	Filer. Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Goshen Utah	BIRTHPLACE	Garfield Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry (Physician or Midwife)

Address Filer Idaho

Given names added from a supplemental report

....., 19....

Filed 2-20 1912 John W Coughlin Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 2 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 12 18 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ~~XXXXXX~~ Idaho } ss.
County of Twin Falls }

Certificate No. 4497

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Allen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 11, 1912 (Date of Event) Jan 10, 76

in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Elder Justice (Bible Record, Insurance Policy, Etc.) prepared on January 15, 1976 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	John Carson Allen, Sr.
date of birth	Feb 12, 1912 Feb 11 1912	Feb 11, 1912

Subscribed and sworn to before me this 15th day of January, 1976

Randall C. Bridge

Notary Public, residing at Twin Falls, Idaho

My commission expires Aug. 21, 1976

(Seal)

Signed Emmma E Allen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Filer, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 1976

Randall C. Bridge

Notary Public, residing at Twin Falls, Idaho

My commission expires Aug. 21, 1976

(Seal)

Signed John Carson Allen

(Signature of Any Credible Person)

Rt 2 Filer, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 1/12/76

Certif of Ordination to the Holy Priest hood gives name as John Carson Allen was Ordaineda Priest on Jan 4, 1931. & father's name as Benjamin F. Allen ans Emma Carson. born & Feb 11, 1912. viewed by V. S.

FEB 6 1976

Baptismal recoed gives name as John Carson Allen son of Benjamine F. Allen as Emma Carson. born & Feb 11, 1912. Baptized Aug 6, 1921. viewed by V.S.

666-115-045-704

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RECORD must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 12-C—Rev. 7-31

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 2-3 File No. 4488

No. ____, ____ St.

Primary Registration District No. 2086 Registered No. ____

Hospital ____

FULL NAME OF CHILD Leonard Lee Hood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	2-15-1917

	FATHER	MOTHER
FULL NAME	Joseph Hood	Parent Loudy
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Infirmd Ill	Infirmd Ill
OCCUPATION	Mcht.	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or Midwife)

Address Filer - Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-20 1917 Julius Coughlin

Registrar

Registrar

GYMS - YORK CO., PTRS. & BDRS. 17926

JUN 6 1968

391-128-045-388

Form V. S. No. 11-G—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ..... Registration District No. 23 File No. 4499

No. ....., ... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD RALPH WILLIAM CRANER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2 / 28 / 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Craner	Sarah J. Turner
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	16
BIRTHPLACE	Oakley Idaho	Oakley, Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 2-29 19 12 John T. Coughlin

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 25 1943

215 - 223-042-053

S. No. 11-C—Im-6-10-11

PLACE OF BIRTH

STATE OF [redacted]

Bureau of Vital [redacted]

CERT[redacted]

4500

County of Twin Falls

City of

Registration District No. 23 File No.

No. , St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	5/23, 1912

FATHER		MOTHER	
FULL NAME	Wm E. Langer	FULL MAIDEN NAME	Eva Miller
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Investor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Given names added from a supplemental report

5/24, 1912 Address Twin Falls Ida

Filed 5-28 1912 John J. Englehart

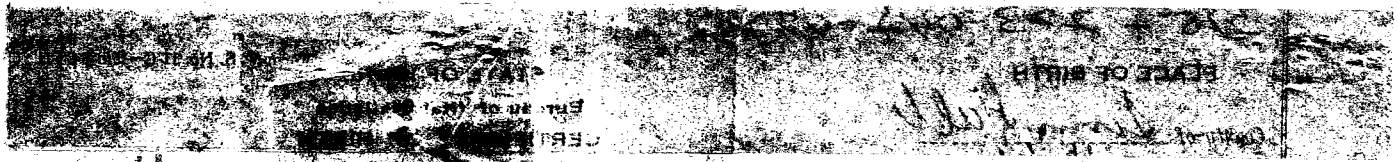
Registrar Registrar

S-Y CO.: 16670

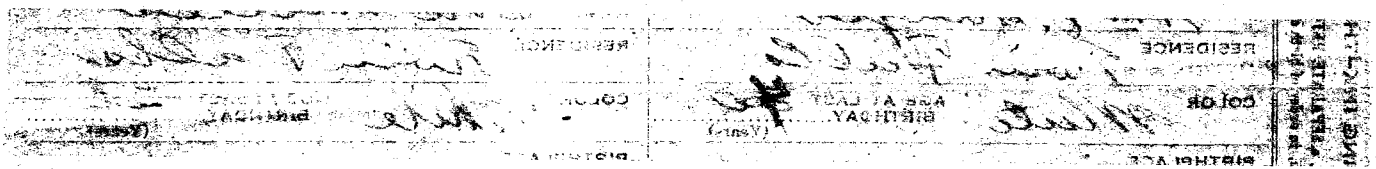
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



AUG 2 3 1976



[redacted]

County of Twin

City of Twin

No. ____, ____

Hospital ____

CERTIFI[redacted]RTH

Registration District No. 23 File No. 4501

Primary Registration District No. 20 [redacted]egistered No. ____

FULL NAME OF CHILD ISABELLE MARTHA Farr

Sex of Child Female | Twin, Triplet or other? No (To be answered only in event of plural births) | and Number in order of birth | Legiti-mate? Y[redacted] | of 2 (Month) 22 (Day) 1912 (Year)

FATHER

FULL NAME Leslie C. Farr

RESIDENCE Twin Falls Ida.

COLOR W. AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE California

OCCUPATION Laundryman

MOTHER

FULL MAIDEN NAME B[redacted] Stewart

RESIDENCE Twin Falls Ida.

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Tike

Physician (Physician or Midwife)

Given names added from a supplemental report

____ 19____

Address Twin Falls Ida.

Filed 2-28 1912 Joliet Creglow

Registrar

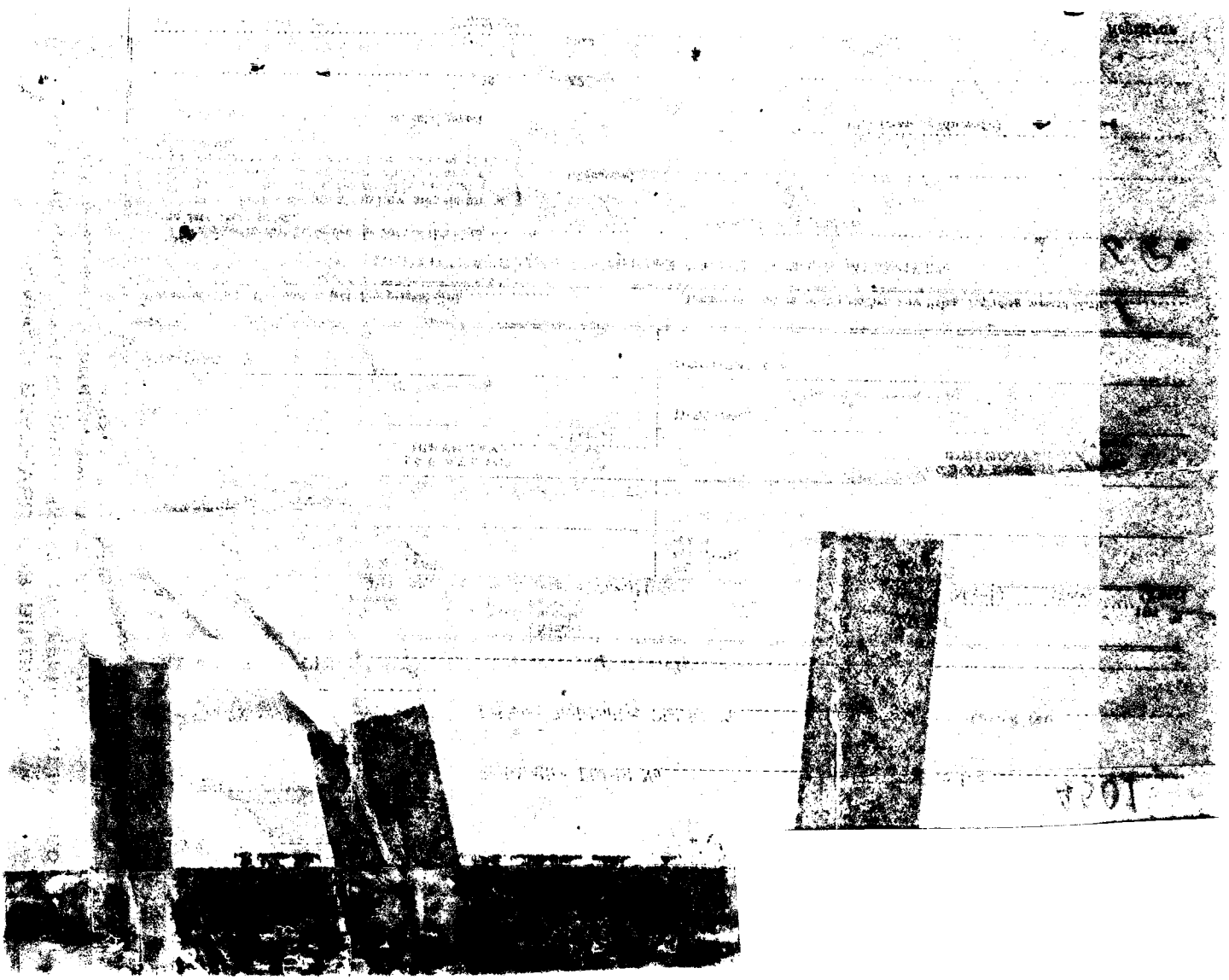
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



SEP 28 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of San Diego } ss.

Certificate No. 4501

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Tarr child (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) ~~were~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Isabelle Martha Tarr

Subscribed and sworn to before me this 24th
day of September, 1942.
Edith B. Benjamin
Notary Public, residing at San Diego, Calif.
My commission expires Nov. 23, 1945
(Seal)

Signed Bessie Bergen (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
125 S. 46th St. San Diego Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Diego } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of February, 1942.
Edith B. Benjamin
Notary Public, residing at San Diego
My commission expires Nov. 23, 1945
(Seal)

Signed Frank Bergen
(Signature of Any Credible Person Other Than Previous Year)
125. So. 46th San Diego
(Street Address, City, State)

2002

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

OCT 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

259 - 220 - 642 - 448

Form V. S. No. 11-C—1909-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 23 File No. 4502

No. ____, ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Leibera

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No		Yes	2 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Leibera	Sarah Murray
RESIDENCE	Twin Falls Ida	
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	20	24
BIRTHPLACE	Missouri	Nebraska
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tike

Physician (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

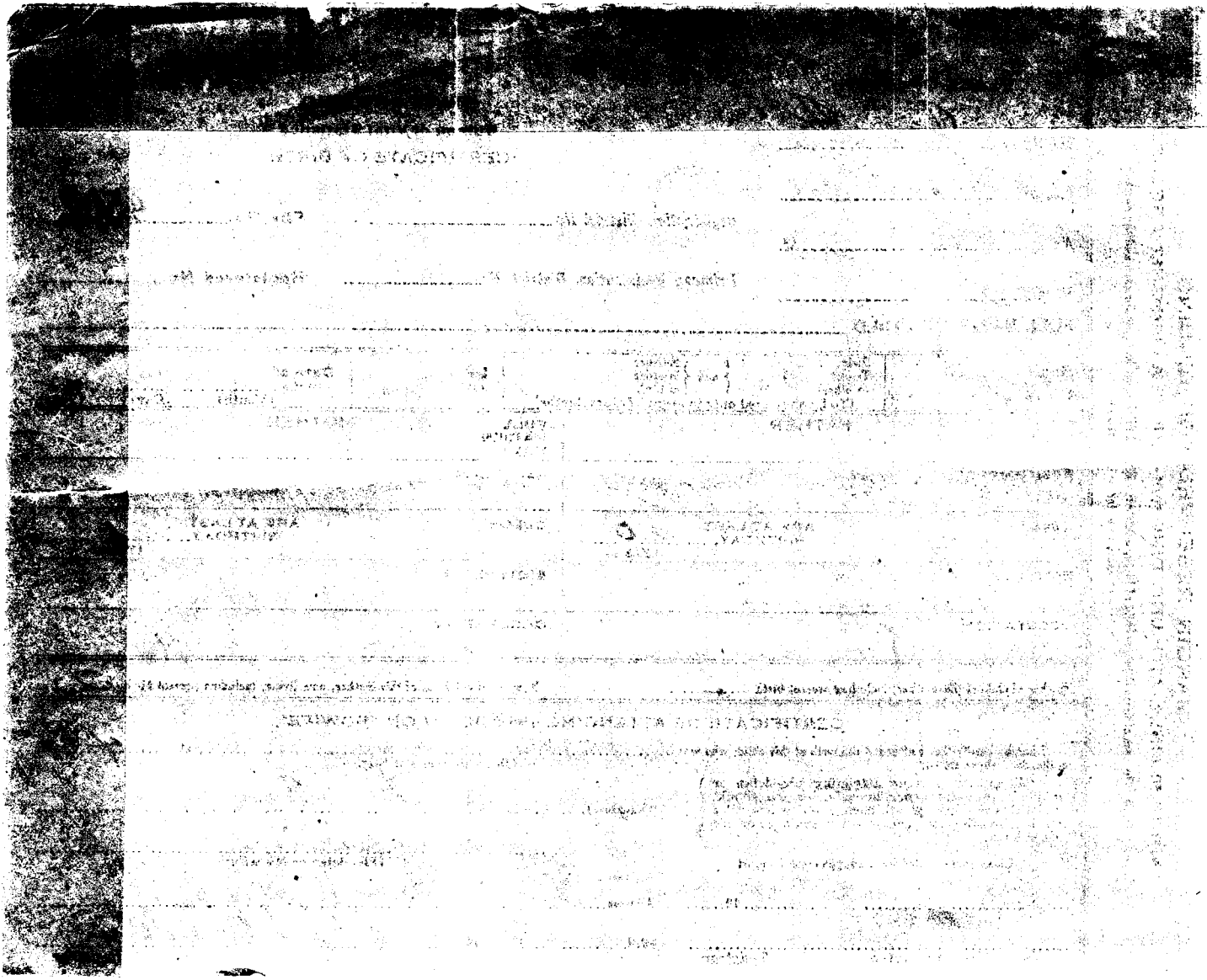
....., 19.....

Filed 2-25 19 12 Robert Engelen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar



PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of " "

No. 4th Ave E St.

Hospital

Registration District No. 23

Primary Registration District No. 2085

File No. 4503

Registered No.

FULL NAME OF CHILD Munger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Feb 2 1912

FATHER		MOTHER	
FULL NAME	Fred Munger	FULL MAIDEN NAME	Etta Cobb
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H. W. Wilson M.D.

Physician

(Physician or Midwife)

Address Twin Falls, Idaho.

Filed Feb 20 19 12 John T. Coughlin

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-2-1092-33

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of ..... Registration District No. 23 File No. 4504

No. Golden Rule Add. St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Turner.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 21, 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Turner	Barbara Clay
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 245-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Wollan M.D.

Physician (Physician or Midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 28 1912 John B. Coughlin

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of ..... Registration District No. 23 File 1505

No. ....., ... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Muriel Pauline Leighton

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of birth Feb. 12 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Edwin Leighton	FULL MAIDEN NAME	Hazel V. Shields
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Asst. Post Master	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Nelson

Physician (Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

....., 19.... Filed Feb. 20, 1912 J. Lewis Coughlin Registrar

..... Registrar

P-Y CO., 16570

295 - 201-042-863

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 137 — 7th Ave. North

Registration District No. 23

File No. 4500

Primary Registration District No. 2085

Registered No.

Hospital ?

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feb. 1, 1912

FATHER		MOTHER	
FULL NAME	Loyal L. Breckenridge	FULL MAIDEN NAME	Florence Holt
RESIDENCE	Twin Falls — Ida.	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Colorado
OCCUPATION	Mill Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles K. Scott

(Physician or Midwife)

Address Twin Falls — Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 19 12

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

359-202-042-663

PLACE OF BIRTH

Form V. S. No. 11-C—10m-3-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Blue Lakes Boulevard

Registration District No. 23 File No. 4508

Hospital at Home

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD RUTH MARGARET LEISER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	February 2, 1912

FATHER		MOTHER	
FULL NAME	Fred Leiser	FULL MAIDEN NAME	Mabel Focht
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Moses Stearns
M. D.
(Physician or Midwife)

Address Twin Falls, Idaho,

Filed 2-5 1912 John J. Coughlin
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17320

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CHILD'S NAME (IF CHILD

FATHER

MOTHER

AGE AT LAST BIRTHDAY

CERTIFICATE OF

OCT 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }ss.
County of Santa Clara }

Certificate No. 4508

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who Feby 7, 1917 (Was Born or Died) on (Date of Event)
in Twin Falls, Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ruth Margaret Leiser

Subscribed and sworn to before me this 10th
day of October, 19 42

Notary Public, residing at Palo Alto, Calif
My commission expires Dec. 3, 1945
(Seal)

Signed Mabel C Leiser Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

712 Bryant St. Palo Alto, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }ss.
County of Santa Clara }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of October, 19 42

Notary Public, residing at Palo Alto, Calif
My commission expires Dec. 3, 1945
(Seal)

Signed Elmer E. Dakin X
(Signature of Any Credible Person Other Than Previous Year)

712 Bryant St. Palo Alto, Calif
(Street Address, City, State)

OCT 16 1942

659-209-042-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4509

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Fleischt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No		Yes	Feb 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. H. Fleischt	Alma Gorrell
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 2-16 1912 John F. Coughlin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

815-114-042-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 45[illegible]

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Handley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	and	Yes	2 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. Handley	Dora Beck Thomas
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Ontario Canada	Illinois
OCCUPATION	Insurance Agt.	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 2-18 1912 John S. Engelken

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

743-201-042-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 23

Primary Registration District No. 2085

File No. 4511

Registered No. _____

FULL NAME OF CHILD ?

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover C. Gulick	Nora Swearingen
RESIDENCE	Filer Idaho	Filer Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Kansas	Colorado
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles K. Scott

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-10 1912 John F. Engleken

Registrar

.....

Registrar

S-Y CO., 16670

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each one of each, in order of birth stated

[redacted]RTH

STATE OF IDAHO

Form V. S. No. II-C—Revised 1907

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

[redacted]eshoe Bend Registration District No. 22 File No. 4512

[redacted] St. Primary Registration District No. [redacted] 2008 Registered No. 27

Hospital

Name Card, Form V. S. mailed

FULL NAME OF CHILD Florence Louise Henderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2 28 1912

FATHER	MOTHER
FULL NAME Everett Henderson	FULL MAIDEN NAME Elva MaeGraham Eastman Brayton
RESIDENCE Horseshoe Bend Ida	RESIDENCE Horseshoe Bend Ida
COLOR W AGE AT LAST BIRTHDAY 23 (Years)	COLOR W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE ~~Colorado~~ Indiana	BIRTHPLACE ~~[redacted]~~ Colorado
OCCUPATION Electrician	OCCUPATION Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Emmett Ida.

Filed March 5 1912 J. C. Woodward Registrar

S-Y CO., 16570

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield

No. ____, ____ St.

Registration District No. 13 — File No. 4513

Primary Registration District No. 2029 — Registered No. 57

Hospital ____

FULL NAME OF CHILD Naomi Berg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	March 29, 1912

	FATHER	MOTHER
FULL NAME	Henry Berg	FULL MAIDEN NAME: Emma Willis
RESIDENCE	Springfield	Springfield
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	21 (Years)
BIRTHPLACE	Norway	Lamonville Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Dr. C. MacKinnon
Physician
(Physician or Midwife)

Address Aberdeen Idaho

Filed Dec 20 1912 Dr. C. MacKinnon
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 27 1942

JUN 13 1967

Plat 2-42-006-45-4

PLACE OF BIRTH

Form V. S. No. 11-C—Jan. 20-15

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ____, ____ St.

Hospital ____

Registration District No. 13 File No. 4514

Primary Registration District No. 2029 Registered No. 54

FULL NAME OF CHILD *Ruth Holmquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 21, 1912

FATHER		MOTHER	
FULL NAME	Gabriel Holmquist	FULL MAIDEN NAME	Martha Jane Underwood
RESIDENCE	Sterling	RESIDENCE	Sterling
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Salem, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M. D.

(Physician or Midwife)

Address Sanderson Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 22 19 12 M. C. MacKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 3 4514

Primary Registration District No. _____ Registered No. _____

1. NAME OF CHILD _____

Sex _____ Twin, Triplet, or other plural birth _____ Date of Birth _____ 19__
(Month) (Year)

FATHER

Name _____

Age at last birthday _____ (Years)

Birthplace _____

Occupation _____

MOTHER

Name _____

Age at last birthday _____ (Years)

Birthplace _____

Occupation _____

Maiden surname _____

Number of previous children born alive to this mother _____ Number now living _____ Number now dead _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

Signature _____

Address _____

(Physician or Midwife)

Date received by Registrar _____ 19__ Registrar _____

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
REGISTRATION OF BIRTHS

213 - 116 - 006 - 275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Sterling

No ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. B 4515

Primary Registration District No. 2029 Registered No. 55

FULL NAME OF CHILD CHARLES Y. ~~Brownsmead~~ Batterfield

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—		—	Yes	March 16, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lemmon J. Batterfield	FULL MAIDEN NAME	Cane Spence
RESIDENCE	Sterling	RESIDENCE	Sterling
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Goldville, Ala.	BIRTHPLACE	Wellsville, Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M. C. Hutchinson

Physician
(Physician or Midwife)

Address Aberdeen, Idaho

Filed Mch 23 1912 M. C. Hutchinson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

[redacted]

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING BLACK INK

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 4515

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Charles Y. Satterfield (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 16, 1917 (DATE OF EVENT) in Sterling, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record Book (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Mar 16, 1917 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Charles Y. Satterfield

Subscribed and sworn to before me this 17 day of June, 19 42

M. J. Satterfield

Notary Public, residing at Pocatello, Ida.

My commission expires [redacted] Feb 3, 1943 (SEAL)

Signed A. Y. Satterfield

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RVR No. 8 Pocatello, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 19 42

M. J. Satterfield

Notary Public, residing at Pocatello, Ida.

My commission expires Feb 3, 1943 (SEAL)

Signed Grace L. Boyatt

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

710 E. Center - Pocatello, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 16 1942 By

(REGISTRAR'S SIGNATURE)

JAN 21 1975

JUN 1 8 1942

652-214-006-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11.C—Rev. 6-1-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 4516

No. ____, ____ St.

Primary Registration District No. 2029 Registered No. 48

Hospital ____

FULL NAME OF CHILD Eva Weber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	March 14, 1912

FATHER		MOTHER	
FULL NAME	Karl Weber	FULL MAIDEN NAME	Rosanna Huether
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 14th

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12 20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. C. McKinnon M.D.

Physician (Physician or Midwife)

Address Aberdeen, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 16 1912 McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 24 1975

24-104-006-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 4517

No. ____, ____ St.

Primary Registration District No. 2029 Registered No. 35

Hospital ____

FULL NAME OF CHILD Unnamed Gambill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	March 4, 1912

FATHER		MOTHER	
FULL NAME	Furches Monroe Gambill	FULL MAIDEN NAME	Verda Parsons
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	North Carolina	BIRTHPLACE	Thomas, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Kratzinger

Physician (Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 7 19 12 — Mamie Kinnon Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

CERTIFICATE OF BIRTH

File No.

FULL NAME OF CHILD

FATHER

MOTHER

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

243-102-086-386

PLACE OF BIRTH Amended May 28, 1958

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 13 File No. 4518

Primary Registration District No. 2029 Registered No. 36

FULL NAME OF CHILD Malcolm Andrew Sullivan
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	March 2, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Andrew Jackson Sullivan	FULL MAIDEN NAME: Sarah Evelyn Cook
RESIDENCE: Aberdeen	RESIDENCE: Aberdeen
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Coffeyville, Kas.	BIRTHPLACE: Oakley, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) M. C. MacKinnon

physician
(Physician or midwife)

Address Aberdeen, Idaho

Filed March 6 1912 M. C. MacKinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 4518

No. ..... St.

Primary Registration District No. 2029 Registered No. 36

Hospital .....

FULL NAME OF CHILD Andrew Sullivan Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Mch 2 1912

FATHER	MOTHER
FULL NAME Andrew Jackson Sullivan	FULL MAIDEN NAME Sarah Elizabeth Cook
RESIDENCE Aberdeen	RESIDENCE Aberdeen
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Coffeyville, Kas.	BIRTHPLACE Oakley, Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon

Physician (Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 6 19 12 — McKinnon

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

AUG 15 1957

MAY 29 1959

Certificate of Baptism for Sarah Evelyn Cook Sullivan -viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Malheur } ss.

Certificate No. 4518

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Andrew Sullivan, Jr. (Name on Original Certificate) who born (Was Born or Died) on March 2, 1912 (Date of Event)
in Aberdeen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism - July 31, 1922 viewed by V.S. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Andrew Sullivan, Jr.	Malcolm Andrew Sullivan
Mother's Name	Sarah Elizabeth Cook	Sarah Evelyn Cook

Subscribed and sworn to before me this 17th day of December, 19 37

Signed Sarah Evelyn Sullivan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Nyssa, Oregon
My commission expires 1/13/39
(Seal)

516 4th Nyssa Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of December, 19 37

Signed Myrtle Bayley
(Signature of Any Credible Person)

Notary Public, residing at Nyssa, Oregon
My commission expires 1/13/39
(Seal)

R-2 Nyssa Oregon
(Street Address, City, State)

FORM DPH 55.155

692 - 203 - 086 - 265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Ward No 4

Registration District No 13 File No. 4519

No ....., ... St.

Primary Registration District No. 2053 Registered No. 37

Hospital .....

FULL NAME OF CHILD Muriel Helen Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar. 3, 1912

FATHER

FULL NAME: Earl S. Fisher

RESIDENCE: Blackfoot, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Wis

OCCUPATION: Teamster

MOTHER

FULL MAIDEN NAME: Lucy F Bond

RESIDENCE: Blackfoot,

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Mch 7 19 12 W. E. Patrick

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

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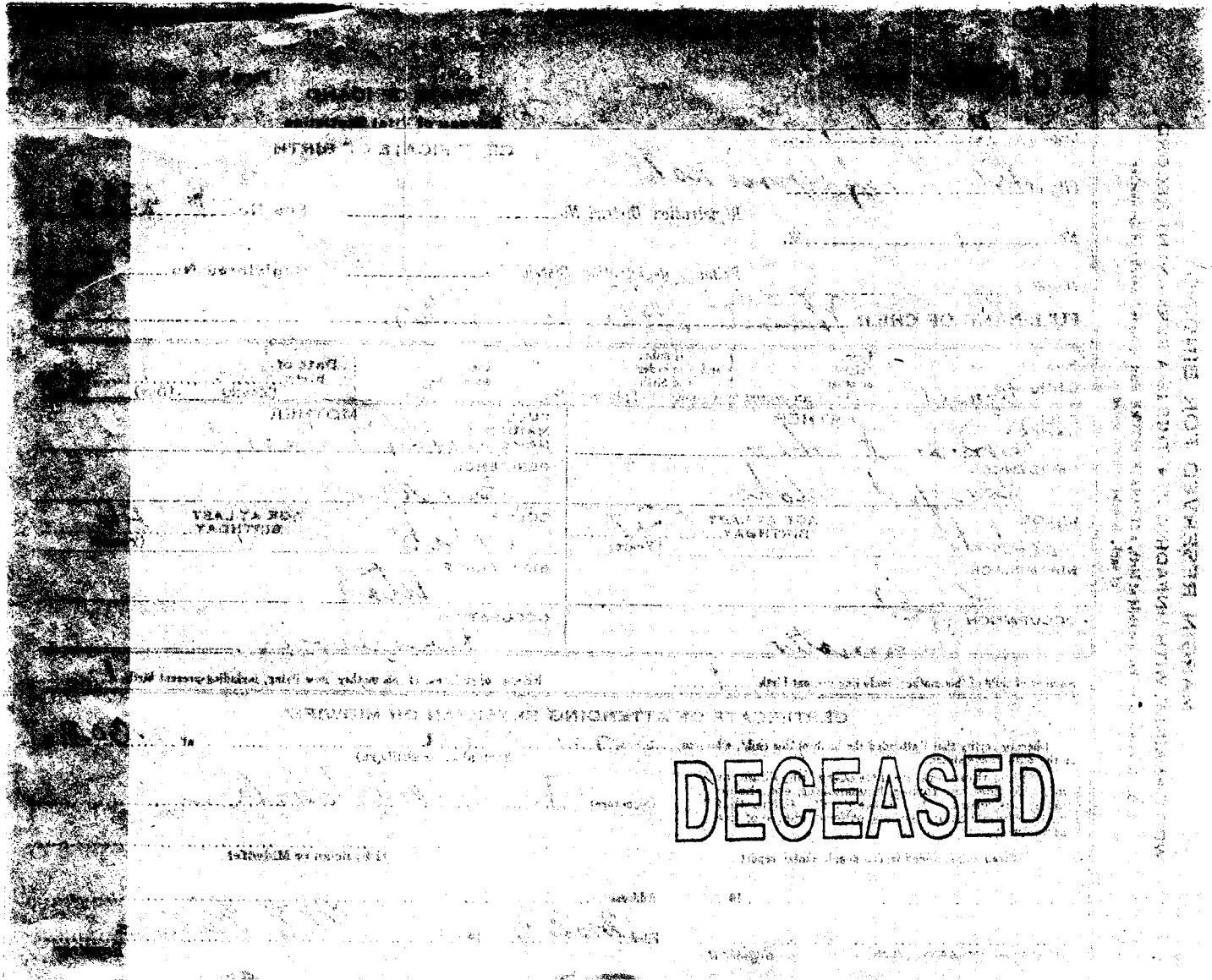

DECEASED

133-119-006-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Thomas Ward

No. ..... St.

Hospital No

Form V. S. No. 11-C—10m-6-1-23

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 4520

Primary Registration District No. 2053 Registered No. 31

FULL NAME OF CHILD Thurman Daley Alfred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 19 1922

FATHER		MOTHER	
FULL NAME	Joseph D Alfred	FULL MAIDEN NAME	Mary Jeanette Daley
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife

(Physician or Midwife)

Address Blackfoot R F D No 2

Given names added from a supplemental report

....., 19.....

Filed Mch 6 1922 M. E. Patrick

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

N 1 0 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins or triplets, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward — Registration District No. 13 — File No. 4521

No. No St. — Primary Registration District No. 2053 — Registered No. 32

Hospital No

FULL NAME OF CHILD James Lorenzo Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Feb 28 1912

FATHER

FULL NAME: John H. Buchanan

RESIDENCE: Thomas

COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Annie Francetta Manning

RESIDENCE: Thomas

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Wife and mother

Number of children, of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was born alive at 9 o'clock A. M. on the date above stated.

(Born alive or stillborn)

I have personally examined the foregoing information, and to the best of my knowledge and belief it is true and correct. The child was born alive at the time stated above. I have personally examined the child and I hereby certify that I have personally examined the child and I hereby certify that I have personally examined the child and I hereby certify that

249-113-006-449

PLACE OF BIRTH

STATE OF IDAHO

Form U. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 7 miles out St.

Registration District No. 13

File No. 4522

Primary Registration District No. 2053

Registered No. 33

Hospital HARRY M. BURNINGHAM

FULL NAME OF CHILD Unnamed Burningham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 13 1918

	FATHER	MOTHER
FULL NAME	James V. Burningham	FULL MAIDEN NAME Annie Muir
RESIDENCE	7 miles out of Blackfoot	RESIDENCE 7 miles out of Blackfoot
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah.
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother living including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Born alive at 2 50 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor showed any other evidence of life after birth.

(Signature) John B. Cooper M.D.

(Physician or Midwife)

Given name ... supplemental report

Address Blackfoot Idaho

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 4522

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on February 13, 1912 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Washington National Ins. (originally Hercules) prepared on January 12, 1937 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Harry M. Burningham

Subscribed and sworn to before me this 4 day of April, 19 62

Geraldine M. Sweeney
Notary Public, residing at Boise, Idaho
My commission expires 12-31-62
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6509 Pomona Road .; Boise, Ida o
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of April, 19 62

Geraldine M. Sweeney
Notary Public, residing at Boise, Idaho
My commission expires 12-31-62
(Seal)

Signed [signature]
(Signature of Any Credible Person)

3203 Hill Road Boise Idaho
(Street Address, City, State)

FORM DH 60-155

Employment Record, Sears Service Record, original date March 9, 1935 gives name as Harry M. Burningham, viewed by V.S.

APR 12 1962

Hercules Life Insurance Policy dated Jan 19, 1937 gives name as Harry M. Burningham, viewed by V.S.

859-121-006-546

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Ward

Registration District No. 13

File No. 4523

No. ____, ____ St.

Primary Registration District No. ~~1003~~ 2053

Registered No. 34

Hospital ____

FULL NAME OF CHILD Unnamed Heiley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George. Heiley.	Eunice Eva. Edwards.
RESIDENCE	Blackfoot. Idn.	Blackfoot. Idn.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33.	23
BIRTHPLACE	Iowa	England.
OCCUPATION	Blacksmith	housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper. M. D.

(Physician or ~~Midwife~~)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 6 19 12 W. E. Patrick

Registrar

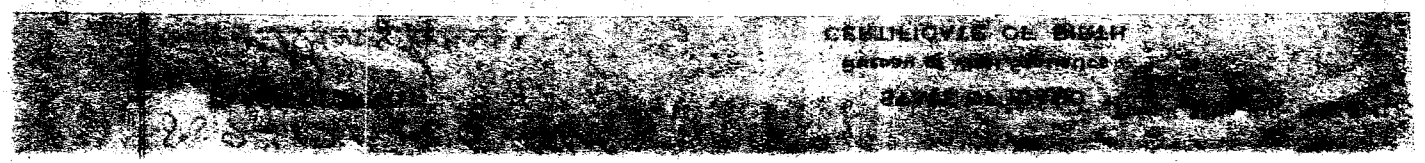
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



335-209-006-657

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. H-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

No. ____, ____ St.

Hospital ____

Registration District No. 13 File No. 4524

Primary Registration District No. 2053 Registered No. 52

FULL NAME OF CHILD Phillis Edna Clement

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			February 9 1912

FATHER	MOTHER
FULL NAME: Clarence Morain Clement	FULL MAIDEN NAME: Florence Weaver
RESIDENCE: Moreland	RESIDENCE:
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Plain City Utah	BIRTHPLACE: Kootenai Idaho
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G Hatch

Blackfoot Idaho

(Physician or Midwife)

Address R. F. D. #4 Box 88

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mch 20 1912 M E Patrie Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OCT 14 1970

389-109-006-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Inkom

No. ____, ____ St.

Hospital ____

Form Vital Statistics No. 13-0-10m-6-4-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 4525

Primary Registration District No. 2053 Registered No. 59

FULL NAME OF CHILD Newell Herman Christiansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			yes	3	9	1912

FATHER		MOTHER	
FULL NAME	Hyrum C Christiansen	FULL MAIDEN NAME	Russelletta J Talbot
RESIDENCE	Inkom Idaho	RESIDENCE	Inkom Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Georgetown Idaho	BIRTHPLACE	Ogden Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Midwife (Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Blackfoot Idaho Rt 4, B 52

Filed Mch 20 19 12 W E Patrick

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

DUP OF 12-327557

355-119-006-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 15C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Thomas Ward

No No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 2053 File No. 4526

Primary Registration District No 2053 Registered No. 51

FULL NAME OF CHILD ELVIN ALEXANDER LINDQUIST

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	— (To be answered only in event of plural births)	—	Yes	March 19, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Victor E. Lindquist	FULL MAIDEN NAME Johannah T. Bolinn
RESIDENCE Blackfoot R.F.D. No. 2	RESIDENCE Do
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Holland
OCCUPATION Farmer	OCCUPATION Housewife

(Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys. (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch 19 1912 M E Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

FULL NAME OF CHILD

MOTHER

FATHER

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 4526
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Liljenquist (Name on original certificate) who born (Was born or died) on March 19, 1912 (Date of event)
in Blackfoot, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policy (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
born March 19, 1912		
	Unnamed Liljenquist	Elvin Alexander Lindquist

Subscribed and sworn to before me this 30th day of January, 1942

Ethel L. Hatchett
Notary Public, residing at
My commission expires Aug 15. 1945
[SEAL]

Signed Mrs Helen J. Lindquist
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

769 court st San Bernardino California
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of February, 1942.

E. C. Taylor
Notary Public, residing at Blackfoot Ida
My commission expires Jan. 7th. 1944
[SEAL]

Signed Rose B. Ellsworth
(Signature of any credible person other than the previous affiant)

Blackfoot Ida
(Street Address, City, State)

Received for filing on Feb 10 19 42 by
(Registrar's signature)

FEB 1 9 1942

955-212-006-544

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form U. S. No. 1-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham
City of Thomas Ward
Registration District No. 13 File No. 4527
No. ____, ____ St.
Primary Registration District No. 2053 Registered No. 50
Hospital ____

FULL NAME OF CHILD Elizabeth Louisa Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 12 1912

FATHER		MOTHER	
FULL NAME	Alfred E Reese	FULL MAIDEN NAME	Martha Commerens
RESIDENCE	Thomas Ward	RESIDENCE	Thomas ward \ Parsons
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 2
Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Marion C Crawford
Midwife
(Physician or Midwife)
Address Blackfoot R #4 Box 24

Filed Mch 18 1912 W. E. Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 26 1941

319-203-006-141

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Porterville Mud Registration District No. 13 File No. 4528

No. ____, ____ St. Primary Registration District No. 2053 Registered No. 46

Hospital ____

FULL NAME OF CHILD Hazel Mary Carlos

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 3, 1912

FATHER		MOTHER	
FULL NAME	Horace Carlos	FULL MAIDEN NAME	Lezetta Adams
RESIDENCE	Porterville Ida	RESIDENCE	Porterville Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	———

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos B Adams MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 15 1912 W. E. Petrie

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1-4-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4528

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Carlos (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1912 (Date of Event)

in Bingham Co. Porterville Ward (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Hazel Mary Carlos

Subscribed and sworn to before me this 10th day of JANUARY, 1974

DARRELL V. NORTHAM

Notary Public, residing at SUNNYVALE, CALIF

My commission expires JUNE 22, 1976

(Seal)

Signed Richard N. Higgins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

544 Carlisle Way, Sunnyvale, Calif 94087
(Street Address, City, State)

OFFICIAL SEAL
DARRELL V. NORTHAM
NOTARY PUBLIC-CALIFORNIA
SANTA CLARA COUNTY

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of .....
County of ..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Tele. call 1-4-74 no correspondence

Certificate of Baptism and confirmation from LDS Church gives name as Hazel Mary Carlos daughter of Heber Horace Carlos and Lizetta Adams. Born March 3, 1912. Was Baptized July 4, 1920. Viewed by V. S.

JAN 30 1974

Marriage Certificate from California gives namesas groom as Richard N. Higgins and the bride's name as Hazel Mary Carlos. dated Oct. 23, 1945. Viewed byVS

235-206-006-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot AMENDED April 12, 1947
No. ____ St.
Hospital ____

Registration District No. 13 File No. 4529
Primary Registration District No. 2053 Registered No. 46

FULL NAME OF CHILD Barbara Opal Steinbach
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	March 6, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Keith Edmond Steinbach	FULL MAIDEN NAME: Elsie Lee Steinbach
RESIDENCE: Blackfoot	RESIDENCE: Blackfoot
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Idaho
OCCUPATION: Electrician	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. B. Davis, M.D.
(Physician or midwife)

Address ____

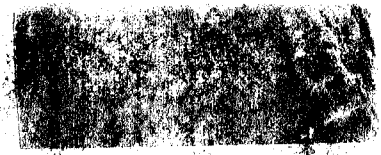
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Mar. 15, 1912 W. E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural

Registration District No 13 File No. 4529

No ....., ... St.

Primary Registration District No. 2053 Registered No. 46

Hospital .....

FULL NAME OF CHILD Mohamed Steinbach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	May 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Steinbach	Flora Downing
RESIDENCE	Blackfoot 2da	Blackfoot 2da
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Nebraska	Idaho
OCCUPATION	Electrician	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. B. Davis MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 15, 19 12 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

Sex of Child

Date of Birth

FATHER

MOTHER

COLOR

AGE AT LAST BIRTHDAY

ADDRESS

CERTIFICATE OF ATTENDANT

Registered No.

Filed

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4529

Date Filed April 1947

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Barbara Opal Steinbach (Name on Original Certificate) who born (Was Born or Died) on March 6, 1912 (Date of Event)
in Blackfoot Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Mother & Person above (Bible Record, Insurance Policy, Etc.) prepared on April 3, (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Steinbach	Barbara Opal Steinbach
Father's name	George Steinbach	Keith Edmond Steinbach
Mother's name	Flora Downing	Elsie Lee Steinbach

Subscribed and sworn to before me this 3rd day of April, 1947

Samuel A. Schorbach

Notary Public, residing at Portland, Oregon

My commission expires NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES FEB. 17, 1951 (Seal)

Signed Elsie Lee Steinbach
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Portland Ore. 1305 S.E. Reynolds
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

319-204-006-234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 5-1-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot, ward #1

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 4530

Primary Registration District No. 2053 Registered No. 38

FULL NAME OF CHILD Mary Bell Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 4 1912

FATHER

FULL NAME Geo. L. Carlson.

RESIDENCE Blackfoot, Idaho.

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Sweden

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Nana Sturns

RESIDENCE Blackfoot, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ohio

OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Mch 7 1912 M. E. Patrie

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

79-201-006-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

Registration District No. 13 File No. 4531

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 39

Hospital ____

FULL NAME OF CHILD Emma Marie Grimmett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	March 1st 1912

	FATHER	MOTHER
FULL NAME	John Francis Grimmett	FULL MAIDEN NAME Bertha C Benson
RESIDENCE	Moreland Idaho	RESIDENCE Moreland Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 2 (Y[illegible]
BIRTHPLACE	Sauder Wyoming	BIRTHPLACE Barnhalm Pe[illegible]
OCCUPATION	Implement Dealer	OCCUPATION

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Midwife

(Physician or Midwife)

Address Blackfoot Idaho Rt 4 B 88

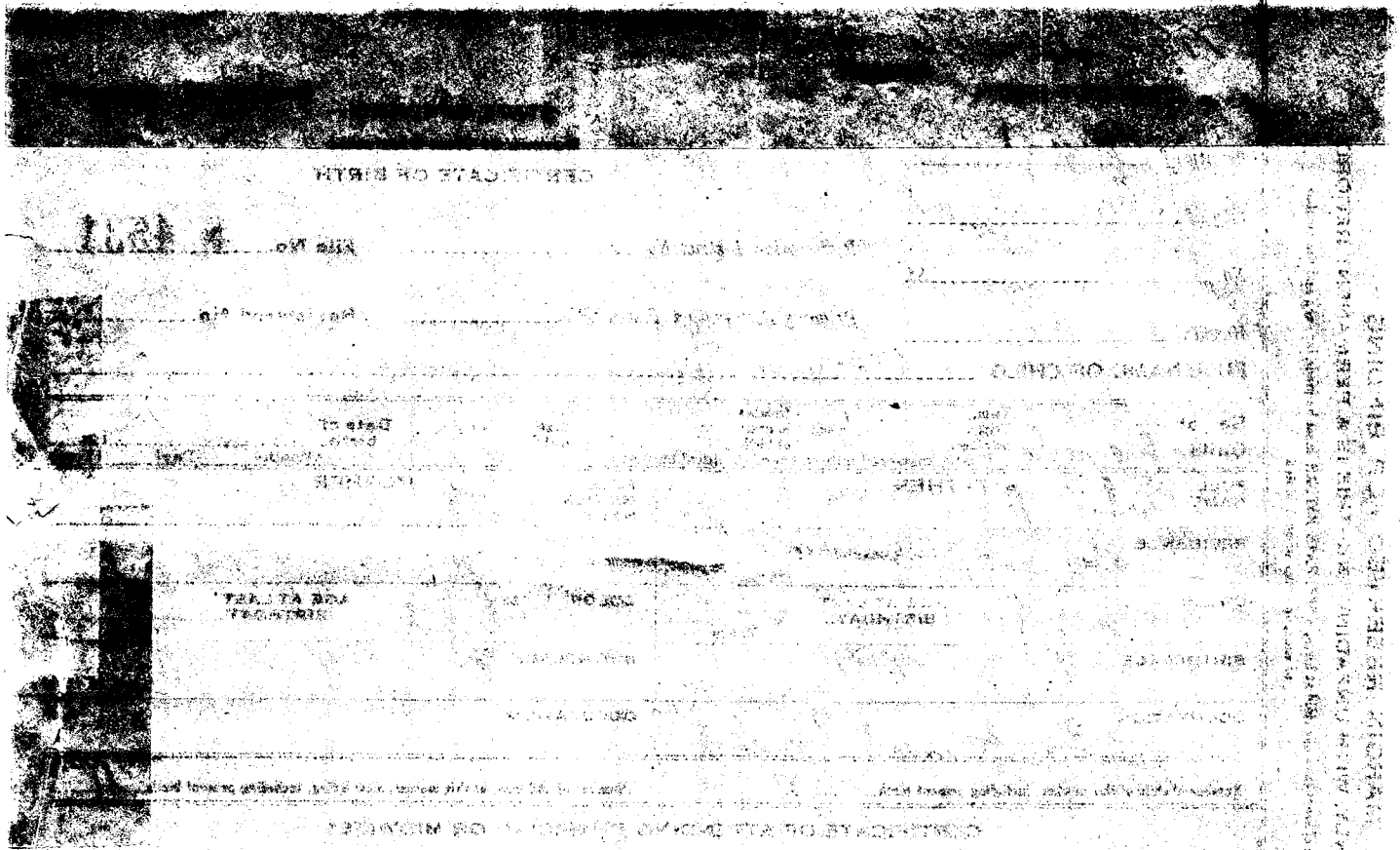
Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mch 13 19 12 W E Patrie Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



DECEASED

795-106-006-219

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham
City of Groveland
No ____, ____ St.
Hospital ____

Registration District No. 13 File No. 4532
Primary Registration District No. 2053 Registered No. 40

FULL NAME OF CHILD Forrest Lowell Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 6 1912

FATHER	MOTHER
FULL NAME Ernest Green	FULL MAIDEN NAME Nellie Burrow
RESIDENCE Blackfoot, Idaho #4	RESIDENCE Blackfoot, Idaho #4
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4
Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.10 A. M. on the date above stated.

(Signature) F. W. Matchett
(Physician or Midwife)
Address ____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Filed Mch 12 19 12 W. E. Patrick
Registrar

____
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 32

Registration District No.

Primary Registration District No.

Registered No.

PLACE OF BIRTH

FULL NAME OF CHILD

Sex

Child

Twin or triplet (or single)

Date of birth

(Month) (Day) (Year)

MOTHER

FATHER

COLOR

AGE AT LAST BIRTHDAY (Years)

OCCUPATION

BIRTHPLACE

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at

(Hour)

on the date above stated.

(Signature)

(Physician or Midwife)

Address

Filed

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 4532

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Forest Green (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1912 (Date of Event)
in Bingham County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Forest	Forest Lowell Green
birthdate	Mar. 7 1912	March 6 1912

Subscribed and sworn to before me this 18th
day of May, 19 45.

Earl M. Parry

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb. 8th, 1949.
(Seal)

Signed J. W. Mitchell M D
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of May, 19 45.

Earl M. Parry

Notary Public, residing at Blackfoot, Idaho

My commission expires Feb. 8th, 1949.
(Seal)

Signed Ellen Barron Green Gooch
(Signature of Any Credible Person Other Than Previous Year)

Blackfoot, Idaho
(Street Address, City, State)

JUL 3 1945

381 - 211
006 - 293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

~~City of~~ Ronnadeboard

Registration District No. 13 File No. 4533

No. — No. St.

Hospital No Primary Registration District No. 2053 Registered No. 41

FULL NAME OF CHILD Denice Afton Chamberlain ~~Han mannah~~ Chamberlain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	March 11, 1912

FATHER	MOTHER
FULL NAME David Chamberlain	FULL MAIDEN NAME Alice Dutton
RESIDENCE Blackfoot R.F.D No 2	RESIDENCE Do
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patric

Phys (Physician or Midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed Mch 13 1912 M E Patric Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARRIAGE RESERVED FOR SEPARATE USE OF BRIDE AND GROOM

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. R 4523

Registration District No. _____ Registered No. _____

Primary Registration District _____

FULL NAME OF CHILD _____

Sex _____ This birth _____ Date of birth _____ (Month) (Day) (Year)

MOTHER

FATHER

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY _____ (Years)

BIRTHPLACE

OCCUPATION

Number of child this mother has borne, including present birth _____ Number of other children now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at the time stated above.

(Signature) _____

(Address) _____

(Date signed) _____

Informant _____ Address _____

Registrar _____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 3 1 1966
Bureau of Vital Statistics

State of Idaho
County of Bingham } ss.

Certificate No. 4533

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Chamberlain (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1912 (Date of Event)
in Riverside Ward, Idaho - Bingham County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Denice Afton Chamberlain

Subscribed and sworn to before me this 29th day of March, 1966.

Notary Public, residing at Blackfoot, Idaho
My commission expires 9-11-67
(Seal)

Signed Lyn Theron Chamberlain
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

715 N University Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

L 3-17-66. one copy pd. rec. #8082.

L.D.S. Church Certificate of Birth, entered on record April 9, 1912 gives full name as Denice Afton Chamberlain, born March 11, 1912 at Riverside, Idaho to David Chamberlain and Mary Alice Bitton - viewed by V.S.

APR 13 1966

State of Utah, County of Salt Lake, Marriage License and Certificate, married December 7, 1928 at Salt Lake City, Utah gives full name of groom as Alvon Daniel Hansen and full name of bride as Denice Afton Chamberlain - viewed by V.S.

4/16 - 206-806-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Rossedale Mud

Registration District No. 13 File No. 4534

No. No St.

Primary Registration District No. 253 Registered No. 42

Hospital No

FULL NAME OF CHILD JOSEPHINE Dawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	——		—	Yes	March 6, 1912

	FATHER	MOTHER
FULL NAME	Clarence Wm Dawson	FULL MAIDEN NAME Nellie Sanders
RESIDENCE	Blackfoot R F D No 2	RESIDENCE Do
COLOR	W	COLOR White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE	Miss	BIRTHPLACE Miss
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or Midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report

....., 19.....

Filed March 12, 1912 M. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17628

Registrar

SEP 12 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
SEP 11 1969
Bureau of Vital Statistics

State of California
County of Contra Costa } ss.

Certificate No. 4534

Date Filed Sept 8, 1969

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Dawson (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1912 (Date of Event)
in Riverside, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 6 1912 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Dawson	Josephine Dawson

Subscribed and sworn to before me this 8th day of September 19 69

Notary Public residing at Contra Costa Co., Cal.

My commission expires 5/15/72

(Official Seal)

OFFICIAL SEAL
DONNA L. CURTIS
NOTARY PUBLIC - CALIFORNIA
COUNTY OF CONTRA COSTA
My Commission Expires May 15, 1972

Signed Stanley I. Gold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 Overlook Ct. Walnut Creek Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Contra Costa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September 19 69

Notary Public residing at Contra Costa Co., Cal.

My commission expires 5/15/72

(Official Seal)

OFFICIAL SEAL
DONNA L. CURTIS
NOTARY PUBLIC - CALIFORNIA
COUNTY OF CONTRA COSTA
My Commission Expires May 15, 1972

Signed Jay W. Curtis
(Signature of Any Credible Person)

522 Springbrook Rd
(Street Address, City, State)
Walnut Creek, Calif.

Certificate of Blessing gives name as Josephine Dawson born March 6, 1912 at Riverside, Idaho. Blessed May 5, 1912. viewed by V.S.

Certificate of Baptism gives name as Josephine Dawson, baptized Aug 21, 1921, L.D.S. Church. viewed by V.S.

SEP 12 1969

849 - 201-006-168

Amended 6-30-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4535
Local Reg. No. 44
Reg. Dist. No. 13

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Basalt

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Wyoming b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Zelda b. (Middle): Cora c. (Last): Quinn

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Mar. 1, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Grady b. (Middle): c. (Last): Quinn

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mississippi

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Frances b. (Middle): c. (Last): Johnson

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wyoming

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. B. Davis, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 15, 1912

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
k in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bingham

City of Basalt

No. No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 4535

Primary Registration District No. 2052 Registered No. 44

FULL NAME OF CHILD Earnest F. Quinn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grady Quinn	Frances Johnson
RESIDENCE	Basalt Ida	Wyoming
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	18
BIRTHPLACE	Mississippi	Wyoming
OCCUPATION	farmer	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:55 P. M. on the date above stated.

(Signature) Jos B Evans MD

(Physician or Midwife)

Address

Filed Mch 15 1912 M E Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

JAN 20 1964

JUN 30 1966

6-15-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4535

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Earnice F. Quinn (Name on Original Certificate) who was born (Was Born or Died) on Mar. 1, 1912 (Date of Event)
in Basalt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Earnice F. Quinn	Zelda Cora Quinn

Subscribed and sworn to before me this 15 day of
January, 1966
Hazel S. Pearl Kat
Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 1968
(Seal)

Signed Nella Frances Quinn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 8492 Prescott Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 1 Copy Added # 14552

Bible Record, obviously old gives name of child as Zelda Cora Quinn born March 1, 1912 at Basalt, Idaho. Father Henry Grady Quinn and mother Della Frances Johnson. (Pages yellow with age and ink faded).
Viewed by V. S.

High School Diploma gives name as Zelda Cora Quinn, graduated from Emmett Hihg School on May 16, 1929. Karl L. Mann Chairman and Ella E. Reed, Clerk. C. E. Roberts, Superintendent.
Viewed by V. S.

Certificate of Award certified that Zelda Cora Quinn of School Dist. # 45 is awarded certificate in Bingham County Spelling Contest. Issued March 21, 1924.
Teacher, James A. Godfrey and Grace Faulconer, County Superintendent.
Viewed by V. S.

Public School diploma gives name as Zelda Cora Quinn. Issued by Bingham County Graduated from Elementary School May 8, 1925.
Elizabeth Russum, State Supt. of Public Inst.
Viewed by V. S.

252-112-006-622

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-5-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ....., ... St.

Hospital No

Registration District No 13 — File No. 4536

Primary Registration District No 1007 — Registered No. 43

FULL NAME OF CHILD EARL WILLIAN Koberlein

Sex of Child Male — Twin, Triplet or other? — (To be answered only in event of plural births) — Number in order of birth — Legitimate? Yes — Date of birth March 12, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gus Koberlein	FULL MAIDEN NAME	Monica Osborne
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Nyo
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or Midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed March 13 1912

M. E. Patrie Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Butte }

Certificate No. 4536

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Earl William Keberlein (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on March 12, 1912 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Earl William Keberlein

Subscribed and sworn to before me this 29th April, 1942.
day of ..., 19...

Notary Public, residing at Arco, Idaho.
My commission expires May 23rd, 1942
(SEAL)

Signed Maurine Keberlein Carson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Arco, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ... } ss.
County of ... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ...
day of ..., 19 ...

Notary Public, residing at ...
My commission expires ...
(SEAL)

Signed ...
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

... (STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1942 By ... (REGISTRAR'S SIGNATURE)

FEB 8 1950

MAY 5 1942

MAR 6 1950

689-207-006-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 215 Unnumbered Registration District No. 13 File No. 4537

Hospital No Primary Registration District No. 1007 Registered No. 47

FULL NAME OF CHILD Unnamed Whitcomb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
F			Yes	May 7, 1912

FATHER		MOTHER	
FULL NAME	Jesse Whitcomb	FULL MAIDEN NAME	Evalina Johnson
RESIDENCE	Blackfoot	RESIDENCE	Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:55 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jon B Bowman MD

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Mch 15 19 12 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 1 1 1972

331 - 214 - 006 - 869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Brigham

City of Bluefield

No 33 N. Stuart St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 4538

Primary Registration District No. 1007 Registered No. 49

FULL NAME OF CHILD Unnamed Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 14, 1912

FATHER	MOTHER
FULL NAME Cecil C. Clark	FULL MAIDEN NAME Ellie York
RESIDENCE 33 N. Stuart St. Bluefield Idaho	RESIDENCE Bluefield Idaho 33 N. Stuart St
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Neb.
OCCUPATION Plumber	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 18 1912 M. E. Patrie

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. X 4529

Registrar's Identification No.

Hospital

Physician Delivering Baby

Medical Record No.

PLACE OF BIRTH

CITY

COUNTY

FULL NAME OF CHILD

Sex of Child

Twin, Triplet or Other (Specify)

Number Child This Birth

Date of Birth

FATHER

MOTHER

FULL NAME

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

(CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE)

I hereby certify that I attended the birth of this child, who was born alive at the above stated time.

(Signature)

(Title or Address)

(Date Signed)

(Physician or Midwife)

Address

Filed

Registrar

DO NOT WRITE IN SPACE BELOW

MAIL TO BUREAU OF VITAL STATISTICS, STATE HOUSE, BOISE, IDAHO

619-127-006-294

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. 88 Smith St.
Hospital Home

Registration District No. 13
Primary Registration District No. 1007

File No. 4539
Registered No. 56

FULL NAME OF CHILD Clarence Raymond Ward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	March 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Ward	Clara L. Summerdern
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	21 (Years)
BIRTHPLACE	North Caroline	Wisconsan
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth. one

Number of children, of this mother, now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8,30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or Midwife)
Address Blackfoot Idaho

Given name added from a supplemental report

....., 19.....

Filed Mch 30 1912 W. S. Patric
Registrar

.....
Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235 - 210-008-633

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ora

No. ____, ____ St.

Hospital ____

Registration District No. 6 File No. 4544

Primary Registration District No. 2029 Registered No. 19

FULL NAME OF CHILD Emma Geneva Steiner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 10, 1912

FATHER		MOTHER	
FULL NAME	Frank Norman Steiner	FULL MAIDEN NAME	Clara Bell Otto
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	25
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Cedar Co. Missouri	BIRTHPLACE	Fordan Valley Ore
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or Midwife)

Address Sweet, Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. x 1912 A. G. Byrd

S-Y CO., 16870 Registrar Registrar

961-222-008-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Horse Shoe Bend Registration District No. 4 File No. 4545

No. ....., ... St.

Primary Registration District No. 2-029 Registered No. 20

Hospital .....

FULL NAME OF CHILD [illegible] DOLLY ELIZABETH ROARK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. ROARK	Jessie Hewitt
RESIDENCE	Horse Shoe Bend	Horseshoe Bend
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	62	33
BIRTHPLACE	Indiana	Illinois
OCCUPATION	Workman	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician in attendance

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 2 1913 A. Goodyear

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Canyon } ss.

Certificate No. 4545

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Dolly Elizabeth Roark

Subscribed and sworn to before me this 9th day of August, 19XX

E L Dehmgren

Notary Public, residing at Caldwell Idaho

My commission expires Feb. 6. 1945
(Seal)

Signed Mrs. Jessie Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 1 2 1944

745 - 214-008-386

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Sweet

No. ....., ... St.

Hospital .....

Registration District No. 6 File No. 4546

Primary Registration District No. 2024 Registered No. 3

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 14 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Parker Pemberton	Sadie Josephine Thorp
RESIDENCE	Sweet Ida	Sweet
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	39
BIRTHPLACE	Pontiac Ill.	Scio, Oregon
OCCUPATION	Minister	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Osgood M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Mar 10 19 12 A. G. Osgood

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

213-114-008-625

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Sweet

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 4547

Primary Registration District No. 2024 Registered No. 1

FULL NAME OF CHILD Raymond Wallace Ball

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 14, 192[illegible]

FATHER		MOTHER	
FULL NAME	Wallace Ball	FULL MAIDEN NAME	Minnie Fincher
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Shelton Neb.	COLOR	White
OCCUPATION	Ranching	BIRTHPLACE	La Grande Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

~~I hereby certify that I attended~~ the birth of this child, who was Born alive (Born alive or stillborn) at 4:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician in attendance

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mar 15 19 12

.....
Registrar

S-Y CO., 16670

P. G. Rupp
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-135950

DUP OF 1912-135950
NAME CHANGE

355-222-008-23

PLACE OF BIRTH

STATE OF IDAHO

Form No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Sweet

Registration District No. 6

File No. 4548

No. ____, ____ St.

Primary Registration District No. 2026

Registered No. 2

Hospital ____

FULL NAME OF CHILD EVA BELLE LEISY ~~Unnamed Leisy~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 22, 191[illegible]

FATHER		MOTHER	
FULL NAME	Isaac Sam Leisy	FULL MAIDEN NAME	Mary Talley
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	~	BIRTHPLACE	Osborn Kans.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Boyd M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 15 1912 A. G. Boyd Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 22 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of GEM }

Certificate No. 4548

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Eva Bell Leisy (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 22, 1912 (DATE OF EVENT) in Sweet, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 22, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Eva Belle Leisy

Subscribed and sworn to before me this 19th day of January 19th, 1943

Notary Public, residing at Emmett, Idaho

My commission expires Oct. 7, 1946

(SEAL)

Signed [signature]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Sweet, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

SEP 25 1958

JAN 25 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12-127-008 006

PLACE OF BIRTH

County of Ada

City of Sweet

No. ..... St.

Hospital .....

F. & V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 4550

Primary Registration District No. 2026 Registered No. 45

FULL NAME OF CHILD MURL RAYMOND Abel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lute Abel	Florence Woods
RESIDENCE	Sweet Idaho	Sweet
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	Cedar Rapids Iowa	England
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar 29 19 12 A. G. Byrd
Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Boise }

Certificate No. 4550
Date Filed June 16

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for ____ (Name on original certificate) who ____ (Was born or died) on Mar. 27, 1912 (Date of event)
in ____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family bible (Bible record, insurance policy, etc.) prepared on ____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Murl Raymond Abel:		
name to be added	no name given	Murl Raymond Abel

Subscribed and sworn to before me this 14 day of January, 19 42.

Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires July 19, 1942
[SEAL]

Signed Mrs. Florence Abel mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of January, 19 42.

Margaret Clark
Notary Public, residing at Boise, Idaho
My commission expires July 19, 1942
[SEAL]

Signed Emaline Lake
(Signature of any credible person other than the previous affiant)

Silver City Ida.
(Street Address, City, State)

Received for filing on ____ by ____
(Registrar's signature)

JAN 14 1949

SEP 11 1973

County of Dallas

City of Vanway ch

No _____, _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No 6 File No. 4551

Primary Registration District No 2027 Registered No. 7

FULL NAME OF CHILD not named Stephens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		6	yes	3-13-1912

FATHER		MOTHER	
FULL NAME	Geo A Patterson	FULL MAIDEN NAME	Anna Callander
RESIDENCE	alpha	RESIDENCE	alpha
COLOR	Wht	AGE AT LAST BIRTHDAY (Years)	40
COLOR	Wht	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo	BIRTHPLACE	Net.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended the birth~~ did not of this child, who was alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Mogg

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 2 1912 A. E. Boyd

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

693-110-008-65 4

PLACE OF BIRTH

STATE OF ID[illegible]

Bureau of Vital S[illegible]

CERTIFICATE OF BIRTH

County of [illegible]

City of Vanwyck

Registration District No. [illegible] File No. 1552

No. ....., ... St.

Primary Registration District No. 2027 Registered No. 5

Hospital .....

FULL NAME OF CHILD ~~Fitzgerald~~ Edward Fitzmorris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4	yes	3-10-1912

FATHER	MOTHER
FULL NAME Thos Fitzmorris	FULL MAIDEN NAME Mable Wedding
RESIDENCE Vanwyck	RESIDENCE Vanwyck
COLOR Wht AGE AT LAST BIRTHDAY 37 (Years)	COLOR Wht AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE U.S.	BIRTHPLACE Texas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) G. E. Thorp M.D.

(Physician or Midwife)

Address Vanwyck Texas

Filed Apr 2 1912 A. O. Byrd Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Own Child's birth certificate, #227456, gives correct information - viewed by V.S.
Social Security Card, #518-09-3957, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Washington } ss.

Certificate No. 4552

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on March 10, 1912 (Date of Event)
in Vanwyck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edward Fitzmorris

Subscribed and sworn to before me this 4th day of August, 1958

Notary Public, residing at Weiser, Idaho
My commission expires April 23, 1961
(Seal)

Signed Lydia Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of August, 1958

Notary Public, residing at Weiser, Idaho
My commission expires April 23, 1961
(Seal)

Signed Russell Mesa
(Signature of Any Credible Person)

Weiser Idaho
(Street Address, City, State)

FORM DPH 55.155 NNCI 7-28-58. one copy pd.

AUG 26 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...E OF BIRTH

Boise

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Roseberry

Registration District No. 6

File No. 4553

No. ....., ... St.

Primary Registration District No. 2027

Registered No. 1

Hospital .....

FULL NAME OF CHILD Myrtle Lorraine Burdick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	Mch. 14, 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	William Burdick	Maud Jenne
RESIDENCE	Roseberry	Roseberry
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Ill.	Neb.
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace Johnson M. D.

(Physician or Midwife)

Address Roseberry Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 2 19 12 C. S. Boyd

..... Registrar

Registrar

6-Y CO., 16670

5-9-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4553

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Burdick (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1912 (Date of Event)

in Roseberry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	~~Myrtle Lorraine Burdick~~ Myrtle Lorraine Burdick

Subscribed and sworn to before me this 11th day of May, 19 72

Florence Courtright

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Mrs Agnes M Jackson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

..... (Street Address, City, State)

Certificate of birth of child gives maiden name of mother as
Myrtle Lorraine Burdick. Child born Oct. 19, 1947, Certificate # 19120
with state of montana MAY 11 1972
Viewed by V.S.
Page from Bible, obviously old gives name as Myrtle Lorraing Burdick born
March 14, 1912.
Viewed by V.S.

231-217-008-415

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of near Roseberry — Registration District No. 6 — File No. 4554

No. ____, ____ St. — Primary Registration District No. 2027 — Registered No. 10

Hospital ____

FULL NAME OF CHILD Velma Jennie Blankenship.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	\	\	Yes	Feb 17, 1912

FATHER		MOTHER	
FULL NAME	Henry Blankenship	FULL MAIDEN NAME	Annie A Davis
RESIDENCE	near Roseberry.	RESIDENCE	near Roseberry
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Colorado
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace Johnson MD

(Physician or Midwife)

Address Roseberry, Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 2 1912 a. E. Boyd Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

168-123-008-819

Form V. S. No. 11-C—15m-6-30-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Boise

City of Roseberry

No. ____, ____ St.

Registration District No. 6 File No. 4558

Primary Registration District No. 2027 Registered No. 14

Hospital ____

FULL NAME OF CHILD Charles Augustus Johnson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	Yes	Feb 23, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Augustus Johnson	FULL MAIDEN NAME	Irene Ella Hart
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace Johnson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 2 19 12 A. E. Regan

.....
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 8 1942

413-116-008-491

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Mc Call

No. ____, ____ St.

Hospital ____

Registration District No. 6

Primary Registration District No. 2-027

File No. 4559

Registered No. 21

FULL NAME OF CHILD Enno Mathias

Sex of Child: ~~Male~~ Female

Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Jan. 16, 191 2 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John P Mathias	FULL MAIDEN NAME	Ida Maria Mah[illegible]
RESIDENCE	Mc Call	RESIDENCE	Mc Call
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	unknown	AGE AT LAST BIRTHDAY (Years)	unknown
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was No (Born alive or stillborn) on the date above stated. at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician in attendance

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Registrar

Filed Apr 2 1912 A. G. Byrd Registrar

S-Y CO., 16670

415-230-008-358

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Baise

City of Mc Call

Registration District No. 6 File No. 4560

No. ____, ____ St.

Primary Registration District No. 027 Registered No. 22

Hospital ____

FULL NAME OF CHILD Thelma Mildred Maenpaa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 30, 1912

FATHER		MOTHER	
FULL NAME	Gabriel Maenpaa	FULL MAIDEN NAME	Sanna Maria Lehti
RESIDENCE	Mc Call	RESIDENCE	Mc Call
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician in attendance

(Physician or Midwife)

Given names added from a supplemental report

____ 19__ Address ____

____ Registrar Filed Apr 2 1912 A. E. Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH — STATE OF IDAHO — Form 11-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Vanwyck

No ....., ... St.

Registration District No 6 — File No. 4561

Primary Registration District No. 2027 — Registered No. 22

Hospital .....

FULL NAME OF CHILD Enda Greene

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.W.		1	yes	8 7 191[illegible]

FATHER

FULL NAME: Clifford Greene

RESIDENCE: Vanwyck

COLOR: W M — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Colo

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sadie Turtell

RESIDENCE: Vanwyck

COLOR: W M — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Arggle M.D.

(Physician or Midwife)

Address Vanwyck Idaho

Given names added from a supplemental report

K ....., 19.....

Filed Apr 2 1912 — G. S. Boyd Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

AUG 10 1945

DIVISION OF DOCUMENTS

655- 211-016

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-5—20m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Near Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 4562A

Primary Registration District No. 2134 Registered No. 43

FULL NAME OF CHILD Weeks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		Yes	March 11th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. H. Weeks	FULL MAIDEN NAME	Mollie Gudd
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 1 1912 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632 - 220 - 26 - 25

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2 1/2

File No. 4563

Registered No. 44

FULL NAME OF CHILD Nellie Mae Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 - 20 - 1912

FATHER

FULL NAME: E. G. Olsen

RESIDENCE: Burley, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Sweden

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ruby Bennion

RESIDENCE: Burley, Idaho.

COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Nevada

OCCUPATION:

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 1 1912 C. B. Stockdale Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1957

NOV 26 1973

993-220-016-643

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 4564

Primary Registration District No. 212 Registered No. 45

FULL NAME OF CHILD Bernice Ritter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 20 1912

FATHER		MOTHER	
FULL NAME	James Ritter	FULL MAIDEN NAME	Ella Fuller
RESIDENCE	Burley, Idaho	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Apr 1 1912 P. B. Stockdale
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

231 - 106-016-336

Amended 1-16-74

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

City of Cedar Burley

Registration District No. 31 File No. 4565

No. , St.

Hospital Residence Primary Registration District No. 2124 Registered No. 116

FULL NAME OF CHILD Nile D Stanger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	Yes	March 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Laurence Stanger	Hazel Fern Stoddard
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	American Fall Utah	Soda Springs Idaho
OCCUPATION	Stockman	Home Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Munter MD

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed April 1 1912 L. B. Stockebrand Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1969

3-5-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4565

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Niles G. Stanger (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First name of child	Niles	Nile
Date of birth	Feb. 6, 1912	March 6, 1912

Subscribed and sworn to before me this 16th day of January, 1974.

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

X Signed Marian D. Stanger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JAN 16 1974

Notice of classification for Selective Service issued January 22, 1943 by Local Board At Pocatello, Idaho gives name asNile G. Stanger and birth date as March 6, 1912.
Viewed by V.S

Utah Chauffeur's License # N 39506 issued July 30, 1957 gives name as Nile G. Stanger born March 6, 1912.
Viewed by V.S.

Passport issued to Nile G. Stanger gives birth date as March 6, 1912.
Passport issued December 16, 1931 by United States of America. # 455936.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31 File No. 4566

No. ....., ... St.

Hospital Residence Primary Registration District No. 3131 Registered No. 47

FULL NAME OF CHILD Virginia Louise Kaar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	Yes	March 2 1912

	FATHER	MOTHER
FULL NAME	Charles William Kaar	FULL MAIDEN NAME Charlotte Lydia Petersen
RESIDENCE	Burley	RESIDENCE Graswald Iowa
COLOR	White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Lancaster Co Nebraska	BIRTHPLACE Cass County Iowa
OCCUPATION	Dentist	OCCUPATION Home wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Minter

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Apr 1 1912 L B Stockebrand

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARRIED PERSON TO FOR BIRTH

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

435-119-016-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—Rev. 6-7-37

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 4568

Primary Registration District No. 2124 Registered No. 44

FULL NAME OF CHILD ~~Harold Thomas~~ Don McNees

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		4th	Yes	March 19th 1912

	FATHER	MOTHER
FULL NAME	J. McNees	Olive Rose
RESIDENCE	Burley	Burley
COLOR	W	W
AGE AT LAST BIRTHDAY	39 (Years)	39 (Years)
BIRTHPLACE	Penn.	Penn.
OCCUPATION	Veterinarian	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Seery M.D.

(Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

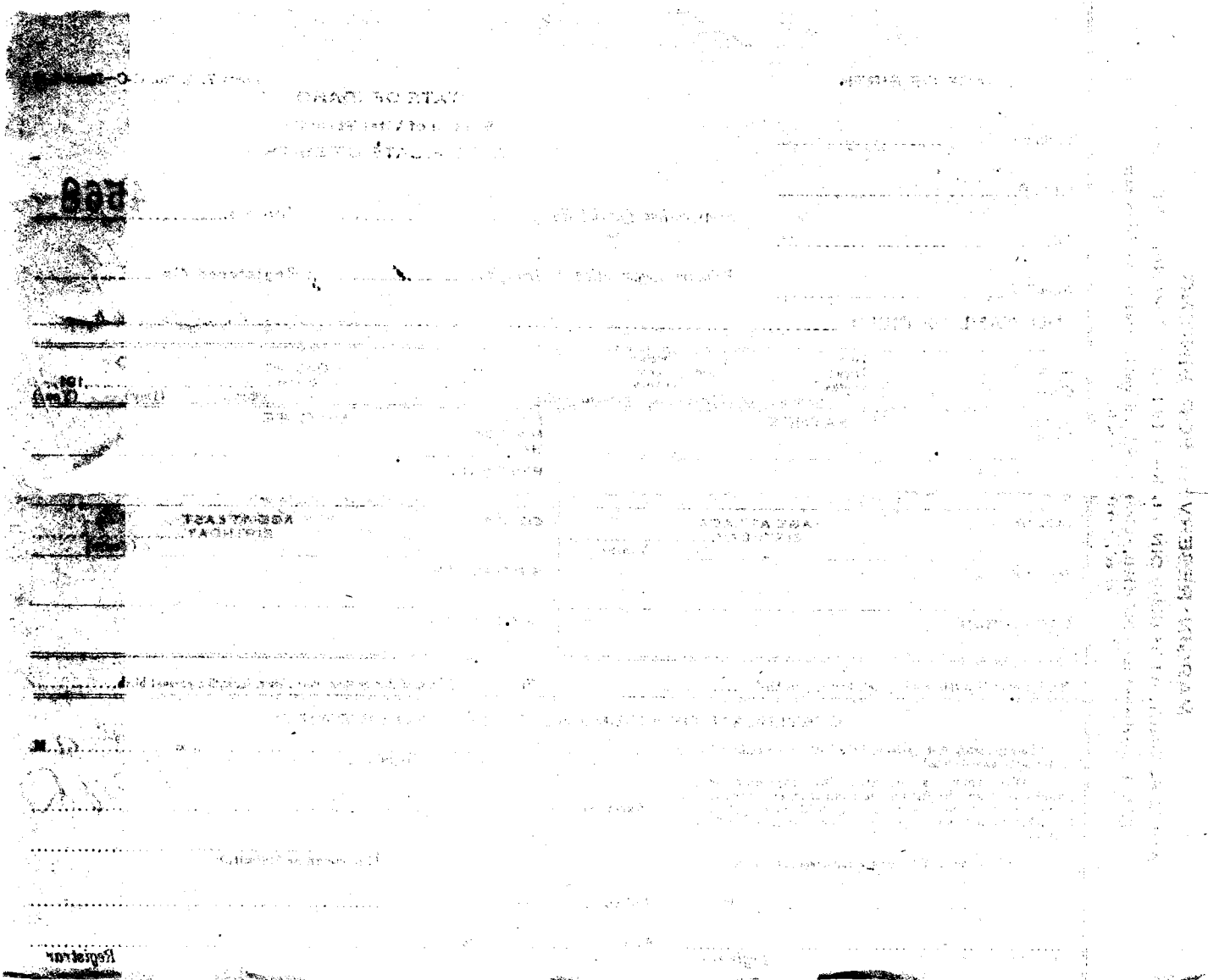
....., 19....

Filed April 19 12 [illegible]

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar



434-201-016-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 4569

Primary Registration District No. 216 Registered No. 30

FULL NAME OF CHILD Athelyn McMillan

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	April 1 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. C. McMillan	FULL MAIDEN NAME	Maggie Wright
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	S. Carolina	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stockwell M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed April 1 1912 L. B. Stockwell

Registrar

..... Registrar

8-Y CO. 20174

JAN 12 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

345-22-06-79

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Albion

No ——— St.

Hospital

Form V. S. No. 11-C—10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 4570

Primary Registration District No. 2125 Registered No. 27

FULL NAME OF CHILD Myles Genevieve Cunningham

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Single (To be answered only in event of plural births)	1	yes	Feb 22 1912

FATHER	MOTHER
FULL NAME Solon N. Cunningham	FULL MAIDEN NAME Charlotte E. Paul
RESIDENCE Manhattan Kansas	RESIDENCE Hyde Kansas
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Trucker	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Goodfriend

(Physician or Midwife)

Address Albion Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 7 1912 L. Bostock Jr. Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

291-103-025-893

PLACE OF BIRTH

[redacted] STATE OF IDAHO

Form V. S. No. 11-C—16m-6-20-11

...eau of Vital Statistics

County of Idaho

CERTIFICATE OF BIRTH

City of Weiser

Registration District No. 2042

File No. 4572

No. ..... St.

Primary Registration District No. 10

Registered No. 45

Hospital .....

FULL NAME OF CHILD Arthur Gray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 3, 191[illegible]

FATHER		MOTHER	
FULL NAME	Samuel Oscar Gray	FULL MAIDEN NAME	Martha Jane Hill
RESIDENCE	Weiser Idaho	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Illinois	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Oregon
		OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saml O. Gray Exper. N.B.B. Father of Child

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed Mch 10 19 12 G S Stockton Local Registrar

..... Registrar

per W.B.Burke Dep Reg

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6/6/61 L. B.

69-113-025-758

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C-16m-6-29-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ~, ~ St.

Hospital ~

Registration District No. 2042 File No. 4573

Primary Registration District No. 10 Registered No. 44

FULL NAME OF CHILD Don't Know Stephen G. Farthing

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	~	3rd	yes	March 8, 1912

FATHER		MOTHER	
FULL NAME	Steven Farthing	FULL MAIDEN NAME	Jenny Gentry
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) J. D. Shinnick M.D.

(Physician or ~~Midwife~~)

Address Cottonwood Idaho

Filed March 15 1912 G. S. Stockton Coeur d'Alene Registrar

per W. W. Bebee Deputy

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

262-127-025-90

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 3 (Rev. 1-20-11)

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho, Ida.

City of Kenneville

Registration District No. 2042

File No. 4574

No. ____, ____ St.

Child not named

Primary Registration District No. 10

Registered No. 43

Hospital

FULL NAME OF CHILD Joseph Henry Leo Bosse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	2	Yes	Mar 27, 1912

FATHER		MOTHER	
FULL NAME	Conrad Bosse	FULL MAIDEN NAME	Emma Rad-Bosse
RESIDENCE	Kenneville	RESIDENCE	Kenneville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Smith

Phys

(Physician or Midwife)

Address Eastonmound Ida

Given names added from a supplemental report

....., 19....

Registrar

Filed March 30 19 12 G. S. Stockton Local Registrar

per Wood Sec'y

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of West Lake

Registration District No. 2042 File No. 4575

No. ....., ... St.

Primary Registration District No. 10 Registered No. 42

Hospital .....

FULL NAME OF CHILD ~~Female~~ Beulah Adora Pratt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	March 24, 1912

FATHER		MOTHER	
FULL NAME	John L Pratt	FULL MAIDEN NAME	Emma M Pratt
RESIDENCE	West Lake	RESIDENCE	West Lake
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Canada	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs D B Denham

(Physician or Midwife)

Address Westlake Idaho

Given names added from a supplemental report

....., 19....

Filed March 30 19 12 G S Stockton Local Registrar

per Mona Sickler

SYMS - YORK CO., PTRS. & BDRS 17826 Registrar

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BUREAU OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Precinct

Registration District No. 2042 File No. 4576

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 41

Hospital ____

FULL NAME OF CHILD Mildred Norma McKinley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 22 1912

FATHER		MOTHER	
FULL NAME	Jesse Gerald McKinley	FULL MAIDEN NAME	Bertha Willena Wortman
RESIDENCE	Cottonwood Precinct	RESIDENCE	Cottonwood Precinct
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.40 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

(Physician or Midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed March 30th 1912 G S Stockton Local Registrar

per Homer Graves

S-Y CO., 16670

845-23-025-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Winona

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 4577

Primary Registration District No. 2044 Registered No. 40

FULL NAME OF CHILD Josephine Huntley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 21, 1912

FATHER		MOTHER	
FULL NAME	Albert Huntley	FULL MAIDEN NAME	Nettie E Lowe
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 22 1912 G. S. Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form V. S. No. 11-C—10m-8-40

STATE OF IDAHO

PLACE OF BIRTH

Give name added item a supplemental report

(Physician or Midwife)

Address .....

Filed ..... 19 .....

Registrar

168-218-025-451

MARGIN RESERVED FOR BINDING - WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 4578

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2744 Registered No. 39

FULL NAME OF CHILD Dorothy Nellie Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 18, 1912

FATHER		MOTHER	
FULL NAME	Prince L Johnston	FULL MAIDEN NAME	Opal DeArmond
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 40 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed Mar 20 1912 G S Stockton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

Form V. S. No. II-C—Jan. 8-11

CERTIFICATE OF BIRTH

312-219-025-81J

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-43

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 4579

No. ____, ____ St.

Primary Registration District No. 2044 Registered No. 38

Hospital ____

FULL NAME OF CHILD Alma Alice Cash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 19, 1912

FATHER		MOTHER	
FULL NAME	William W Cash	FULL MAIDEN NAME	Mary A Halford
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Stricklin

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed March 20 1912 G L Stricklin

Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 13 1973

445-104-025-317

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 10 File No. 4580

No. ____, ____ St.

Primary Registration District No. 2101 Registered No. 37

Hospital ____

FULL NAME OF CHILD Walter Lee Dunham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	March 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Dunham	Mildred Capewell
RESIDENCE	Kooskia - Idaho	Kooskia - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	22
BIRTHPLACE	Ohio	Pennsylvania
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

(Physician or Midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 20 1912 G. S. Stockton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-226-025-779

Form V. S. No. H. C.—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

Registration District No. 10

File No. 4581

No. ____, ____ St.

Primary Registration District No. 2101

Registered No. 36

Hospital ____

FULL NAME OF CHILD Lydia Frederikka Mather

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Josiah Wright Mather	Eva Gaiser
RESIDENCE	Idaho	Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	57	39
BIRTHPLACE	Connecticut	Germany
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

(Physician or Midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 20 1912 G. S. Stockton

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/8/41. w.h.

FEB 27 1952

133-206-025-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 1-15

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 4582

No. ____, ____ St.

Primary Registration District No. 1001 Registered No. 35

Hospital ____

FULL NAME OF CHILD Alma Irene Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1st	yes	March 6, 1912

FATHER		MOTHER	
FULL NAME	Levi L. Allen	FULL MAIDEN NAME	Cora Lee Dawson
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	AGE AT LAST BIRTHDAY (Years)	24
COLOR	white	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Texas	BIRTHPLACE	Arkansas
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Shuman M.D.

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19....

Filed Mch 13 1912 G. S. Sticklen

Registrar

SYMS - YORK CO., PTRS. & SDRS 17826

Registrar

STATE OF IDAHO

PLACE OF BIRTH

793-108-028-345

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

[redacted] F IDAHO

Form V. S. [redacted] 11

Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 4583

Primary Registration District No. 1008

Registered No. 81

FULL NAME OF CHILD Edwin Glenn Gillies

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Mch 8, 1912

FATHER		MOTHER	
FULL NAME	J. L. Gillies	FULL MAIDEN NAME	Hattie Lumpkins
RESIDENCE	Moscow	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Virg.	BIRTHPLACE	N. C
OCCUPATION	Plasterer	OCCUPATION	—

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~Midwife~~)

Address Moscow Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed Mch 20 1912

D. F. Rae

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAY 2 1 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. 704 South Main St.

Hospital Gilman

Registration District No. 15 File No. 4584

Primary Registration District No. 1008 Registered No. 84

FULL NAME OF CHILD Charles Leina Elben

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	May 22, 1912

FATHER		MOTHER	
FULL NAME	Samuel Elben	FULL MAIDEN NAME	Bertha Van Artsdalen
RESIDENCE	Webb, Idaho.	RESIDENCE	Webb, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman

Physician a. mem.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 20 1912

Registrar

S-Y CO., 16670

DUP OF 12-369322

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 4585

Primary Registration District No. 1008 — Registered No. 83

Pauline Genevieve Keith

Twin, triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? yes	Date of birth Mch 21, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
NAME	Keith	FULL MAIDEN NAME	Pauline Sudreth
RESIDENCE	Moscow	RESIDENCE	
COLOR	W	AGE AT LAST BIRTHDAY (Years)	43
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ark	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 - P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~Midwife~~)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed ..... 19 12 D. F. Parsons

S-Y CO., 16670 — Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH INK

N. B. In case of more than one child at a birth, fill out a separate certificate for each child.

MAY 1 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JUN 1 11 22 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah

Certificate No. 4585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Keith (female) (Name on Original Certificate) who was born (Was Born or Died) on March 21, 1912 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 23, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Pauline Genevieve Keith
Middle name was misspelled on cradle roll		

Subscribed and sworn to before me this 6th day of June, 19 74

Notary Public, residing at Kendrick, Idaho
My commission expires 3-17-78
(Seal)

Signed Pauline Genevieve Keith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 19 74

Notary Public, residing at Kendrick, Idaho
My commission expires 3-17-78
(Seal)

Signed C. W. McKeever (D.M.D.)
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5/10/74 Pearl!

Cradle Roll from First M. U. Sundya School gives name as Pauline Genvia Keith. for her first birth day. viewed by V. S.

JUL 1 1974

Marriage Certificate from Washington gives groom's name as D. L. Shepherd and the bride's nameas Genevieve Sobaski. dated Dec 11, 1948. viewed by V. S

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Moscow — Registration District No. 15 — File No. 4587

No. ____ St. — Primary Registration District No. 1008 — Registered No. 69

Hospital Inland Empire

FULL NAME OF CHILD Elizabeth R. Mahoney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Feb. 8 1912

FATHER	MOTHER
FULL NAME: Edward William Mahoney	FULL MAIDEN NAME: Teresa Robinson
RESIDENCE: Tekoa, Washington	RESIDENCE: Tekoa, Washington.
COLOR: White — AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Watertown Wisconsin	BIRTHPLACE: Independence, Kansas.
OCCUPATION: Farmer	OCCUPATION: Housekeeper.

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carruthers M. D. (Physician or Midwife)

Given names added from a supplemental report ____ 19____

Address Moscow, Idaho

Filed Mch 12 1912 — S. F. Rae Registrar

Registrar

P-T CO., 16470

JAN 8 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

City of Moscow

No. 511, University Ave.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4586

Primary Registration District No. 1008 Registered No. 69

FULL NAME OF CHILD Mary Eleanor Lucas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	March 5, 1912

	FATHER	MOTHER
FULL NAME	Parker Vincent Lucas	FULL MAIDEN NAME Etta Duncan
RESIDENCE	Moscow Idaho.	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	23 (Years)
BIRTHPLACE	S. Dakota	Atlanta Georgia
OCCUPATION	Law Student	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carruthers M.D.

(Physician or Midwife)

Given names added from a supplemental report

ID. Address Moscow Idaho

Filed March 13, 1912

Registrar

S-Y Co., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth as such.

City of Moscow — Registration District No. 15 — File No. 4589

No. 214, N. Polk St. — Primary Registration District No. 1008 — Registered No. 67

Hospital Inland Empire

FULL NAME OF CHILD Catherine Jean Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of Birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Wilson	Mattie Elmore Washburn
RESIDENCE	Moscow Idaho.	Moscow, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Illinois	Milton Iowa.
OCCUPATION	Merchant. grocery	Housekeeper.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Carruthers, M.D.

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 12, 1912

S-Y CO., 16870

Registrar

Registrar

AUG 27 1942

NOV 30 1960

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. If more than one child is born, a SEPARATE RETURN must be made for each birth, in order of births stated

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

4590

City of Moscow — Registration District No. 15 — File No.

No. Wash St. — Primary Registration District No. 1008 — Registered No. 86

Hospital

FULL NAME OF CHILD Grace Lucile Sawyer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Mar. 1 1912

FATHER	MOTHER
FULL NAME Earl B. Sawyer	FULL MAIDEN NAME Lulu B. Peterson
RESIDENCE Moscow	RESIDENCE Moscow
COLOR W — AGE AT LAST BIRTHDAY 37 (Years)	COLOR W — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE U. S.	BIRTHPLACE U. S.
OCCUPATION Teamster	OCCUPATION H. W.

Number of child of this mother, including present birth 5 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph A. Ashmead M.D.

(Physician or midwife)

Given names added from a supplemental report

19.... Address Moscow

Filed Mch. 10 1912 S. F. Rae

Registrar

S-Y CO., 16670 — Registrar

968-175-029-619

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital

Registration District No. 15

File No. 4591

Primary Registration District No. 1088

Registered No. 82

FULL NAME OF CHILD Harold Rott Boyd.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 19, 1912

FATHER		MOTHER	
FULL NAME	J R Boyd	FULL MAIDEN NAME	Jessie Farnsworth
RESIDENCE	Moscow	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Dentist	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Mar 20 19 12

Registrar

Registrar

S-V CO., 10670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Dept. of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

635 - 101-029-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of East of Moscow

Registration District No. 15

File No. 4592

No. ..... St.

Primary Registration District No. 2062

Registered No. 80

Hospital .....

FULL NAME OF CHILD Richard Ray Flieger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 1, 1912

FATHER		MOTHER	
FULL NAME	A. R. Flieger	FULL MAIDEN NAME	May Wilson
RESIDENCE	East of Moscow	RESIDENCE	East of Moscow
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wisconsin	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Indiana
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living; including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Apr 3 1912

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each stated

JUL 31 1973

DECEASED

296-105-039-154

Form V. S. No. 11-C—15m-6-30-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow Registration District No. 15 File No. 4593

No. St. Primary Registration District No. 2062 Registered No. 66

Hospital Home of Mrs. W. E. Walter Emmett Brood

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Mar. 5, 1912

FATHER		MOTHER	
FULL NAME	Nels Brood	FULL MAIDEN NAME	Girda Ruth Andrew
RESIDENCE	Moscow.	RESIDENCE	Moscow.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Webster City Iowa.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) W. M. Canfield M.D.

(Physician or Midwife)

Address Moscow

Filed Mch 8 1912 J. F. Ross Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-V-20-15M-10

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If no name is given, write "Unnamed" (Un.). In case of more than one child at birth, a SEPARATE RETURN must be made for each additional child, in order of birth stated.

DEC 30 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and in order of birth. In order of birth stated

[redacted]

Certificate of Birth

County of Latah

City of Moscow — Registration District No. 15 — File No. 4504

No. Rural St. — Primary Registration District No. 2062 — Registered No. 20

Hospital (Home) Rural, Phone 9145

FULL NAME OF CHILD Richard Donald Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 10th 1912

FATHER		MOTHER	
FULL NAME	Winfield S. Taylor	FULL MAIDEN NAME	Nellie May Davis
RESIDENCE	Moscow.	RESIDENCE	Moscow.
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Baden, Wis.	BIRTHPLACE	Albion, Mich.
OCCUPATION	Bookkeeper.	OCCUPATION	

Number of child of this mother, including present birth 5 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Hatfield D O (Physician or Midwife)

Address Moscow

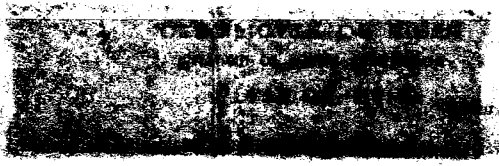
Given names added from a supplemental report ..... 19.....

Filed March 14 19 12 S. F. Rae Registrar

..... Registrar

B-Y CO., 16670

Certified Copy issued Jan. 13, 1941. E.W.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each stated.

County of Lewis

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Near Genesee — Registration District No. 13 — File No. [illegible]

No. ..... St. — Primary Registration District No. 2062 — Registered No. [illegible]

Hospital .....

FULL NAME OF CHILD Olive Henrietta Borgen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F			Yes	May	21	[illegible]

FATHER		MOTHER	
FULL NAME	Amund Borgen	FULL MAIDEN NAME	Haakine Peterson
RESIDENCE	Near Genesee	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asplund M.D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19..

Filed June 3 1912

..... Registrar

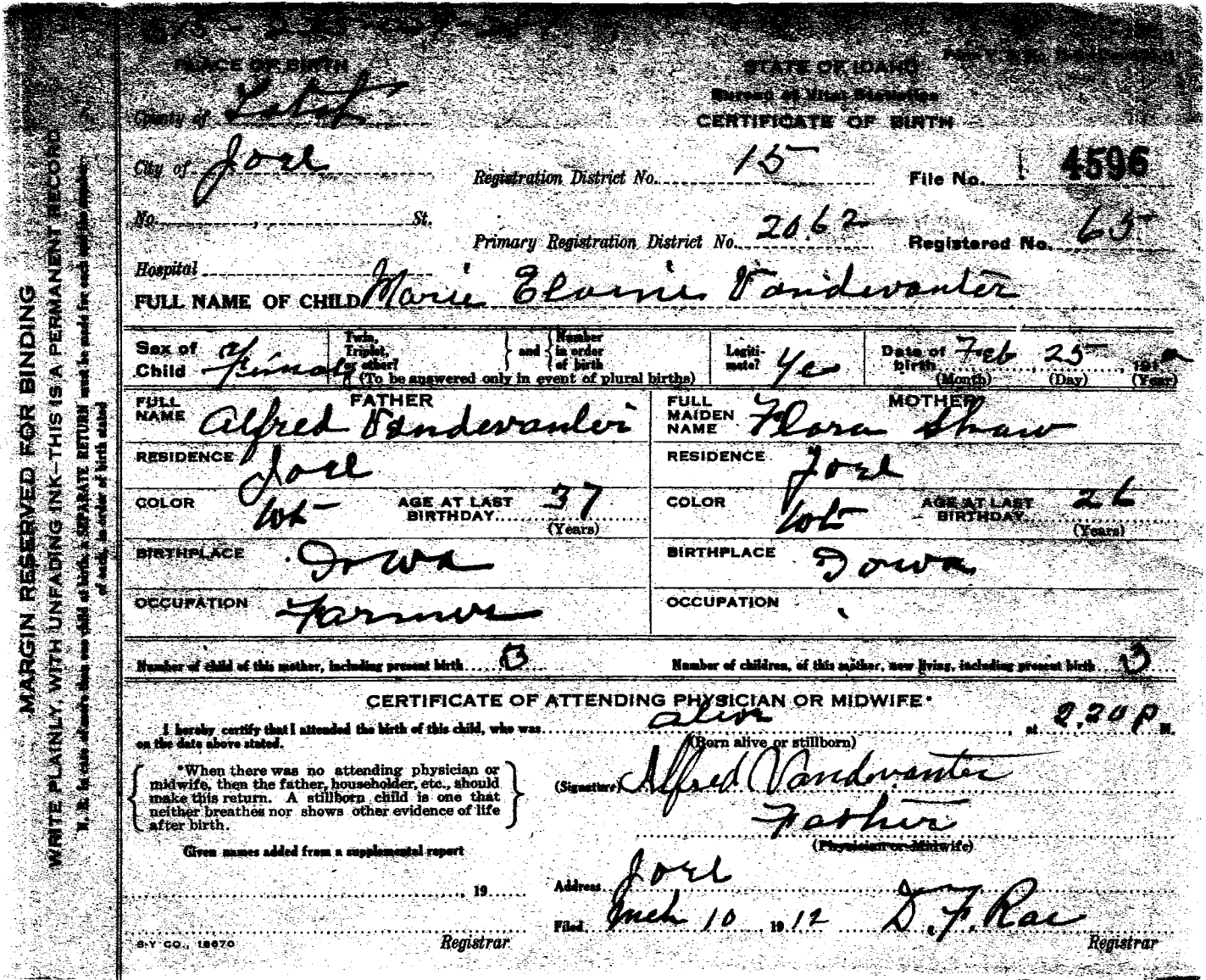
..... Registrar.

S-Y CO., 10670

STATE OF LOUISIANA

Division of Vital Statistics

CERTIFICATE OF BIRTH



PLACE OF BIRTH

County of Latah

City of Joel

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2062

File No. 4596

Registered No. 63

FULL NAME OF CHILD Marie Elaine Vandevanter

Sex of Child: Female

Twin, Triplet, or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Feb (Month) 25 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Alfred Vandevanter	FULL MAIDEN NAME: Flora Shaw
RESIDENCE: Joel	RESIDENCE: Joel
COLOR: Wht	COLOR: Wht
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Vandevanter

Father

(Physician or Midwife)

Address Joel

Given names added from a supplemental report

..... 19.....

Registrar

Filed March 10 1912

D. F. Rae

Registrar

S-Y CO., 18070

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twin, triplet, or other plural births, A SEPARATE RETURN must be made for each child born, stating order of birth of each, as well as order of birth stated.

JAN 12 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Near Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 4597

Primary Registration District No. 2062

Registered No. 87

FULL NAME OF CHILD Alice Ruby Helland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Mar 18 1912

FATHER		MOTHER	
FULL NAME	C. J. Helland	FULL MAIDEN NAME	Gertie Berg
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 34 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Crespa M.D.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 20 1912

Registrar

S-Y CO., 16670

JAN 20 1953

290-20-039-867

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital Hospital

Registration District No. 15 File No. 4598

Primary Registration District No. 2062 Registered No. 99

FULL NAME OF CHILD HELEN MARIAN SIMS

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) April (Day) 1 (Year) 1912
Female					

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Eugene Williams Sims	FULL MAIDEN NAME: Sophia Beach Hoag
RESIDENCE: 908 Oak St., Sandpoint, Idaho	RESIDENCE: 908 Oak St., Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Helena, Montana	BIRTHPLACE: Jersey City, N. J.
OCCUPATION: Druggist	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Rae

Physician
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Apr. 4, 1912 D. F. Rae Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

CERTIFICATE OF BIRTH

City of ..... Registration District No. 13 File No. 4599

No. ....., ... St. Primary Registration District No. 2063 Registered No. 78

Hospital .....

FULL NAME OF CHILD Leonard Nick Dertinger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 27 1912

FATHER	MOTHER
FULL NAME A. Dertinger	FULL MAIDEN NAME Bronka Doll
RESIDENCE Country	RESIDENCE Country
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Minn	BIRTHPLACE Ohio
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Ehem

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Geneva Ashb

Filed 3-25 1912 W. F. Ehem

S-Y CO., 16670 Registrar Registrar

JUL 15

City of ..... Registration District No. 15 File No. 4[illegible]

No. ..... St. Primary Registration District No. 2663 Registered No. [illegible]

Hospital .....

FULL NAME OF CHILD Irma Klemm

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of birth (Month)	(Day)	(Year)
F				Yes	3	20	[illegible]

	FATHER	MOTHER
FULL NAME	Andrew Klemm	FULL MAIDEN NAME Irma Rambitsch
RESIDENCE	Country	RESIDENCE Country
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Austria	BIRTHPLACE Colo
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Klemm

Household

(Physician or Midwife)

Address Genesee Colo

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-29 1912 W. N. Ehrman

Registrar

S-Y CO., 10670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THE ITEMS OF THIS CERTIFICATE ARE REQUIRED BY LAW. IT IS THE DUTY OF THE ATTENDING PHYSICIAN OR MIDWIFE TO SEE THAT THEY ARE ACCURATELY AND PROMPTLY FURNISHED.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[redacted]

[redacted] County of

CERTIFICATE OF BIRTH

4601

City of [redacted] Registration District No. 15 File No.

No. , St. Primary Registration District No. 763 Registered No. 76

Hospital

FULL NAME OF CHILD Dorothy Trautman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	3 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Trautman	Emma Norman
RESIDENCE	Country	Farm
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Ohio	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehrun M.D.

(Physician or Midwife)

Address Eunice Mo. R.D.

Given names added from a supplemental report

....., 19.....

Filed 3-22 1912 W. H. Ehrun

.....
Registrar

5-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 28 1948

455-119-029-944

Amended 10-11-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4602
Local Reg. No. 75
Reg. Dist. No. 15

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Juliaetta, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Willie

b. (Middle): Albert

c. (Last): Dennler

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M.	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	3 - 19 - 1912

FATHER OF CHILD

7. FULL NAME

a. (First): George

b. (Middle):

c. (Last): Dennler

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Germany	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Doris

b. (Middle):

c. (Last): Zumhofe

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
27 YEARS	Neb.	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. H. Ehlen, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Genesee, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-20-1912

22. REGISTRAR'S SIGNATURE: W.H. Ehlen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

Please type or print in ink. Complete and file this certificate with the local registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
...ISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF BIRTH

County of Latah

City of Moscow Registration District No. 15 File No. 4602

No. ....., ... St. Primary Registration District No. 2063 Registered No. 76

Hospital White

FULL NAME OF CHILD Hobart Albert Dranler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 19 1912

FATHER		MOTHER	
FULL NAME	George Dranler	FULL MAIDEN NAME	Doris Gunthope
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Ehrenman M D

(Physician or Midwife)

Address Genesee Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-20 1912 W. F. Ehrenman

S-Y CO., 16670 Registrar Registrar

Certified Copy issued Feb. 3, 1941. E.W.

OCT 11 1963

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4602

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Willie Albert Dennler (Name on Original Certificate) who was born (Was Born or Died) on March 19, 1912 (Date of Event)
in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal certificate - May 5, 1912 (Bible Record, Insurance Policy, Etc.) prepared on Dec. 21, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Birthplace of Child	Genesee, Idaho	Juliaetta, Idaho

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....

(Seal)

(Street Address, City, State) .....

J. H. BONDSHU
Notary Public
Mariposa County
State of California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California }
County of Mariposa } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of
Sept, 19 41

J. H. Bondshu
Notary Public, residing at Mariposa Calif

My commission expires Aug 6 1942
(Seal)

Signed Adolph W. Harms
(Signature of Any Credible Person)

12937 Kamloops St Pacoima Calif
(Street Address, City, State)

FORM DH 60-155

CL 8-13-65. nm

Honorable Discharge from the Civilian Conservation Corps, dated July 20, 1938 at Worley, Idaho gives full name as Willie A. Dennler, born at Juliaetta, Idaho, age at enrollment 26 - discharged Dec. 21, 1940 - viewed by V.S.

Cert. of Baptism, baptized May 5, 1912 gives full name as Willie Albert Dennler, born March 19, 1912at Juliaetta, Idaho to George Dennler and Doris Zumhofe - viewed by V.S.

651-321-829-243

PLACE OF BIRTH

Form V. S. Std. H-C-16m-6-30-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 13

File No. 4603

No. ..... St.

Primary Registration District No. 2063

Registered No. 74

Hospital

FULL NAME OF CHILD Sarah Ora Walkerly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F			Yes	3	2	1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Walkerly	Agnes Buckallew
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Idaho	Ind
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny M.D.

Genesee Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3-22 1912 W. H. E. Kerr

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-705-029-469

Form V. S. No. 21-C—15m-6-20-41

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4604

County of Latah

City of Genesee

Registration District No. 15

File No.

No. ____, ____ St.

Primary Registration District No. 2063

Registered No. 73

Hospital

FULL NAME OF CHILD Harris Rosenau

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	3 5 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Rosenau Jr	Della Moreland
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Wash	Ills
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 M. on the date above stated.

(Signature) C F Thorne

Genesee Idaho
(Physician or Midwife)

Address

Filed 3-12 19[illegible] W. H. Eden
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

389 - 216 - 028 - 636

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 13 — File No. 4605

No. —, St.

Primary Registration District No. 2067 — Registered No. 79

Hospital —

FULL NAME OF CHILD Mary Helen ~~Baby~~ Chilton

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Mar. 16th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William M. Chilton	FULL MAIDEN NAME	Mary Mae Flock
RESIDENCE	Bovill, Idaho	RESIDENCE	Bovill, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ill.
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. Young M.D.
(Physician or Midwife)

Address Bovill, Idaho

Filed 4/1 19 12 W. Young
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH LINEADING INK—THIS IS A PERMANENT RECORD

N. B. In case of quits [illegible] of blank, a SPECIMEN RETURN must be made [illegible]

of each, in order of birth stated

JUN 29 1994

JUL 7 1994

508

457-129-029-853

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latha Latah

City of Bovill

No. ____, ____ St.

Hospital ____

Registration District No. 15 — File No. 4606

Primary Registration District No. 2068 — Registered No. 64

FULL NAME OF CHILD Floyd Raymond McGraw

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	1 (To be answered only in event of plural births)	2	yes	2 29 1912

FATHER		MOTHER	
FULL NAME	Wm L McGraw	FULL MAIDEN NAME	Mary Heels
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Day Labor	OCCUPATION	Saw Mills

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Fielding M. D.

Midwife (Physician or Midwife)

Address Bovill Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/6 1912 R. C. Garnet Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, name for each must be written

815-114-029-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Deary

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4607

Primary Registration District No. 2068 Registered No. 72

FULL NAME OF CHILD Lamund Roald Hanson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	4	Yes	Mar. 14, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Hanson	FULL MAIDEN NAME	Amanda Mary Olson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or Midwife)

Address Deary

Given names added from a supplemental report

....., 19.....

Filed 3/15 1912 P. C. Faust

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child born at a birth, fill out a separate return for each child.

PLACE OF BIRTH

STATE OF IDAHO

569-203-029-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Potlatch

No 910, Cedar St.

Hospital

Registration District No 15 File No. 4608

Primary Registration District No. 2066 Registered No. 88

FULL NAME OF CHILD Mildred Alice Norseth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 3 1912

FATHER		MOTHER	
FULL NAME	Andrew Norseth	FULL MAIDEN NAME	Gama Hendrickson
RESIDENCE	Potlatch Ida.	RESIDENCE	Potlatch Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth. Number of children, of this mother, now living, including present birth Four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

(Signature) Ernst T. Heine M.D.

(Physician or Midwife)

Address Palouse Box 203.

Filed March 5th 1912 Dr. J. W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

MAY 26 1958

249 - 123 - 029 - 945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Harvard

No ____, ____ St.

Hospital ____

Registration District No. 15 — File No. 4609

Primary Registration District No. 2066 — Registered No. 89

FULL NAME OF CHILD Harold Edward Smith.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Feb. 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry James Smith	Rena MacQueener
RESIDENCE	Harvard Ida	Harvard Ida
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Grd Haven Mich	Farmington Wn.
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth. One.

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lillian L Queener

(Physician or Midwife)

Address Harvard

Given names added from a supplemental report

....., 19.....

Filed March 27 1912. Dr. J.H. Thomas

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 4609
Date Filed APR 9 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harold Edward Smith (Name on Original Certificate) who was born (Was Born or Died) on February 23 1912 (Date of Event)
in Harvard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on February 23 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Feb. 28, 1912	Feb. 23, 1912

Subscribed and sworn to before me this 26th day of March, 19 42.

[illegible]

Notary Public, residing at NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My commission expires My Commission Expires Dec. 3, 1944
(Seal)

Signed Harry J. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Harvard, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 19 42.

[illegible]

Notary Public, residing at NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My commission expires My Commission Expires Dec. 3, 1944
(Seal)

Signed Mrs. Vera Smith
(Signature of Any Credible Person Other Than Previous Year)

Harvard Idaho.
(Street Address, City, State)

168-223-029-845

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 4610

Primary Registration District No. 2066 Registered No. 92

FULL NAME OF CHILD Lulla Susan Johnston ~~Johnston~~ Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	March 23rd 191 2

	FATHER	MOTHER
FULL NAME	Henry C. Johnston	FULL MAIDEN NAME Hattie Kurr.
RESIDENCE	Not Known.	RESIDENCE Potlatch
COLOR	white.	COLOR white.
AGE AT LAST BIRTHDAY	22. (Years)	AGE AT LAST BIRTHDAY 16. (Years)
BIRTHPLACE	Ky.	BIRTHPLACE South Dakota.
OCCUPATION	Laborer.	OCCUPATION Housewife.

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.W. Thompson

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed March 27 1912 J.W. Thompson Registrar

.....

Registrar

BYRNS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

4610

State of Washington }
County of Kitsap } ss.

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Leola Susan Johnston (Birth or Death)
for Leola Susan Johnson (Name on Original Certificate) who Born (Was Born or Died) on Mar 23 - 1912 (Date of Event)
in Potlatch Idaho (Place of Event) are erroneous ~~or were omitted;~~ and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Mar 23 - 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Date~~	~~March 23rd~~	~~March 23, 1912~~
Surname	Johnson	Johnston

Subscribed and sworn to before me this 4th
day of August, 1942
Ernest R Larsen
Notary Public, residing at Bremerton
My commission expires April 22, 1946
(Seal)

Signed Mrs W. J. Quinby. Mrs.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
52 Bales-on Drug Bremerton Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Leonard Richardson
Notary Public, residing at

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

My commission expires
(Seal)

AUG 7 1942

AUG 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 15. File No. 4611

Primary Registration District No. 2066 Registered No. 93

FULL NAME OF CHILD Marie Lunde.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female.	—	—	yes	March 18. (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Lars Lunde.	FULL MAIDEN NAME	Nicolini Sohall.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Norway.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5-th. Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. J. H. Thompson
M. D.
(Physician or Midwife)

Address Potlatch

Filed March 21 19 12 Dr. J. H. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

dup of 1912-DSle-230

243-122-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Princeton

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4612

Primary Registration District No. 2066 Registered No. 94

FULL NAME OF CHILD Byron Clarence Butterfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male	✓	✓	yes	March 22, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Orville C. Butterfield	Edna Johnson
RESIDENCE	Princeton	Princeton
COLOR	white	white
AGE AT LAST BIRTHDAY	31 (Years)	21 (Years)
BIRTHPLACE	Minnesota	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D. Ghr. Thompson
(Physician or Midwife)

Address Potlatch

Filed March 29 1912 D. Ghr. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

MAR 8 0 1942

385 - 101 - 029 - 115

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4613

Primary Registration District No. 2066 Registered No. 96

FULL NAME OF CHILD Michael Lynch.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 1 1912

FATHER		MOTHER	
FULL NAME	Henry P. Lynch.	FULL MAIDEN NAME	Hatte Jamieny.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd. Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) on the date above stated, at 12 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. R. Thompson M D

(Physician or Midwife)

Address Potlatch

Filed April 4 1912 J. R. Thompson Registrar

SYI YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

FEB 22 1974

Amended 9/21/72

866 - 231-029-212

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4614
Local Reg. No.
Reg. Dist. No. 15

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Harvard

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Latah

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Harvard

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Opal b. (Middle): Dorothy c. (Last): Howell

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 31, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Oscar b. (Middle): c. (Last): Howell

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

10. USUAL OCCUPATION: Livery Man

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ammanda b. (Middle): c. (Last): Baker

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Michigan

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. W. Thompson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Potlatch, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 4, 1912

22. REGISTRAR'S SIGNATURE: J. W. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten unless unable in complying this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1-28-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 25 11 26 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 4614

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Henry Howell (Name on Original Certificate) who was born (Was Born or Died) on March 30, 1912 (Date of Event)
in Harvard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Henry	Opal Dorothy Howell
Birthdate	March 30	March 31
Sex of child	Male	Female

Subscribed and sworn to before me this 23rd day of June, 19 72

Gerald C. Vaught

Notary Public, residing at Glendale, California

My commission expires July 30, 1973

(Seal)

OFFICIAL SEAL
GERALD C. VAUGHT
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires July 30, 1973

Signed Thomas Baker Howell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

24131 Cross Newhall Calif. 91321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

23750 Lyons Ave., Newhall, Calif. 91321

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certif. of birth from Washington (record No. 42) gives child's name as Lucille Dorothy McIntyre born Oct. 28, 1931. Father's name given as Robert E. McIntyre and mother's ~~mm~~ name given as Opal D. Howell. Viewed by V. S.

Last Will and Testament of Amanda L. Howell, dated in 1962 gives daughter's name as Opal Dorothy Howell Culp. Viewed by V. S.

Request for statement of earnings from Social Security dated 1967 gives name as Opal Dorothy Culp. Date of birth 3-31-1912. Social Security No. 534-26-0529. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-4-7-11

PLACE OF BIRTH

County of Latah.

City of Harvard.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 4614

Primary Registration District No. 2066 Registered No. 97

FULL NAME OF CHILD Henry. Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes	March. 30 1912.

FATHER		MOTHER	
FULL NAME	Oscar Howell.	FULL MAIDEN NAME	Amanda Baker
RESIDENCE	Harvard.	RESIDENCE	Harvard
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota.	BIRTHPLACE	Michigan.
OCCUPATION	Livery Man.	OCCUPATION	Housewife. & Teacher.

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr. Thompson M.D. (Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed April 4, 1912. Jr. Thompson Registrar

.....

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

PLACE OF BIRTH

STATE OF IDAHO

SEP 22 1972

566-216-029-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-O-16m-6-7-11

PLACE OF BIRTH

County of Latah

City of ✓

No ✓ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4615

Primary Registration District No. 2066 Registered No. 90

FULL NAME OF CHILD Kathleen - Vowell.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	✓	✓	yes	March 16 Sat 1912

FATHER		MOTHER	
FULL NAME	F R Vowell	FULL MAIDEN NAME	Edna Wilcox
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Carroll Mo	BIRTHPLACE	Latah Co
OCCUPATION	Farmer	OCCUPATION	Wife and Mother

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R T A Robinson

(Physician or Midwife)

Address Palouse, Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed March 25 1912 W. J. H. Thompson

Registrar

SYMS - YORK CO., PTRS. & STRS. 17926

Form U.S. No. 1-C—10m-7-18

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS

DIVISION OF HIGHWAYS

Boise, Idaho, _____, 19____

Bureau of Public Roads
Washington, D. C.

Gentlemen:

Enclosed herewith please find _____ copies of Proposal for _____ project _____ County, Idaho, which we request be submitted to contractors for bids.

Yours very truly,

STATE OF IDAHO
DEPARTMENT OF PUBLIC WORKS
DIVISION OF HIGHWAYS

By _____
Engineer of Highways

Enclosures

864-102-009-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah.

City of Portland

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 4616

Primary Registration District No. 2066 Registered No. 91

FULL NAME OF CHILD Charles Henry Southworth.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes.	March. 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy. Southworth.	Annie. Nelson
RESIDENCE	Portland	Portland
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	23.	19
BIRTHPLACE	Pa.	Minn.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. M. Thompson M. D.

(Physician or Midwife)

Address Portland

Given names added from a supplemental report

....., 19.....

Filed March 14 1912 D. J. M. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Form V.S. No. 11-0-10m-5-41

STATE OF IDAHO

PLACE OF BIRTH

1942

866 - 104-029-357

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah Co

City of Moscow

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 4617

Primary Registration District No. 2066 Registered No. 98

FULL NAME OF CHILD Not Named Howard Ashel Howell

Sex of Child	Single, Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	March 4 1912

FATHER		MOTHER	
FULL NAME	Howard Howells	FULL MAIDEN NAME	Stacy Lepen
RESIDENCE	Latah Co Ida.	RESIDENCE	Whitman Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Garrison MD

(Physician or Midwife)

Address Palouse Wn.

Given names added from a supplemental report

....., 19.....

Filed March 10 1912 D. J. W. Thompson

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DO NOT FOLD

annack

Inkom

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 57

St.

Primary Registration District No. 1002 Registered No.

OF CHILD Lester Christian Skeem

Male,	Twin, Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate? Yes.	Date of birth March 29 (Month) (Day)

FATHER	MOTHER
FULL NAME Christian Straagard Skeem	FULL MAIDEN NAME Irene Bishop
RESIDENCE Inkom.	RESIDENCE Inkom
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 2
BIRTHPLACE Denmark	BIRTHPLACE Deseret Utah
OCCUPATION Farmer	OCCUPATION Domestic

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) Martha M. Goaddem

Midwife
(Physician or Midwife)

Address Inkom Idaho

Filed 4/8 1912 Earl D. Jones
Per AD

..... Registrar

SYMS - YORK CO., PTGS. & BDRS. 17826

MARGIN RESERVED FOR BINDING
NOTE—THIS IS A PERMANENT RECORD
NOTE—RETURN must be made for each and every birth stated

DECEASED

JAN 13 194

41-127-003-74

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11 [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4619

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 56

No. 1506 N. Main St. — Primary Registration District No. 1002 — Registered No.

Hospital

FULL NAME OF CHILD Russell Davis

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	2nd	yes	March 27, 1912

FATHER	MOTHER
FULL NAME Thomas Owen Davis	FULL MAIDEN NAME Hattie Jaunt
RESIDENCE 1506 N. Main	RESIDENCE 1506 N. Main
COLOR white — AGE AT LAST BIRTHDAY 42 (Years)	COLOR white — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE South Wales	BIRTHPLACE Missouri
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, March 27, 1912, 8:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M. D. Per T.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 3/30 1912 Earl D. Jones Per A. Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

415-127-003-714

PLACE OF BIRTH

Form V. S. No. 11-C—15m.6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH No. 4620

County of Bannock

City of Pocatello

No. 1506 N. Main St.

Registration District No. 19 File No. 55

Primary Registration District No. 1002 Registered No.

Hospital

FULL NAME OF CHILD Raymond Davis.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1st	yes	March 27 1912

FATHER		MOTHER	
FULL NAME	Owen Thomas Davis	FULL MAIDEN NAME	Hattie Gaunt
RESIDENCE	1506 N. Main	RESIDENCE	1506 N. Main
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	South Wales	BIRTHPLACE	Missouri
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 27, 1912, at 8:10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9/30 1912 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-124-003-955

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 5-25-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 4621

County of Bannock

City of Pocatello

Registration District No. 19 File No. 54

No. 155, So. 4th St.

Primary Registration District No. 1002 Registered No.

Hospital Home

FULL NAME OF CHILD Arnold Clayton Matthews

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Mar. 24, 1912

FATHER		MOTHER	
FULL NAME	Arthur Thomas Matthews	FULL MAIDEN NAME	Hannah Iverson
RESIDENCE	155 So. 4th Ave.	RESIDENCE	155 So. 4th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	common labor	OCCUPATION	housewife

Number of child of this mother, including present birth one.

Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 905 So. Main st.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3/3 19.12 Earl D Jones Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-225-003-363

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4622

County of Bannock

City of near Pocatello

Registration District No. 19

File No. 53

No. Rauch 5 mi north

Primary Registration District No. 1002

Registered No.

Hospital —

FULL NAME OF CHILD Harrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	March 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. A. Harrell	Maudie Cotham
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	18
BIRTHPLACE	Middle Georgia	Texas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-8 month at 9 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 3/25 1912 Earl D. Jones

Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING, WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. U-C-1Rn-Rev.

1922

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

349-113-003-819

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4623

County of Lemhi

City of Pocatello Registration District No. 19 File No. 52

No. —, — St.

Hospital General Hosp. Primary Registration District No. 1002 Registered No.

FULL NAME OF CHILD — William Cureton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	March 13, 1912

	FATHER	MOTHER
FULL NAME	William Cureton	FULL MAIDEN NAME Nettie Harrington
RESIDENCE	234 S. Arthur Ave	RESIDENCE 234 S. Arthur Avenue
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE	Ukiah California	BIRTHPLACE Salt Lake City Utah
OCCUPATION	Dentist	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address .....

Filed 3/25 19.12 Earl D. Jones

Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 14 1940

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419 - 213-003-419

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4624

County of Bannock

City of Pocatello

No. 318, N. 2nd St.

Hospital

Registration District No. 19 File No. 51

Primary Registration District No. 1002 Registered No.

FULL NAME OF CHILD Marro

Sex of Child Fem

Twin, Triplet, or other? — and Number in order of birth L

(To be answered only in event of plural births)

Legitimate? yes

Date of birth 3 (Month) — 13 (Day) — 191 2 (Year)

FATHER

FULL NAME Joseph Marro

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Italy

OCCUPATION Hostler helper

MOTHER

FULL MAIDEN NAME Josephine Marino

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Italy

OCCUPATION housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Steely

(Physician ~~or Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 3/18 1912 Earl D. Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

363-110-2003-245

PLACE OF BIRTH

County of Bannock

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4625

City of Pocatello — Registration District No. 19 — File No. 30

No. 552 W Whitman St.

Primary Registration District No. 1602 — Registered No.

Hospital

FULL NAME OF CHILD Robert Terrell Jr

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	(To be answered only in event of plural births)		no	3 – 10 – 1912

FATHER	MOTHER
FULL NAME Robert M. Terrell	FULL MAIDEN NAME Olliva Elizabeth Ruebel
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Blandsville Ky.	BIRTHPLACE St Louis, Mo.
OCCUPATION attorney	OCCUPATION housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Neely

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/18 1912 Earl D Jones Registrar

Per A.

.....
Registrar

S-Y CO., 16670

FEB 7 1956

697-210-502-765

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4626

County of Bannock

City of Pocatello

Registration District No. 19

File No. 49

No. 576, N. 6th Casse St.

Primary Registration District No. 1002

Registered No.

Hospital Home

FULL NAME OF CHILD Elaine Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Mar. 10th 1912

FATHER		MOTHER	
FULL NAME	William Wright, Jr.	FULL MAIDEN NAME	Caroline S. Jensen
RESIDENCE	576 N. 6th Ave.	RESIDENCE	576 N. 6th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	common labor	OCCUPATION	house keeping

Number of child of this mother, including present birth. four

Number of children, of this mother, now living, including present birth. four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carrie Bird

Midwife

(Physician or Midwife)

Address 905 So. Main St.

Given names added from a supplemental report

....., 19.....

Filed 3-19 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 3 1968
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 4626

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wright (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Wright	Elaine Wright
Father's Name	William Wright	William Wright, Jr.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of March, 1968

Jayson C. Holladay
Notary Public, residing at Pocatello, Idaho
My commission expires April 21, 1971
(Seal)

Signed John G Jensen
(Signature of Any Credible Person)

41 Hemmer Pocatello Idaho
(Street Address, City, State)

FORM DH 60-155 CL. 3-5-68. 1 copy pd. Rec. #17682.

Baptism and Confirmation, L.D.S. Church record, Baptized April 4, 1920, gives name as Elaine Wright, born March 10, 1912, at Pocatello, Bannock Co., Idaho, to William Wright, Jr and Caroline S. Jensen - viewed by V.S.

APR 16 1968

Certificate of Blessing, L.D.S. Church record, Blessed April 7, 1912, at Pocatello, Bannock Co., Idaho, gives name as Elaine Wright, born March 10, 1912, at Pocatello, Bannock Co., Idaho, daughter of William Wright, Junior and Caroline S. Jensen - viewed by V.S.

256 - 210-003-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-20-11

Bureau of Vital Statistics

No. 4627

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19 File No. 48

No. 437 W. Hayden St.

Primary Registration District No. 1002 Registered No.

Hospital

FULL NAME OF CHILD Mary Stoker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem	—	2	yes	3-10-12

FATHER		MOTHER	
FULL NAME	Alfred W. Stoker	FULL MAIDEN NAME	Ann Cecelia Hurl
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Omaha Neb
OCCUPATION	Mgr. M.W. Tel. Co	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M. on the date above stated.

(Signature) O B Treaty

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed 3/18 19 12 Earl D Jones Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

CERTIFICATE OF BIRTH

789-210-023-619

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4628

County of Pocatello Bannock

City of Pocatello

Registration District No. 19 File No. 47

No. 705 So Garfield St.

Primary Registration District No. 1009 Registered No.

Hospital

FULL NAME OF CHILD Phillips

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Son	—	—	yes	3 — 10 —, 1912

FATHER	MOTHER
FULL NAME Roy J Phillips	FULL MAIDEN NAME Grace M. Wagner
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Malad, Idaho	BIRTHPLACE Santa Fe N M
OCCUPATION Pipe fitter	OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Healy

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/18 1912 Earl D Jones Asst

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 7 1974

693-207-003-168

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—1516-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4629

County of Bannock

City of Pocatello

Registration District No. 19

File No. 46

No. 1252, E. Lander St.

Primary Registration District No. 1009

Registered No.

Hospital

FULL NAME OF CHILD Bessie Williams

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	✓		✓	yes	3 — 7 —, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Herbert J. Williams	FULL MAIDEN NAME Minnie L. Johanson
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Pocatello, Idaho	BIRTHPLACE Lyman, Idaho
OCCUPATION Loco fireman	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or Midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/18 1912 Earl D. Jones

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

..AY 1 2 1972

MAY 8 1972

FEB 19 1974

366-105-003-293

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 4630

County of Bannock

City of Pocatello

Registration District No. 19 File No. 45

No. 356, So. 3d St.

Primary Registration District No. 1002 Registered No.

Hospital

FULL NAME OF CHILD Coffman JOHN LeROY COFFMAN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	3 — 5 —, 191 7

	FATHER	MOTHER
FULL NAME	Henry M. Coffman	FULL MAIDEN NAME Burmah May Billings
RESIDENCE	Pocatello Idaho	RESIDENCE Pocatello, Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years) 28
BIRTHPLACE	Maryland, Ill	BIRTHPLACE Josecll Junction, Iowa
OCCUPATION	Machinist	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Keeley

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/18 1917 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of Kitsap }

Certificate No. 4630

Date Filed:

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for (Unnamed) Coffman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 3-3-1912 (DATE OF EVENT) in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by affidavit (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Coffman	John LeRoy Coffman

Subscribed and sworn to before me this 21 day of Feb, 19 42

June Trupk
Notary Public, residing at Bremerton

My commission expires 10-16-43
(SEAL)

Signed Burnah M Coffman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 10 1942

363-205-003-943

Amended 6-9-70

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4631

County of Bannock

City of Pocatello

Registration District No. 19 File No. 44

No. 134 N. Main St.

Primary Registration District No. 1002 Registered No.

Hospital ~

FULL NAME OF CHILD Phyllis Cocks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~	~	Yes	March 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Cocks	Ellen Rule
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Idaho Springs Colorado	Central City Colorado
OCCUPATION	Clothing Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) on the date above stated. at 5-50 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Howard M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/25 1912 Earl D. Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 1967

JUN 9 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 17 1968
Bureau of Vital Statistics

State of Nevada } ss.
County of Clark

Certificate No. 4631

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Phyllis Cocks (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Maiden Name	Susan Jane Flood	Ellen Rule

Subscribed and sworn to before me this 5th day of
[illegible], 19[illegible]

Notary Public, residing at [illegible]
My commission expires [illegible]

Notary Public State of Nevada
CLARK COUNTY
GERALDINE DAZEY
My Commission Expires Jan. 9, 1972

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Cl. 3-4-68. nm

Photo copy of Certificate of Marriage, State of Colorado, County of Denver, gives full name of bride as Ellen Rule and full name of groom as Henry Cooks, married April 10, 1907 by Thompson Eldridge Ashby - viewed by VS.

Name appears in Cencus Book of Gilpin Coutny, Colo., for the year A.D. 1885 as Helen Rule, Sex: Female, Age. 5/12/. Witness my hand and official seal this 12th day of April, A.D. 1943. County Clerk and Ex-Officio Recorder of Deeds etc, Gilpin County, Colorado. Viewed by V. S.

↑ Record of mother's birth Co.

Birth Certificate for mother gives her name as Ellen Rule born in Central City, Colorado in 1885.
Viewed by V.S.

388-104-023-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4632

County of Bannock

City of Pocatello

Registration District No. 19 File No. 43

No. 816 So 3rd St.

Primary Registration District No. 1002 Registered No.

Hospital

FULL NAME OF CHILD Tyhene DENNIS JAMES

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	3 — 4 — 191 2

FATHER		MOTHER	
FULL NAME	James Bernard Tyhene	FULL MAIDEN NAME	Jemima Catherine Koone
RESIDENCE	Pocatello	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Jefferson Co. Iowa
OCCUPATION	Station Helper Telephone Lineman	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Treadly

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/18 1912 Earl D Jones Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

331-203-003-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4633

County of Bannock

City of Pocatello

No. 511 S. Garfield St.

Hospital

Registration District No. 19

File No. 42

Amended 10/4/76

Primary Registration District No. 1002

Registered No.

FULL NAME OF CHILD Ida Rebecca Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 3, 1912

FATHER	MOTHER
FULL NAME Albert David Clark	FULL MAIDEN NAME Ida Harmison
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 19 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Logan, Utah	BIRTHPLACE Minan, Utah.
OCCUPATION Telegraph Operator	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, March 4, 1912, at 8:00A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley M.D
Per J.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 3-11 19 12 Earl D. Jones

S-Y CO., 16670 Registrar

Registrar

OCT 2 9 1975

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 5 2 38 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. [illegible]

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Clark (Name on Original Certificate) who was born (Was Born or Died) on March 4, 1912 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Ida Rebecca Clark
Date of birth	March 4, 1912	March 3, 1912

Subscribed and sworn to before me this ..... day of ....., 19 7 .

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing issued by Pocatello Ward on 7 April 1912 gives name as Ida Rebecca Clark born March 3, 1912. viewed by V.S.

Certificate of Baptism and Confirmation issued by Boise Ward on Mar. 21, 1920 gives name as Ida Rebecca Clark born March 3, 1912. viewed by V.S.

993-126-003-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH No. 4634

County of Bannock

City of Pocatello

Registration District No. 19 File No. 41

No. 820, N. Grant St.

Primary Registration District No. 1002 Registered No.

Hospital Home

FULL NAME OF CHILD Commodore Perry Ritter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Commodore Perry Ritter	Ellis Scott
RESIDENCE	820 N. Grant	820 N. Grant
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Indiana	Nebraska
OCCUPATION	O. S. L. fireman	housekeeping

Number of child of this mother, including present birth three

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 405 So. Main

Given names added from a supplemental report

....., 19.....

Filed 3/20 19.12 Earl D. Jones Registrar

Per A.

S-Y CO., 16670 Registrar

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

APR 3 1942

1634

PLACE OF BIRTH

County of

863-224-003-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4635

County of Bannock

City of Pocatello

Registration District No. 19

File No. 40

No. 1111 N Harrison Ave

Primary Registration District No. 1002

Registered No.

Hospital —

FULL NAME OF CHILD Mildred Holder

Sex of Child Female

Twin, Triplet, or other? — and Number in order of birth —

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Feb. 24, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Edward Holder	FULL MAIDEN NAME	Maude Elizabeth Williams
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Birmingham England	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Mill Fireman (R.R. Shops)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 3/25 1912 Earl D. Jones

Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 11 1961

FEB 26 1959

JUN 30 1961

815-219003-294

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1912

County of Bannock

City of Pocatello

Registration District No. 19

File No. 39

No. 705 S. Arthur St.

Primary Registration District No. 1002

Registered No.

Hospital home

FULL NAME OF CHILD Maren M. Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T. L. Hansen	Ellen Bruhn
RESIDENCE	705 So. Arthur	705 So. Arthur
COLOR	white	white
AGE AT LAST BIRTHDAY	26 (Years)	24 (Years)
BIRTHPLACE	Denmark	Iowa
OCCUPATION	farmer	house keeping

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 705 So. Main St.

Given names added from a supplemental report

....., 19.....

Filed 3/20 19 12 Earl D. Lonn Registrar

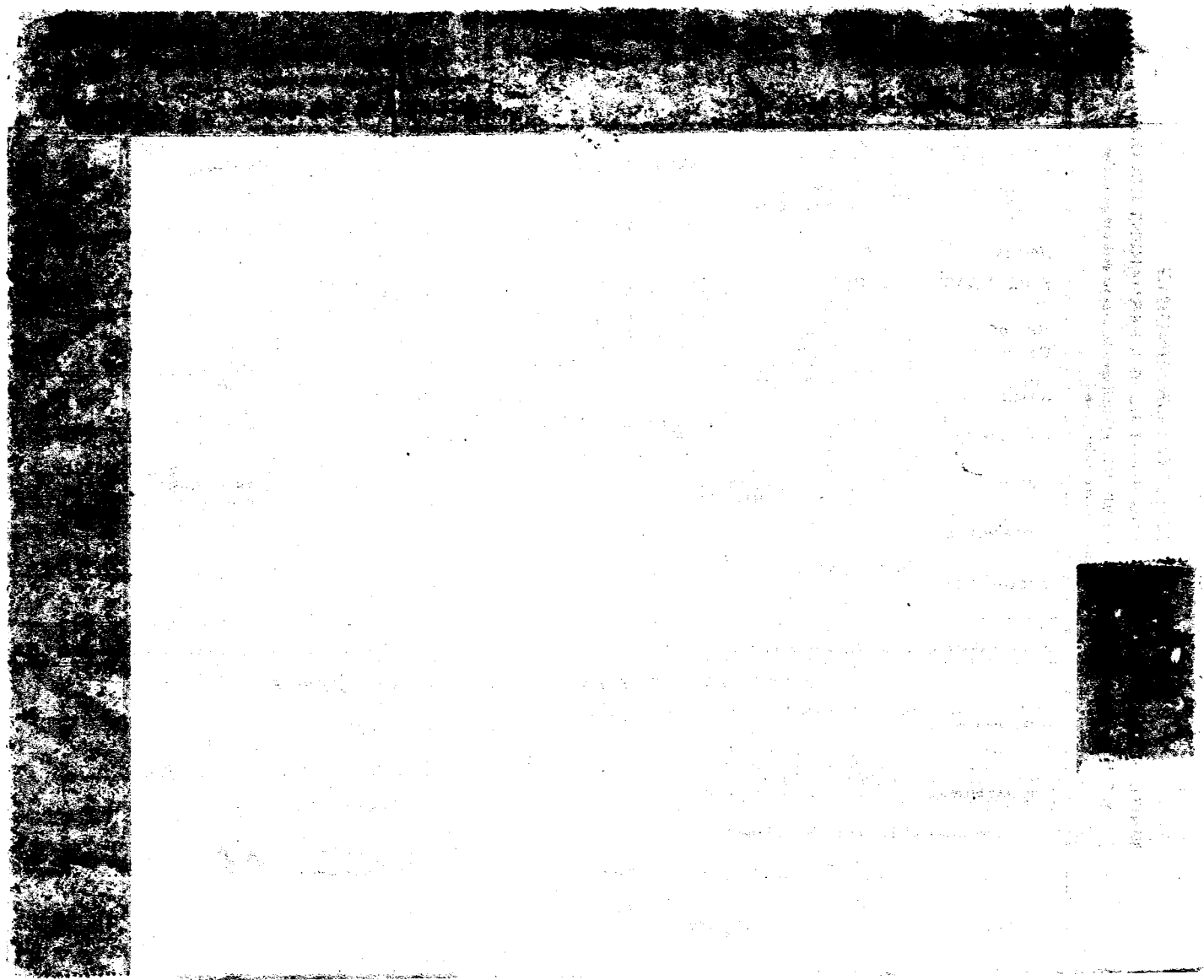
Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

N. B. In case of twins, triplets, etc., born at one birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING



[redacted] BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly Registration District No. 23 File No. 4637

No. ____, ____ St. Primary Registration District No. 2080 Registered No. ____

Hospital ____

FULL NAME OF CHILD Alvin Henry Prentice PRENTICE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	X	Yes	Jan. 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dewitt C. Prentice	Georgia Hutchinson
RESIDENCE	Kimberly	Kimberly
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	26
BIRTHPLACE	Iowa	Alabama
OCCUPATION	Laborer	Wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John D. White
(Physician or ~~Midwife~~)

Address Kimberly, Idaho

____, 19____ Filed Apr. 9 1912 John H. Coughlin
Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 4637
Date Filed 4-9-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Alvin Henry Prentice (Name on original certificate) who was born (Was born or died) on Jan. 20, 1912 (Date of event)
in Kimberly, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (Bible record, insurance policy, etc.) prepared on Oct. 23, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Name Omitted	Alvin Henry Prentice

Subscribed and sworn to before me this 23rd
day of October, 1941
Marion E. Orr
Notary Public, residing at Boise Idaho
My commission expires June 24, 1945
[SEAL]

Signed Wm A Prentice
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

855-116-042-213

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4638

Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD Gilbert Louis Hanning

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	4	Yes	Jan. 16, 191[illegible] (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. F. Hanning	FULL MAIDEN NAME	Helena Batteen
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. White M.D.

(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr. 9 1912 John F. Coughlin

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

42-129-042-493

Form V. S. No. D-C 10m-8-25-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4639

County of Twin Falls

City of Kimberly

Registration District No. 23

File No.

No. ..... St.

Primary Registration District No. 2084

Registered No.

Hospital

FULL NAME OF CHILD Tot Sheril Ambrose

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	5	Yes	Feb 29 1912

FATHER		MOTHER	
FULL NAME	W. A. Ambrose	FULL MAIDEN NAME	Nora Miller
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	At Home

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

(Signature) John L. White

Kimberly, Idaho

(Physician or Midwife)

Address

Filed Apr. 9 1912 John T. Creighton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11.—Issued 1910

STATE OF [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 12 1975
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of JEROME } ss.

Certificate No. 4639

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ambrose (Name on Original Certificate) who was born (Was Born or Died) on Feb. 29, 1912 (Date of Event)
in Kimberly (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Tot Sheril Ambrose

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of JEROME } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of MAY, 19 75

Eleanor G. Weaver
Notary Public, residing at Jerome, Idaho
My commission expires 5-1-77
(Seal)

Signed Tawni Ambrose Handy
(Signature of Any Credible Person)

611 East Ave. D, JEROME, IDAHO
(Street Address, City, State)

FORM DH 60-155

Correction corresp. (Atty. E. R. Miller, Jr.) 3-11-75 fc

8

Social Secuirty card application gives name as Tot Sheril Ambrose born Dec 29, 1912 at Kimberly , idaho. (#530-07-6614) gives name as William Arthur Ambrose (as father and Nora E. Miller as the mother. viewed by V. S.

Census record for 1920 gives name as Tot Ambrose. For Richard and Pharin Handy. viewed by V. S. Age 7

Amended 7/16/74

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly Registration District No. 23 File No. 1640

No. ____, ____ St. Primary Registration District No. 2084 Registered No. ____

Hospital ____

FULL NAME OF CHILD Mildred Opal Silvers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓	✓	Yes	Feb. 20 1912

FATHER		MOTHER	
FULL NAME	William B. Silvers	FULL MAIDEN NAME	Edna Brown
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	At Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Whyte

(Physician or ~~Midwife~~)

Address Kimberly, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 9 1912 John F. Coughlin Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5-23-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 18 2 19 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4640

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Silver (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1912 (Date of Event)
in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	James Silver	Mildred Opal Silvers
Date of birth	Feb. 19, 1912	Feb. 20, 1912
Fathers name	H. Silver	William Bert Silvers

Subscribed and sworn to before me this 13th day of
..... 19 73
Notary Public, residing at Kimberly Ida
My commission expires Jan 1975
(Seal)

Signed Edna Silvers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
322 Monroe Kimberly, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
..... 19 73
Notary Public, residing at Kimberly Ida
My commission expires Jan 1975
(Seal)

Signed Ollie M. Foote
(Signature of Any Credible Person)
Kimberly, Idaho
(Street Address, City, State)

FORM DH 60-155

Correction corresp. (S) 2 copies pd

Marriage license from Idaho gives groom's name as Gilbert W. Miller and the birde's name as Mildred O. Silvers. Dated Nov. 26, 1932. Were married on Nov. 26, 1932. Viewed by V. S.

JUL 27 1973
AUG 24 1973

Marriage licesne and certificate from Idaho gives groom's name as Raymond R. Burton and the brides' name given as Mildred Miller (born on 2-20-12). Dated Dec. 16, 1966. Was married on Dec 18, 1966. Viewed by V. S.

Family Bible Record gives name as Mildred Opal Silvers born Feb. 20, 1912. Viewed by V. S.

Notification of Birth from Idaho for Anita Marilyn Miller (fiel No. 290929) gives mother's name as as Mildred Opal Silvers. Father's name as Gilbert Williams Miller. Viewed by V. S.

Permit to Hunt or Fish for William B. Silvers. (#9332) born June 16, 1879. Dated June 16, 1949. Viewed by V. S.

Marriage License and Certificate from Idaho gives name of grooms as William B. Silvers and the bride's name as Edna Brown. Dated June 24, 1911. Viewed by V. S.

313-204-042-851

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4641

Primary Registration District No. 2083 Registered No. ____

FULL NAME OF CHILD Callen

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
♀	✓	1	Yes	Feb. 4, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. C. Callen	FULL MAIDEN NAME	Laura Bleak
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L Whyte

Kimberly, Idaho

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Apr. 9 19 12 John T Coughlin

Registrar

S-Y CO., 16670

STATE OF OHIO

Bureau of Vital Statistics

PLACE OF BIRTH

DATE OF BIRTH

396-215-042-385

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Blue Lakes Blvd.

Registration District No. 23 File No. 4642

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Phyllis Louise Crow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 15, 1912

FATHER		MOTHER	
FULL NAME	Philip Homer Crow	FULL MAIDEN NAME	Lenore Cone
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36	COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	St. Paul, Neb.	BIRTHPLACE	Osceola, Iowa
OCCUPATION	Clerk - Recorder's Office	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burke B. Sawyer D.O.

Osteopath (Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 30 1912 John F. Coughlin Registrar

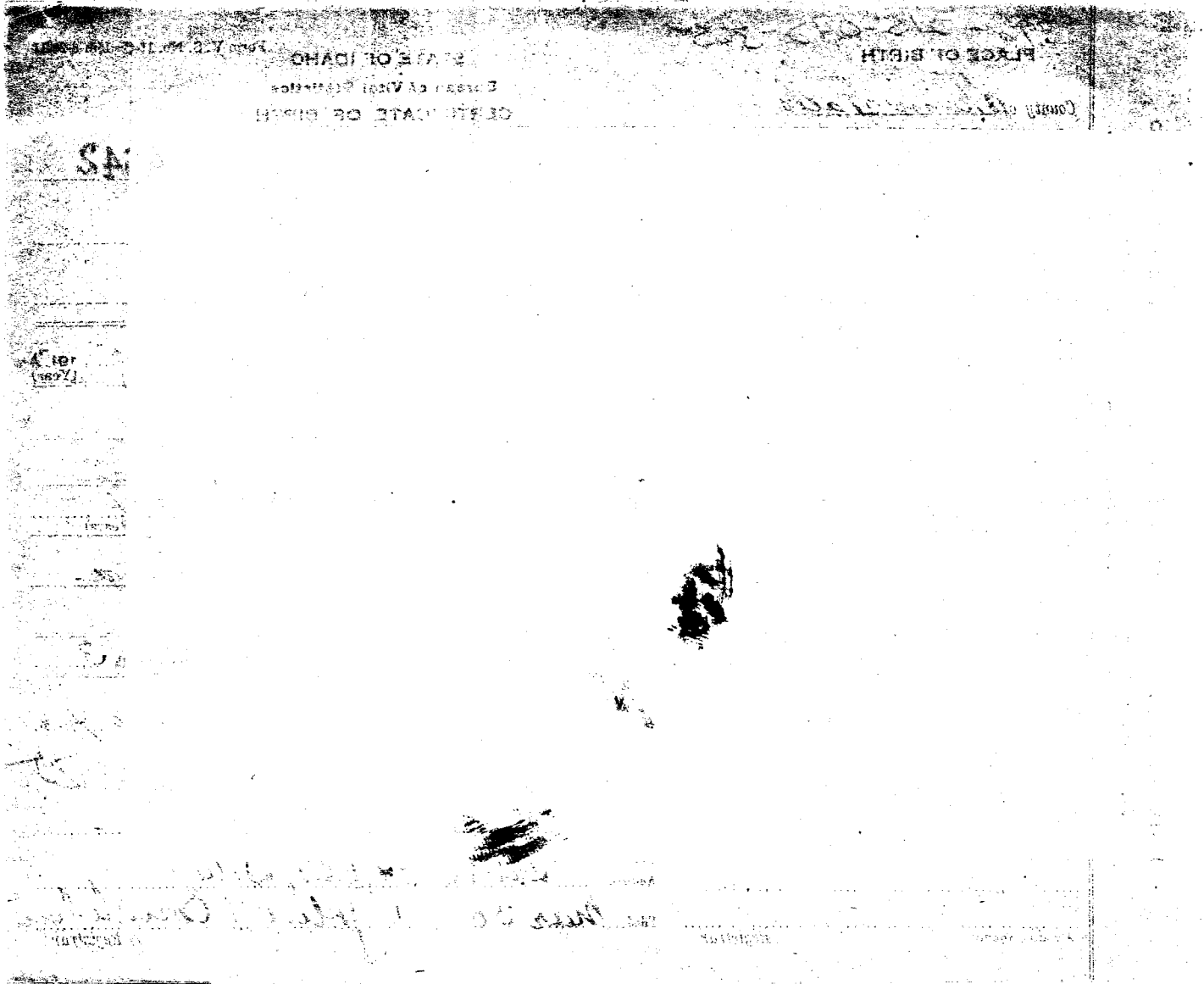
.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



564-212-042-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. H-C—10m-6-30-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4643

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Isabel Margaret Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Mch 17, 1912

FATHER		MOTHER	
FULL NAME	James A Young	FULL MAIDEN NAME	Emma Myers
RESIDENCE	Twin Falls, I	RESIDENCE	Twin Falls.
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Del
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.T. Fox

(Physician or Midwife)

Address Twin Falls, Ida.

Filed Mar. 28 19 12 John F Coughlin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

Own childs birth certificate gives name as Isabel Margaret Young. File #420796. On file in Idaho. Dated 1946.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4643

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1912 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name if child	unnamed	Isabel Margaret Young

Subscribed and sworn to before me this 10th day of May, 1962

Margaret Leek

Notary Public, residing at Burley, Idaho

My commission expires 12-14-65

(Seal)

Signed J. Claud Stewart

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 Issued Record # 10852

Marriage License gives name as Isabel Margaret Young dated October 28, 1933. Viewed by VS.

MAY 11 1962

395-129-042-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4644

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Herman Wyland Lind

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 29, 1912

FATHER		MOTHER	
FULL NAME	Herman Lind	FULL MAIDEN NAME	Hazel Farrell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles K. Scott, Physician (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

_____, 19_____

_____ Registrar

Filed Mar 31 19 John J Creighton Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

APR 1

113-216-042-693

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 23

File No. 4645

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD Gladys Lucile Jacky

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 16, 1912

FATHER		MOTHER	
FULL NAME	William Otto Jacky	FULL MAIDEN NAME	Sadie Elizabeth Wilson
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles R. Scott

Physician (Physician or Midwife)

Address Twin Falls

Filed Mar 31 19 12 John M. Coughlin Registrar

Given names added from a supplemental report

_____, 19_____

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 13 1946

S-62-131-042-562

PLACE OF BIRTH

County of Twin Falls

City of ——

No. ——, St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23. File No. 4647

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Baby Voss.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		~~1st~~	No.	3 / 31, 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Harvey Voss.	Ann Voss.
RESIDENCE	Don't Know	Twin Falls,
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	Don't Know	19.
BIRTHPLACE	Don't Know	Utah
OCCUPATION	Laborer.	At home.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (blue baby) (Born alive or stillborn) at 5 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira Goodrich

(Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed 3-31 19 12 John T. Coughlin

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

466-121-042-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C-15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Twin Falls, Registration District No. 23 File No. 4648

No. ——, ——— St. Primary Registration District No. 2085 Registered No. ———

Hospital ———

FULL NAME OF CHILD Baby Dooley.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	———	3rd	Yes.	3/21 1912

	FATHER	MOTHER
FULL NAME	Kirk P. Dooley	FULL MAIDEN NAME Josie Brackett.
RESIDENCE	Twin Falls, Ida.	RESIDENCE Twin Falls,
COLOR	White.	COLOR White.
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Mass.	BIRTHPLACE Ill.
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Goodrich. M. D.

(Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

———, 19——

———

Registrar

Filed 3-31 1912 John T. Englebert

Registrar

S-Y CO., 16670

63-221-042-259

PLACE OF BIRTH

STATE OF IDAHO

Form V.S. No. 11-C—10m-8-12

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23

File No. 4649

No. Golden Rule Add'n St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Susan Virginia Waters

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 21, 1912

FATHER		MOTHER	
FULL NAME	Richard W. Waters	FULL MAIDEN NAME	Eva Belle Shields
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	[redacted]	BIRTHPLACE	Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or Midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 3-31 19 12 John F. Coughlan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 14 1942

APR 8 DEC 1 1975

JAN 6 1976

693-121-042-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4650

County of Twin Falls

City of " "

Registration District No. 23

No. 139, 3d Ave W St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Willie B Williams Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 21, 1912

FATHER		MOTHER	
FULL NAME	William B. Williams	FULL MAIDEN NAME	Mary Louise Thomas
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	Black	AGE AT LAST BIRTHDAY (Years)	42
COLOR	Black	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Georgia	BIRTHPLACE	Washington D. C.
OCCUPATION	Cook	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Nelson

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3-31- 1912

Robert S. Coughlin
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

443-119-042-251

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4651

County of Twin Falls

City of Twin Falls

Registration District No. 23

No. ✓ ....., ... St.

Primary Registration District No. 2085

Registered No. .....

Hospital ✓

FULL NAME OF CHILD CLAYTON MAYO Mullins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	yes	March 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. D. Mullins	Minnie Seabery
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Iowa	Sweden
OCCUPATION	Tailor	Housework

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Coburn M. D.

(Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

March 19, 1912

Registrar

Filed 3-31 1912 John F. Coughlin Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 4651
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Mullins (Name on original certificate) who was born (Was born or died) on March 19th 1913 (Date of event)
in Twin Falls County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared in year of 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	(none) Mullins	Clayton Mayo Mullins

Subscribed and sworn to before me this 4th day of February, 1942

Notary Public, residing at Twin Falls, Idaho
My commission expires June 1st 1945
[SEAL]

Signed James L. Mullins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

339 Addison Ave Twin Falls, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as ~~set forth above~~ and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Feb., 19 42

Notary Public, residing at Twin Falls, Idaho
My commission expires June 1st 1945
[SEAL]

Signed W. H. Gibbons
(Signature of any credible person other than the previous affiant)

262 6th ave E. Twin Falls, Idaho
(Street Address, City, State)

Received for filing on Feb. 4th 1942 by
(Registrar's signature)

255 - 44043 - 32

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of _____ Registration District No. 23 File No. 4652

No. _____, _____ St.

Primary Registration District No. 2085. Registered No. _____

Hospital _____

FULL NAME OF CHILD John B Keeler jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John B Keeler	Sadie Gibson
RESIDENCE	Twin Falls, Ida.	Twin Falls, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-31 1912 John J Coughlan

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

113 - 113-042-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of _____

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 4653

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD _____ Jacobsen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	Twin	2 (To be answered only in event of plural births)	Yes	3 (Month) 13 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Jacobsen	Mary Svensen
RESIDENCE	Twin Falls Ida	Twin Falls Ida.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	46	42
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 3-31 1912 John F Coughlin

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

391-113-042-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 154, 8th Ave N St.

Registration District No. 23 File No. 4654

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Robert McCallum Craven

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 13, 191 2

FATHER		MOTHER	
FULL NAME	Joel Walter Craven	FULL MAIDEN NAME	Elva Chase McCallum
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:55 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D

Physician (Physician or Midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-31 1912 John J. Coughlin Registrar

.....

S-Y CO., 18370 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Dec. 10, 1940. E.W

SUBJECT: APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD.

To: Dept. Public Welfare
Boise, Idaho

Date 11-29-40

Gentlemen:

It is necessary that I obtain immediately a certified copy of my birth record:

[X] as I am employed [ ] as I am applying for employment

with a contractor who is subject to the Aircraft Procurement Act which provides that all employees must have documentary evidence of American citizenship.

MY NAME Robert McCollum Craven
DATE OF BIRTH March 13, 1912
MY BIRTHPLACE Twin Falls, Idaho
FATHER'S NAME Joel Walter Craven
FATHER'S BIRTHPLACE Licking Missouri
MOTHER'S MAIDEN NAME Elva Chase McCollum
MOTHER'S BIRTHPLACE Breckenridge, Colorado
DOCTOR'S NAME H.W. Wilson (supposed; not sure)

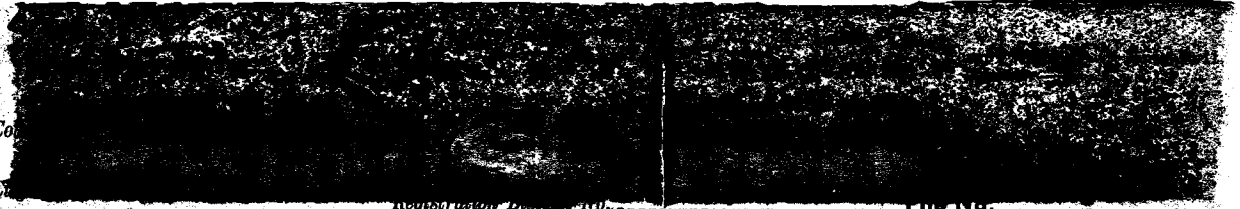
Enclosed find fee of $ .50. If it is not on record, please send necessary forms for delayed registration. Your prompt attention to this matter will be appreciated.

Very truly yours,

Robert McCollum Craven

ADDRESS: 4000 W. Manchester
Inglewood, California

C 4 1940



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Co... Registration District No.... File No....

No. 553 Main E St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD James ~~H.~~ NELSON Moore Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mch. 2 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James H. Moore	Bessie Anderson
RESIDENCE	Twin Falls, Ida	Twin Falls. Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	23
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Well driver	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 15 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Wilson M. D.

Physician (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 3-31 1913 John T. Coughlin Registrar

.....
Registrar

S-Y CO. 18179

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 4655

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Harrison Moore Jr. (Name on Original Certificate) who was born (Was Born or Died) on Mar 2, 1912 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother's affidavit below (Bible Record, Insurance Policy, Etc.) prepared on Feb 14, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	James Harrison Moore Jr.	James Nelson Moore

Subscribed and sworn to before me this 14th
day of February, 1942

W. T. Eldridge
Notary Public, residing at Twin Falls

My commission expires Feb 22, 1945
(Seal)

Signed Mrs Bessie (Moore) Death
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

552 3rd Ave E. Twin Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 1 7 1960
MAR 3 1 1960

356-205-042-235

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23 — File No. 4656

No. 253 9th Ave. N. St.

Primary Registration District No. 2085 — Registered No.

Hospital

FULL NAME OF CHILD Dorothy Ann Lewis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mch. 5th 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur L. Lewis	Mary Bleau
RESIDENCE	Twin Falls, Ida.	Twin Falls, Ida
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 45 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M. D.

Physician (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 31 1912 John J. Engelen

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

234-20-8042-96

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 2-3

File No. 4657

No. ____, ____ St.

Primary Registration District No. 2085

Registered No. ____

Hospital ____

FULL NAME OF CHILD Katherine Claire Sturgeon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 5, 1912

FATHER		MOTHER	
FULL NAME	Jeff R. Sturgeon	FULL MAIDEN NAME	Velma Woodman
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ohio
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:08 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Worlan M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls Idaho

Filed Mar 31 19 12 John T. Coughlan

Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 22 1967

113-114-042-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4659

Registered No.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ....., ... St.

Registration District No. 23

Primary Registration District No. 085

Hospital .....

FULL NAME OF CHILD .....

Sex of Child: Male	Twin, Triplet or other? Twin (To be answered only in event of plural births)	Number in order of birth: 1	Legitimate? Yes	Date of birth: 8 (Month) 14 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Otto Jacobsen	Mary Jacobsen
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	46 (Years)	42 (Years)
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Ranchman	Housework

Number of child of this mother, including present birth: 10

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida

Filed 3-24 1912 John T. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

622-212-042-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of .....

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev. 1940-41

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4659

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of birth: 9 (Month) / 12 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Osborn	FULL MAIDEN NAME	Sarah Frances Gentry
RESIDENCE	Twin Falls	RESIDENCE	" "
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Filed 3-18 1912 John F. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

JAN 19 1973

239 - 111 - 042 - 484

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4660

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD JOHN ALLEN Kluss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No		Yes	3 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Kluss	Sarah Middleton
RESIDENCE	Twin Falls Ida	Twin Falls Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Virginia	Illinois
OCCUPATION	Rancheman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-24 1912 John H. Coughlin Registrar

SYMS - YORK CO., PTRS. & BDRS. 17320

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 30 19..
County of Twin Falls }

Certificate No. 4660

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for John Allen Kline (Name on original certificate) who born (Was born or died) on March 11 - 1912 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kline	John Allen Kline

Subscribed and sworn to before me this 24th
day of October, 1941
F. W. Black
Notary Public, residing at Twin Falls, Idaho
My commission expires January 16 - 1944
[SEAL]

Signed S. L. S. Kline, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of October, 1941
F. W. Black
Notary Public, residing at Twin Falls
My commission expires January 16 - 1944
[SEAL]

Signed Millicent Sorgeman
(Signature of any credible person other than the previous affiant.)

214-7th Ave. N. Twin Falls, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

NOV

381-105-042-698

Form V. S. No. 11-C—15m-6-30-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4661

County of Twin Falls

" "

City of

No. , St.

Hospital

Registration District No. 23

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 / 5 / 1912

FATHER		MOTHER	
FULL NAME	Frank C. Chandler	FULL MAIDEN NAME	Lilly M. Fry
RESIDENCE	Shoshone Basin	RESIDENCE	Shoshone Basin,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 3-18 1912 John F. Coughlin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

278-703-042-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-11.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4662

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Harry Bolton Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No		Yes	3 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest G. Briggs	Ella Jane Bolton
RESIDENCE	Twin Falls, Ida.	Twin Falls Ida.
COLOR	W	W.
AGE AT LAST BIRTHDAY	31 (Years)	27 (Years)
BIRTHPLACE	Illinois	Paris, Ida.
OCCUPATION	Rancheman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-24 1912 John H. Coughlin Registrar

DYMS - YORK CO., PTRS. & SDRS. 17926

Certified Copy issued Dec. 4, 1940. E.M.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11G—Idaho—10-12

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23

File No. 4663

No. 333, 2nd E. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Geo. Henry VanNOstrand

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mch 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George F. VanNOstrand	Essie V. Walker
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 29	White / 23
BIRTHPLACE	Ohio	Oakley, Idaho
OCCUPATION	Hod. carrier	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician

(Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed 3-4 19 12 John F. Loughlin

Registrar

9-Y CO., 16670

Registrar

1/41 L. B.

326-201-242-65

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C-10m-2-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 23 File No. 4664

No. ____, ____ St.

Virginia

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Alice Cloud

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	and	Yes	3 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm K. Cloud	Frances A. Winters
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	New Jersey	New York
OCCUPATION	Book Keeper	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Fike

Physician (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 3-24 1912 John F Coughlin Registrar

.....

SYMS - YORK CO., PTRS. & ENGRS. 17326 Registrar

PLACE OF BIRTH

STATE OF IDAHO

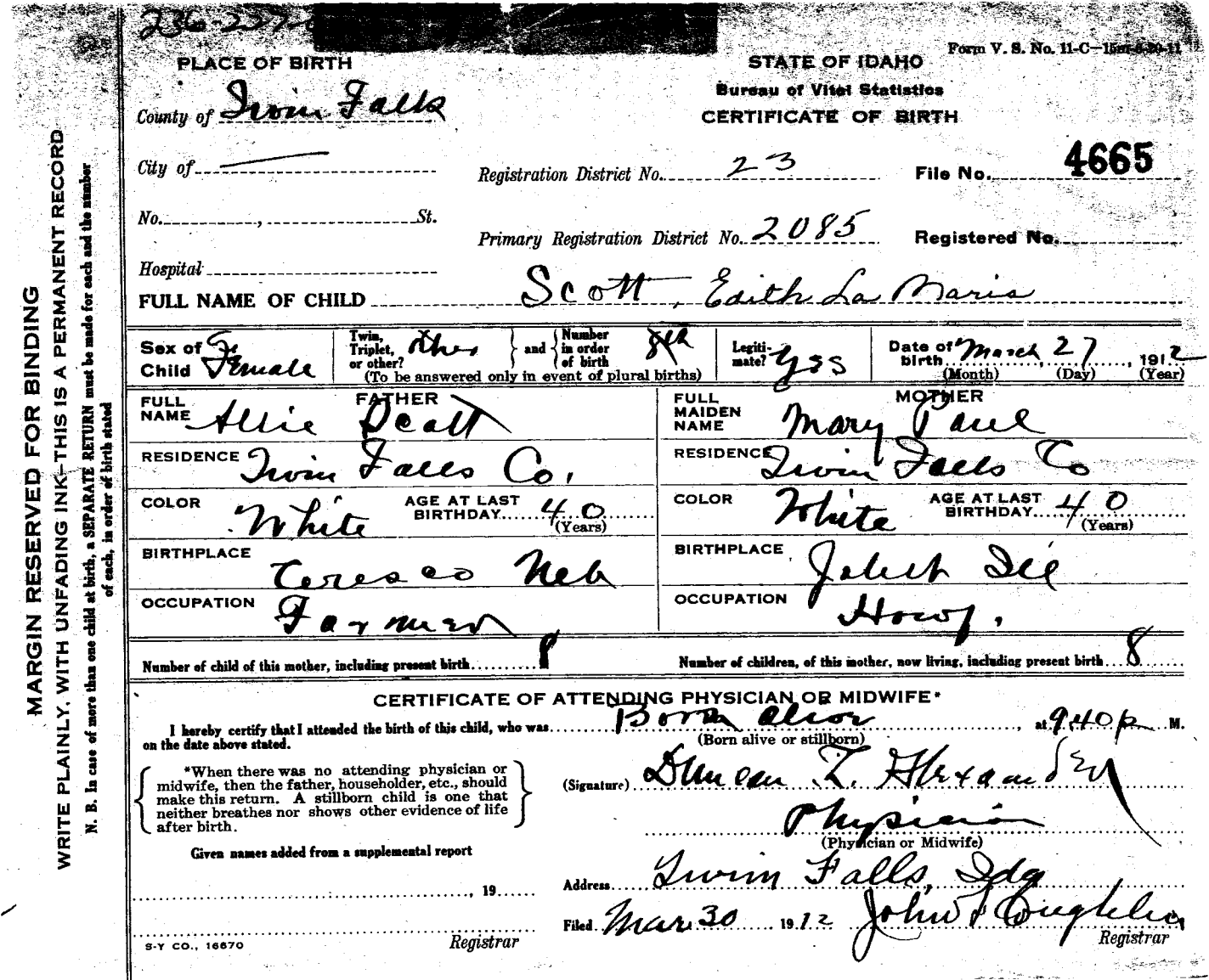
Form V. S. No. 11-C—10m-[illegible]

MARGIN RESERVED FOR BINDING

PRINT PLAINLY WITH PERMANENT BLACK INK—THIS IS A LEGAL DOCUMENT

Registrar

Address



236-237 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 4-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of —

Registration District No. 23

File No. 4665

No. ____, ____ St.

Primary Registration District No. 2085

Registered No. ____

Hospital ____

FULL NAME OF CHILD Scott, Edith La Maris

Sex of Child Female

Twin, Triplet, or other? Twin and Number in order of birth 2nd

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth March 27 (Month) (Day) 1912 (Year)

FATHER

FULL NAME Allie Scott

RESIDENCE Twin Falls Co.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Tecumseh Neb

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Paul

RESIDENCE Twin Falls Co

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Joliet Ill

OCCUPATION Housework

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:40 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Duncan T. Alexander M.D.

Physician

(Physician or Midwife)

Address Twin Falls, Ida

Filed Mar 30 19 12 John F. Engelke

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. H-C-[illegible]

PLACE OF BIRTH

(County of) [illegible]

APR 12 1947

235-124-042-442

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 File No. 4666

No. ____, ____ St.

Primary Registration District No. 2086 Registered No. ____

Hospital ____

FULL NAME OF CHILD JACOB MUSSER Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Stevens	Mary E. Musser
RESIDENCE	Filer Idaho	Filer
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Abline Kansas	Abline Kansas
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 1/4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. S. Arnzen M. D

(Physician or Midwife)

Address Filer Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 31 1912 Jesse F. Creighton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Yolo }

Certificate No. 4666
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Ray Stevens (Name on original certificate) who born (Was born or died) on March 24, 1912 (Date of event)
in Filer, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Doctor's report (Bible record, insurance policy, etc.) prepared on March 24, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Ray Stevens	Jacob Musser Stevens
Date	March 24, 1912	March 24, 1912

Subscribed and sworn to before me this 2 day of January, 1943

Notary Public, residing at Knights Landing, Calif

My commission expires April 18, 1946

[SEAL]

Signed Miriam Ethel Musser Stevens (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Knights Landing, California.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JAN 9 1943

799-203-042-788

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-9-11

PLACE OF BIRTH

County of Twin Falls

City of Filer

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 4667

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Editha Prince

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	March 3, 1912

FATHER		MOTHER	
FULL NAME	F. M. Prince	FULL MAIDEN NAME	Hattie Griffiths
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4/30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Armes

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Filer

Filed Mar 12 1912 John F. Coughlan

..... Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17226

JAN 2 3 1974

28-215-042-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23

File No. 4668

No. ____, ____ St.

Primary Registration District No. 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD Laya Olga Kalland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Antony Kalland	Fern Vanaersdeln
RESIDENCE	Filer Idaho	Filer
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	17
BIRTHPLACE	Bergan Norawey	Kansas
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Armes

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Filer

Filed Mar 20 1912 John T Coughlan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

AUG 5 1971

249-223-042-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~20~~ 87 23 File No. 4669

Primary Registration District No. ~~20~~ 2087 Registered No. ____

FULL NAME OF CHILD Laura E. Smith

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	3 23 191

FATHER		MOTHER	
FULL NAME	E. M. Smith.	FULL MAIDEN NAME	Nola Gough.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Ill.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy M.D. (Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 3-24 1912 J. T. Murphy Registrar

S-Y CO., 16670

Registrar

DEC 5 1968

285-119-042-556

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Twin Falls.

City of ~~4~~ N. E. Buhl.

Registration District No. 20 8723 File No. 4670

No. ....., ... St.

Primary Registration District No. 23087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Chas. B. Shaar.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Twin	1	Yes.	3 19 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. W. Shaar.	FULL MAIDEN NAME	Myrtle Hawbaw
RESIDENCE	~~4~~ N. E. Buhl E. W. Shaar.	RESIDENCE	4 N. E. Buhl.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	U. S.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mumpley. M.D.
(Physician or Midwife)

Address Buhl

Given names added from a supplemental report

....., 19.....

Filed 3-20 1912 J. H. Mumpley Registrar

.....
Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, see that the certificate for each is numbered to correspond with the number of each child.

689-214-042-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-30-11

PLACE OF BIRTH

County of Twin Falls

& W. 38

City of Buhl

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 208723 File No. 4671

Primary Registration District No. 23208 Registered No. ____

FULL NAME OF CHILD Angela Marie Whitby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	3-14-1912

FATHER		MOTHER	
FULL NAME	H. A. Whitby	FULL MAIDEN NAME	~~Mrs. H. A. Whitby~~ Amelia Davis
RESIDENCE	80 3 S. Buhl.	RESIDENCE	same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.

(Physician or Midwife)

Address Buhl

Given names added from a supplemental report

....., 19.....

Filed 3-14 1912 J. H. Murphy Registrar

.....

Registrar

S-Y CO., 16670

JAN 20 1943

749-208-042-719

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20723 File No. 4672

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD GENEVA GRACE GUISINGER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	3 8 1912

	FATHER	MOTHER
FULL NAME	Arvil C Guisinger	Mary Maud Parsons
RESIDENCE	Buhl Idaho	Buhl Idaho
COLOR	W.	W
AGE AT LAST BIRTHDAY	30 (Years)	29 (Years)
BIRTHPLACE	Eureka Kan	Atlantic Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) A. T. McClusky M.D.

(Physician or Midwife)

Address Buhl Ida

Filed 3-1-12 1912 J. D. Murphy Registrar

S-Y CO., 16879

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 10 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of Spokane

Certificate No. 4672

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gebeva Grace Guisinger (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Geneva Grace Guisinger

Subscribed and sworn to before me this 8th day of June, 1943.

Notary Public, residing at Rockford, Wash.

My commission expires Oct. 6, 1946
(Seal)

Signed Orville E Guisinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Rockford, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1943.

Notary Public, residing at Rockford, Wash.

My commission expires Oct. 6, 1946
(Seal)

Signed Orville Leroy Guisinger
(Signature of Any Credible Person Other Than Previous Year)

Route 2 Rockford Wash.
(Street Address, City, State)

238-203-042-356

Form V. S. No. 11-C—Rev. 6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ....., ... St.

Hospital .....

Registration District No. 20723

Primary Registration District No. 2087

File No. 4673

Registered No. .....

FULL NAME OF CHILD Baby Schooler. Maxine Virginia Schooler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	3 3 1912

	FATHER	MOTHER
FULL NAME	J. H. Schooler	Elizabeth Lewis
RESIDENCE	Buhl Idaho	Buhl Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY	50 (Years)	49 (Years)
BIRTHPLACE	Runnaway Iowa	Hanover
OCCUPATION	Livery Business	Home Idaho

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. McClusky

(Physician or Midwife)

Address Buhl Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-6 1912 J. H. Murphy Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-17-41

MARSH MISSED RESERVED FOR BINDING

WHITE PLAINS, N.Y. UNIVERSITY 1-3600 ... LIFE MEMBER ...

997-126-042-315

PLACE OF BIRTH

STATE OF IDAHO

Form V-S No. 11-C—1m-4-

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 70 97 23

File No. 4674

No. ____, ____ St.

Primary Registration District No. 2087

Registered No. ____

Hospital ____

FULL NAME OF CHILD Frank Ripley Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Mar 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M Ripley	Alice Cunnahan
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Iowa	Neb.
OCCUPATION	lumber dealer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-27 1912 J. T. Murphy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 17 1942

797-22-042-4675

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11.C-15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls. City of Buhl. Registration District No. 70823 File No. 4675

No. ____, ____ St. Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Nona Nell Sipe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem.			yes	Mar. 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Sipe	Nellie McKown
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Neb.	Kans
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-24 1912 J. N. Mumfly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

STATE OF NEVADA

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Deschutes } ss.

JUN 17 1969
Bureau of Vital Statistics

Certificate No. 4675

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gipe (female child) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 23, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by INSURANCE POLICY & SCHOOL RECORD (Bible Record, Insurance Policy, Etc.) prepared on 2/2/55 and 6/11/69 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Noma Nell Gipe
Child's Date of Birth	Mar. 23, 1912	March 22, 1912

Subscribed and sworn to before me this 11th day of June, 1969

Notary Public, residing at Bend, Oregon
My commission expires 11/29/72
(Seal)

Signed Ivy M Gipe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Deschutes } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1969

Notary Public, residing at Bend, Oregon
My commission expires 6/20/70
(Seal)

Signed Nellie Gipe
(Signature of Any Credible Person)

554 E. Seward, Bend, Oregon
(Street Address, City, State)

FORM DH 60-155

CL 10-29-64. one copy pd. rec. #6097.

Policy with Bankers Lif and Casualty Co. gives namea as Noma N. James . Date os birth as 3/22/12. Viewed by V. S.

DEC 15 1969

Statement from Bend Public Schools gives namea as Noma Gipe born March 22, 1912. Signed by Pauline C. Waddell. Viewed by V. S.

Copy of Marriage License from Oregon gives name as Noma Nell Gipe born March 22, 1912. Dated Aug. 8, 1931. Viewed by V. S.

897-222-042-165

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Bubl

Registration District No. 20 8123

File No. 4676

No. ____, ____ St.

Primary Registration District No. 2087

Registered No. ____

Hospital ____

FULL NAME OF CHILD Loyda Higbie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem.			yes	Mar 22, 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Higbie	Josephine Jones
RESIDENCE	Bubl	Bubl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Kans	Mo.
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Chas. Wilkenber M.D.

(Physician or Midwife)

Address Bubl Ida.

Filed 3-23 191- J. W. Mumfley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 18 19
APR 2 1974

MASTER RESERVATION FOR LENDING
DO NOT REMOVE WITH UNDERLINING IS A PERMANENT RECORD

225-228-042-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-5-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Ft. Buhl.

No ....., ... St.

Registration District No 28XX File No. 4677

Primary Registration District No 2887 Registered No. .....

Hospital .....

FULL NAME OF CHILD Beatrice Dunford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	3 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. G. Dunford.	Nellie Hinton.
RESIDENCE	Ft. Buhl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	O.	O.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Mumpley. M. D. (Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 3-29 1912 J. F. Mumpley Registrar

SYMS - YORK CO., PTRS. & BDRS 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 5 1941

PLACE OF BIRTH

STATE OF IDAHO

764-123-042-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of 25 Yr W. Bubl

No. ..... St.

Registration District No. ~~10~~ 8723

File No. 4678

Primary Registration District No. 2887

Registered No. .....

Hospital .....

FULL NAME OF CHILD Winthrop Godfrey.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	3 23 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. R. Godfrey.	Mary Schwallenstecher.
RESIDENCE	2 S. Yr W. Bubl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Ill.	Ill.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M. D. (Physician or Midwife)

Address Bubl Ida

Given names added from a supplemental report

....., 19.....

Filed 3-24 1912 J. N. Murphy Registrar

.....
Registrar

S-Y CO., 16670

Form V. S. No. 11-C—Rev. 1968

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County)

JUL 12 1973

MAKING FALSE STATEMENTS ON THIS CERTIFICATE IS A FELONY

WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD

If a twin or triplet (or other child of birth), add 1, 2, etc., after the name of each. Insert full name of child before the surname and the name of each parent.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [illegible] CERTIFICATE OF [illegible]

City of 4 M. 2 E. Bull. Registration District No. 20 87. 23 File No. 4679

No. ____, ____ St. Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Eleanor G. Shaar.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Now	2	Yes.	3- 19, 191-

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. W. Shaar.	FULL MAIDEN NAME	Myrtle Newburn
RESIDENCE	4 M. 2 E. Bull.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.

(Physician or Midwife)

Address Bull Ida.

Given names added from a supplemental report

....., 19.....

Filed 3-20 1912 J. H. Murphy Registrar

.....
Registrar

S-Y CO., 16670

OCT 27 1971

235-225-032-857

Amended 9-25-62

(Be sure the information is complete and accurate)

State File No. 4680
Local Reg. No. 17
Reg. Dist. No. 29

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Helen
b. (Middle): Leone
c. (Last): Stearman

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) 29, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Elmer
b. (Middle):
c. (Last): Stearman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Kansas

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Bessie
b. (Middle):
c. (Last): Read

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: C. H. Scott

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rupert, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: April 9, 1912

20. REGISTRAR'S SIGNATURE: V. R. Killen

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

If the district which the parent occupies WITHIN 10 days after the birth is to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ar upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235-2 [redacted] -957

PLACE OF [redacted]

County of [redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of _____ Registration District No. 29 File No. 4680

No. _____, _____ St.

Primary [redacted]

Hospital _____

FULL NAME OF CHILD Helen [redacted]

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	March	29	1912

FATHER		MOTHER	
FULL NAME	Elmer Stearman	FULL MAIDEN NAME	Bessie Read
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 9 9 M.
(Born alive ~~or stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M.D.

[redacted] Idaho
(Physician)

Given names added from a supplemental report

_____, 19____ Address _____

_____ Filed April 9 1912

Registrar

S-Y CO., 16670

SEP 26 1962

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Alameda }

Certificate No. 4680

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Helen Leon Stearman (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1912 (Date of Event) in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Helen Leon Stearman	Helen Leone Stearman
Child's Place of Birth	Not Given	Rupert, Idaho

Subscribed and sworn to before me this 5th day of March 1962

Darrell C. Elliott

Notary Public, residing at

My commission expires

(Seal)

DARRELL C. ELLIOTT, Notary Public in and for the County of Alameda, State of California.

My Commission Expires May 24, 1964

Signed Bessie Read Tyson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2633-79th Ave Oakland, Cal

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 1962

Darrell C. Elliott

Notary Public, residing at

My commission expires

(Seal)

DARRELL C. ELLIOTT, Notary Public in and for the County of Alameda, State of California.

My Commission Expires May 24, 1964

Signed Mattie Stearman

(Signature of Any Credible Person)

Oakland Calif.

(Street Address, City, State)

FORM DH 60-155

CL 1-23-62. one copy pd. rec. #5954.

Statement from Lee W. Merrill, Clerk, Minidoka County Schools, Rupert, Idaho states "This is to certify that according to school census records on file in this office taken annually from 1914-19, inclusive, Helen Leone Stearman was born March 29, 1912 in Rupert, Idaho, a daughter of Elmer Lewis Stearman and Bessie Read Stearman." statement written February 6, 1962 - viewed by V.S.

State of California, County of Alameda, Cert. copy of Marriage License and Certificate, married April 17, 1938 at Oakland, California gives full name of groom as Fred Nicholas Shaheen and full name of bride as Helen Leone Stearman, age 26, born in Idaho - viewed by V.S. copy made Feb. 9, 1962 -

signature card

Cert. Copy of Bank Record, dated July 8, 1953, copy made and signed by bank manager E.C. Anderson, Bank of America, 74th & MacArthur Branch - gives full names as Fred N. Shaheen and Helen Leone Shaheen, wife's occ. is given as Housewife, birthplace as Rupert, Idaho and parent's names are given as Elmer Stearman and Bessie Read - viewed by V.S.

465-119-032-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of _____ Registration District No. 29 File No. 4681

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 16

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD ARLO LaVON Montgomery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 19, 1912

FATHER		MOTHER	
FULL NAME	George Montgomery	FULL MAIDEN NAME	Louisa Peterson
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 4 a M. on the date above stated.

(Signature) C. H. Scott M D

Rupert Ida

(Physician or Midwife)

Address _____

Filed April 9 1912 V. R. Killen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4681

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jay Labon	Arlo LaVon Montgomery

Subscribed and sworn to before me this 16
day of June, 1944
Pauline Ambrose
Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed Lucy Montgomery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 17 1944

666-217-[illegible]-599

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—1[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 29 File No. 4682

Primary Registration District No. 2015 Registered No. 15

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 17, 1912

FATHER		MOTHER	
FULL NAME	Joseph Woodruff	FULL MAIDEN NAME	Agnes L. Erickson
RESIDENCE	Rupert Ida.	RESIDENCE	Rupert Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M. D.

Rupert Ida.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed April 9 1912 V. R. Kilcrease Registrar

6-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1908 9 AUG

391-214-032-289

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of _____ Registration District No. 29 File No. 4683

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 14

Hospital _____

FULL NAME OF CHILD Mary Anne Tracy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 14, 1912

FATHER		MOTHER	
FULL NAME	Aloysius M Tracy	FULL MAIDEN NAME	Mary V Byrne
RESIDENCE	Acequia Ida	RESIDENCE	Acequia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Butte Mont.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st.

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M D

Rupert Ida

(Physician or ~~Midwife~~)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed April 9 1912 D. R. Killam Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

367-210-032-965

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of ..... Registration District No. 29 File No. 4684

No. ....., ... St. Primary Registration District No. 2015 Registered No. 18

Hospital .....

FULL NAME OF CHILD Bonnie Idelle Cox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 10, 1912

FATHER		MOTHER	
FULL NAME	William L. Cox	FULL MAIDEN NAME	Idelle Bonney
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Michigan	BIRTHPLACE	Ills
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Scott M D

Rupert

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed April 9 1912 V. R. Killen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 30 1965

CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S.No. 11-C - Rev. 59-11

363 - 208-032-294

PLACE OF BIRTH

Form U. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4685

County of Lincoln

City of _____ Registration District No. 29 File No. _____

No. _____, _____ St. Primary Registration District No. 2015 Registered No. _____

Hospital _____

FULL NAME OF CHILD Esther Elizabeth Tollefson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 3, 1912

FATHER		MOTHER	
FULL NAME	John Tollefson	FULL MAIDEN NAME	Lana Simmons
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Merchant	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Scott

Rupert Ida.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed April 9 1912 W. R. Kellam Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 20 1942

4/19/41. wh

253-207-C [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 4686

No. 1st & Bannock St.

Primary Registration District No. 2004

Registered No. 160

Hospital St. Lukes

FULL NAME OF CHILD Seller, Jane Helena

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 7 1912

FATHER	MOTHER
FULL NAME: Leo W. Seller	FULL MAIDEN NAME: Nellie Mae Mundorff
RESIDENCE: 1104 Grove St.	RESIDENCE: 1104 Grove St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Oregon
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Corbett

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise, Idaho

Filed 4/6 19 12

.....
Registrar

S-Y CO. 20174

M E Hopkins
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 15

FEB 6 1969

165-125-401314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-8-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 4687

No. 1205, Grand Ave

Primary Registration District No. 1004

Registered No. 109

Hospital

FULL NAME OF CHILD Donald Paul Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	March 29th 1912

FATHER		MOTHER	
FULL NAME	J.B. Jones	FULL MAIDEN NAME	Zoda Lansdon
RESIDENCE	1205 Grand Ave Boise	RESIDENCE	1205 Grand Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M. D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/30 1912 W E Hopkins

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. U-C-...

MAY 1 1942

PLACE OF BIRTH

(Name)

MATERNITY HOSPITAL OR INSTITUTION — THIS CERTIFICATE DERIVED FROM HOSPITAL RECORDS

Please print plainly with pen and ink. Use black ink. Do not write outside the lines.

Sec. 1 of Reg. 10

19...

(Year)

299-212-001-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11.C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No 2 File No. 4688

No ..... St.

Hospital St Alphons Primary Registration District No. 1004 Registered No. 108

FULL NAME OF CHILD Esther Lucile Ruby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	3 12 1912

FATHER		MOTHER	
FULL NAME	Lewis D Ruby	FULL MAIDEN NAME	Esther Paul
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Calif
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life, after birth.

(Signature) Fred A Pettenger

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3/15/12 19.....

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

City Hall

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Butte } ss.

Certificate No. 4688

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Easther Loraine Kirby (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1912 (Date of Event)
in Boise, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Easther Loraine Kirby	Esther Lucile Kirby

Subscribed and sworn to before me this 16th
day of October, 1943.

Notary Public, residing at Oroville, cala.

My commission expires Oct 2, 1944
(Seal)

Signed Esther Kirby Faulkner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1450 2nd Ave, Oroville, Cala.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Butte } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of October, 1943.

Notary Public, residing at Oroville, Cala.

My commission expires Oct 2, 1944
(Seal)

Signed L. S. Kirby
(Signature of Any Credible Person Other Than Previous Year)

1450 2nd Ave, Oroville, Cala.
(Street Address, City, State)

OCT 22 1943

FEB 6 1959

693-125-001-533

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 219 Warm Springs St.

Registration District No. 2 File No. 4689

Hospital —

Primary Registration District No. 1004 Registered No. 107

FULL NAME OF CHILD Henry T. Williams Jr.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	March 25 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry T. Williams	FULL MAIDEN NAME	Mary A. Kelleher
RESIDENCE	Mountain Home Ida	RESIDENCE	Mountain Home Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Turkey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/27/12 M. E. Hoffman

Registrar

Registrar

STATE - YORK CO., PTRS. & BORS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

466 - 123-001-26

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise - Idaho — Registration District No. 2 — File No. 4690

No. 529 - So 16th St. — Primary Registration District No. 1004 — Registered No. 106

Hospital

FULL NAME OF CHILD George L. Morrbray.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Mar. 23, 1912

FATHER	MOTHER
FULL NAME Robert Morrbray	FULL MAIDEN NAME Sarah Francis Coff.
RESIDENCE Boise - Ada	RESIDENCE Boise Ada.
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 38. (Years)
BIRTHPLACE Idaho -	BIRTHPLACE Idaho.
OCCUPATION Teamster	OCCUPATION H. Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address 1117 E Fort Boise

Filed 3/27/12 19.

Wm E Hopkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of)

JUN 10

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. Rev. 1-Jan. 1, 1941

County of Ada

City of Boise

Registration District No. 2

File No. 4692

No. 1713 N. 11th St.

Primary Registration District No. 1804

Registered No. 1044

Hospital

FULL NAME OF CHILD Lawrence Emery Ball

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One.	yes.	Mar. 14, 1911

FATHER	MOTHER
FULL NAME James Ball	FULL MAIDEN NAME Lavinia Ball
RESIDENCE 1713 N. 11th St	RESIDENCE
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Wisc.
OCCUPATION Bookkeeper.	OCCUPATION Housewife
Number of child of this mother, including present birth 1	Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or Midwife)

Address Boise

Given name added from a supplemental report

....., 19.....

Registrar

Filed 3/23/12, 19..

W. E. Rhodes
Registrar

8-Y CO., 16869

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of twins, triplets, etc., births MUST BE REPORTED same as for single births, but in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

339 - 219-02 [redacted]

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-[illegible]-1941

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7 File No. 4693

No. ____ St.

Hospital St. Alphonsus Primary Registration District No. 100K Registered No. 152

FULL NAME OF CHILD Gretchen Graham Claire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 19, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford M Claire	Erma Ludwig
RESIDENCE	Boise, Idaho	Boise, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Iowa	Minn.
OCCUPATION	Physician	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Jeffery M.D.

(Physician or Midwife)

Address Boise Idaho

Filed 3/22/19 W. E. Horne

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics

SEP 21 1962

Dup of 1912-D52-3154

653-118-001-493

PLACE OF BIRTH

Form V. S. No. N-C-10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

2

4694

County of Ada

City of Boise — Registration District No. — File No.

No. 1430 Grand ave St. — Primary Registration District No. 1004 — Registered No. 100

Hospital —

FULL NAME OF CHILD Robert Arthur Fellows

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	6	Yes	3/18 19[illegible]

FATHER		MOTHER	
FULL NAME	James H. Fellows	FULL MAIDEN NAME	Bertha Dilfill
RESIDENCE	1430 Grand ave	RESIDENCE	1430 Grand ave
COLOR	Wh	COLOR	wh.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Foreman of hardware	OCCUPATION	Lumber

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:34 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Just owen

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed 3/19 19 12 W. C. Hoffman

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

493-118-001-518

PLACE OF BIRTH

Form V. S. No. 11-C—Rm-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 4695

No. 1505, N 7th St.

Primary Registration District No. 1004

Registered No. 101

Hospital

FULL NAME OF CHILD Abraham Mitty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 18th, 1912

FATHER		MOTHER	
FULL NAME	George Mitty	FULL MAIDEN NAME	Selma Nahra
RESIDENCE	1505 N 7th	RESIDENCE	1505 N 7th
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mt. Lebnon Syria	BIRTHPLACE	Mt. Lebnon Syria
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-15-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should ~~make this return. A stillborn child is one that~~ neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Williamson

(Physician or Midwife)

Address 824 Franklin W

Given names added from a supplemental report

....., 19.....

Filed 3/21/12 19.....

Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 30 1943

144 - 217-001-125

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 **File No.** 4696

No. ____, ____ *St.*

Primary Registration District No. 1004 **Registered No.** 98

Hospital St Alphonsus

FULL NAME OF CHILD Mary Ammatoguie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	3	17	1912

FATHER		MOTHER	
FULL NAME	Benito Ammatoguie	FULL MAIDEN NAME	Margarita Aberasturi
RESIDENCE	307 E. Bannock	RESIDENCE	307 E. Bannock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Spain Vasco	BIRTHPLACE	Spain Vasco
OCCUPATION	Sheepman	OCCUPATION	Work

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rachel Fall M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 3/19 19 12 M E Hoffman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAKING RESERVED FOR BINDING

WRITE CLEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

If a space of more than one child, as TWIN, is to be made for another, leave a space of about 1/2 inch between each child.

PLACE OF BIRTH

(Number of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11 (Revised)

314-229-001 #19

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. D-C. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 5

File No. 4807

No. 741 W. S. Ave.

Primary Registration District No. 1004

Registered No. 46

Hospital

FULL NAME OF CHILD Harriett Elizabeth Lamb

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f				yes	3 29 1937

FATHER	MOTHER
FULL NAME Edward C. Lamb.	FULL MAIDEN NAME Sarah Harting
RESIDENCE 741 Warm Springs Ave.	RESIDENCE 741 Warm Springs Ave
COLOR W.	COLOR W
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Pa
OCCUPATION Plasterer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 6:3 A.M. on the date above stated.

(Signature) John Barch

(Physician or ~~Midwife~~)

Address

Filed 3/6/1937

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

AUG 22 1952

AUG 28 1952

668-101-001-267

PLACE OF BIRTH

County of Ada

City of Boise

No. 821 Brumback St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. H-C—16m-6-40

Registration District No. 2

File No. 4698

Primary Registration District No. 1004

Registered No. 95

FULL NAME OF CHILD Alphonse Ben Benedict Woyak

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
W			Yes	3 1 192

FATHER	MOTHER
FULL NAME Ben Woyak	FULL MAIDEN NAME Ellis Baguorewicz
RESIDENCE 821 Brumbach	RESIDENCE 821 - Brumbach
COLOR W	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Wis.	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 37 (Years)
	BIRTHPLACE Austria
	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brock

(Physician or ~~Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 19 42

.....
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 20 1956

533-202-001-673 ADDED CHILD'S NAME 6-14-99 MS Form V. S. No. 11-C—Rm-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 704 No 14th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 4699

Registered No. 79

FULL NAME OF CHILD ~~Elliott~~ DOROTHY PAULINE ELLIOTT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 2, 1912

	FATHER	MOTHER
FULL NAME	George Elliott	Annie Miller
RESIDENCE	Portland Ore.	Portland Ore.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	23
BIRTHPLACE	Illinois	Missouri
OCCUPATION		Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 Yo a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bird MD

Physician

(Physician or Midwife)

Address 708 Idaho City Hospital

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3/5/12 19.....

.....
Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

5-4-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Multnomah } ss.

Certificate No. 1912-4699
Date Filed MAR. 5, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED ELLIOTT (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 2, 1912 (Date of Event)

in BOISE (ADA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED ELLIOTT	DOROTHY PAULINE ELLIOTT

Subscribed and sworn to before me this 8th day of June 1999

Notary Public, Judy D. Skinner

Residing at Portland Oregon

My commission expires 2-26-2000

(Seal)

OFFICIAL SEAL
JUDY D. SKINNER
NOTARY PUBLIC-OREGON
COMMISSION NO. 051479
MY COMMISSION EXPIRES FEB 26 2000

Signature of Applicant

Street Address, City, State

AFFIDAVIT OF A SECOND PERSON

State of _____ (Must be completed ___)
County of _____ (Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

STATE OF OREGON DRIVER LICENSE ISSUED TO DOROTHY PAULINE GRAYSON BORN MARCH 2, 1912 ON MARCH 2, 1928 VIEWED VS.

STATE OF OREGON CERTIFICATE OF BIRTH FILE #1941-5612 SHOWS THE MOTHER'S MAIDEN NAME AS DOROTHY PAULINE ELLIOTT VIEWED VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise Registration District No. 2 File No. 4700

No. Maple Grove District St. Primary Registration District No. 1004 Registered No. 80

Hospital

FULL NAME OF CHILD CARL KENNETH LUNDSTRUM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 5, 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	William LUNDSTRUM	Fannie Wadleigh
RESIDENCE	Boise Ida	Boise Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E S Bivin M.D

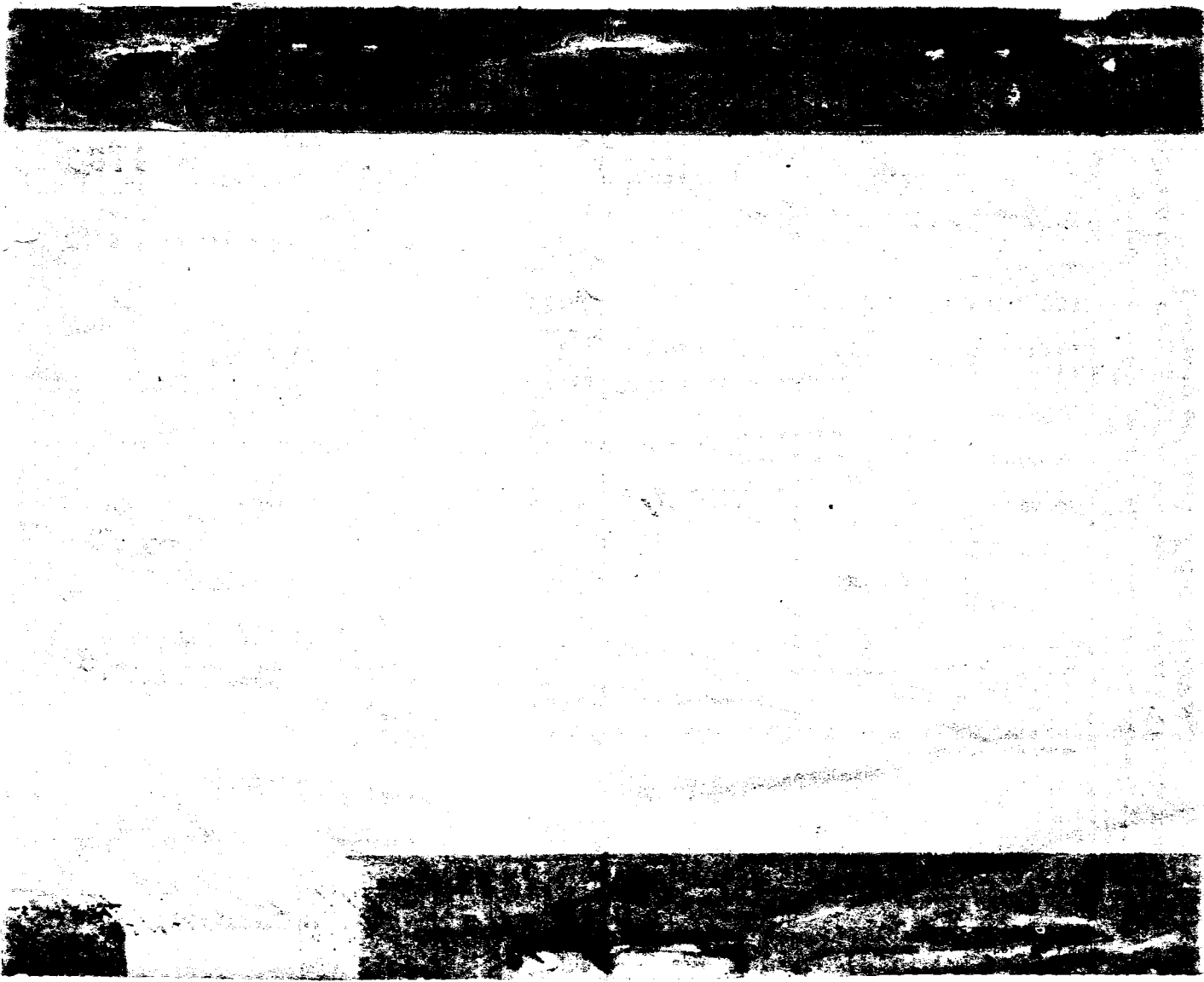
Physician

(Physician or Midwife)

[redacted]

Mar 12 1912

W. E. Hoppe



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 4700

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lundstrom (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name and spelling of last name	Unnamed Lundstrom	Carl Kenneth Lunstrum

Subscribed and sworn to before me this 24th day of March 42

L. L. Gill

Notary Public, residing at Boise, Idaho

My commission expires 5-2-44
(Seal)

Signed Fannie L Lunstrum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 4 Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March 19 42

L. L. Gill

Notary Public, residing at Boise, Idaho

My commission expires 5-2-44
(Seal)

Signed William Lunstrum
(Signature of Any Credible Person Other Than Previous Year)

Route 4 Boise Idaho
(Street Address, City, State)

MAY 3 1960

35-125-001-791

PLACE OF BIRTH

STATE OF IDAHO

Form V, S. No. 11-C-15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 4702

No. 1412, N 6th St.

Primary Registration District No. 1004

Registered No. 82

Hospital

FULL NAME OF CHILD Robert ~~William~~ Martin Alexander

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Feb. 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond Richard Alexander	Lulu Graves
RESIDENCE	1412 - N 6th St	1412 - N 6th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Williamson M. D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 3/6 1912 M. E. Hopkins

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

OCT 14 1930

CERTIFICATE OF BIRTH

Dated ..... 19 .....

Filed ..... Registered No. .....

Amended 8-21-57

PLACE OF BIRTH
574-106-001-263

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 8th & Grove St.

Hospital

Registration District No. 2 File No. 4703

Primary Registration District No. 1004 Registered No. 83

FULL NAME OF CHILD Joe Egurrola
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	March 6, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	B. Egurrola	FULL MAIDEN NAME	Josefa Solosabal
RESIDENCE	Murphy	RESIDENCE	Murphy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Fred A. Pittenger

(Physician or midwife)

Address Mode Bldg.

Filed 3-7-12 192 M. E. Hopkins
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 8th & Grove St.

Registration District No. 2

File No. 4703

Primary Registration District No. 1004

Registered No. 83

Hospital

FULL NAME OF CHILD Rose Equrrola

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 6 1912

FATHER		MOTHER	
FULL NAME	B. Equrrola	FULL MAIDEN NAME	Josephine Solosabal
RESIDENCE	Murphy.	RESIDENCE	Murphy.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengill

(Physician or Midwife)

Address Moody Bldg

Given names added from a supplemental report

....., 19.....

Filed 3/7/12 19.....

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 21 1967

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 4703

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lose Equrrola (Name on Original Certificate) who was born (Was Born or Died) on 3-6-12 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by #57882 (Bible Record, Insurance Policy, Etc.) prepared on 10-1-38 (Give Date), are:
Marriage License

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
		Joe Egurrola
Child's Name	Lose Equrrola	~~Lose~~ Egurrola
Mother's Name	Josephine Solosabal	Josefa Solosabal

Insurance Policy - 12-10-41 viewed by v.s.

Subscribed and sworn to before me this Aug 2 day of August, 1957

Notary Public, residing at Boise Idaho
My commission expires May 29, 1961
(Seal)

Signed Lorraine Mesa
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

801 Warm Springs Ave Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of August, 1957

Notary Public, residing at Boise Idaho
My commission expires May 29, 1961
(Seal)

Signed B Egurrola
(Signature of Any Credible Person)

113 Ave B- Boise Idaho
(Street Address, City, State)

FORM DPH 55. 155

791-228-001-237

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-30-11

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 4704

Primary Registration District No. 1004

Registered No. 84

FULL NAME OF CHILD Philura Ann Graham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 28 1912

FATHER

FULL NAME: William Edgar Graham

RESIDENCE: 408 Pueblo Boise

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: California

OCCUPATION: Advertising Mgr.

MOTHER

FULL MAIDEN NAME: Lura B. Kirkman

RESIDENCE: 408 Pueblo Boise

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: California

OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Glass

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address ____

Filed 3/9/12 19..... Registrar

S-Y. CO., 15670

PLACE OF BIRTH

JAN 25 1954

363-105-007-639

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Bm-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7

File No. 4705

No. ....., ... St.

Primary Registration District No. 1004

Registered No. 85

Hospital

FULL NAME OF CHILD Mont. Oliver Kalbach

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Only	3	Yes	March 5, 1912

FATHER	MOTHER
FULL NAME Charles F Kalbach	FULL MAIDEN NAME Katherine Oliver
RESIDENCE Boise	RESIDENCE Boise
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
COLOR Wh	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Wis	BIRTHPLACE Ind
OCCUPATION Atty at Law	OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-30 A. M. on the date above stated.

(Signature) L. E. Bowers

(Physician or Midwife)

Address Boise Idaho

Filed 5/12 1912 W. E. Hopkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 10 1942

395-129-0077-000

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 4706

No. 1408, N 20 St.

Primary Registration District No. 1004

Registered No. 86

Hospital

FULL NAME OF CHILD Treffry — Verne Robert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1st	Yes	Feb 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Treffry	
RESIDENCE	Boise	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Ill	Ills
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 7 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Bowers

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3/12 1912 W. E. Hopkins

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County) of

432-102-001-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 704 Washington St.

Hospital St. Luke's

Registration District No. ____ File No. 4707

Primary Registration District No. 1004 Registered No. 88

FULL NAME OF CHILD William Samuel McKibbin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
M	—	—	Yes	May 2 (Month) (Day) 1911 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Saml A McKibbin	FULL MAIDEN NAME: Katherine Lofink
RESIDENCE: 704 Washington	RESIDENCE: 704 Washington
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: No. (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Germany
OCCUPATION: Druggist	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turkey

Physician (Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19....

Filed 3/12 19 12 M C Hopkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

JAN 11 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each stated.

(Physician or Midwife)

Given name added from a supplemental report

Address

Filed

Registrar

514-209-007-689

Form V. S. No. 11-C—15m-6-20-11

PLACE OF ~~BIRTH~~

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 4708

No. 2026, N. 17th St.

Primary Registration District No. 1004 Registered No. 89

~~Hospital~~ Maternity Home

FULL NAME OF CHILD ALMA G. EADS

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		4	Yes	Mar. 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. Eads	Ruby Wright
RESIDENCE	Boise Ada.	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	Missouri	Virginia
OCCUPATION	Teamster	Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/12 19 12

W. E. Phillips

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

4708

State of California }
County of Sacramento } ss.

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alma G. Eads (Name on Original Certificate) who was born (Was Born or Died) on March 9th 1912 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alma G. Eads

Subscribed and sworn to before me this 5th day of October, 1942

Signed Mrs. Ruby C. Eads
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Sacramento California

My commission expires April 6th 1943
(Seal)

221 - 26th Street Sacramento, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

OCT 8

318-110-001-693

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 4709

No. 1112 Bannock St. — Primary Registration District No. 1004 — Registered No. 90

Hospital St. Lukes

FULL NAME OF CHILD Robert Simpson Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		4th	yes	2 — 10 — 1912

FATHER		MOTHER	
FULL NAME	John M. Taylor	FULL MAIDEN NAME	Alice Witman
RESIDENCE	1112 Bannock St	RESIDENCE	1112 Bannock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Missouri	BIRTHPLACE	Pennsylvania
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. James S. Stewart
(Physician or Midwife)

Address 410 Overland Bldg

Filed 8—12—1912 McKnight
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of Ada)

Registrar

Filed

Address

632-214-001-565

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Registration District No. 2

File No. 4710

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 91

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alan J Olsen	Clara Noel
RESIDENCE	2706 Fairview ave	2700 Fairview ave
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Idaho	Kansas
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Fullenwider M.D.

Mode Bldg (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address ____

Filed 3/15/12 19.. W. O. Reis

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 10-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twin, triplet or other plural birth, a SEPARATE RETURN must be made for each child

of each birth to be filed

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise

No. 1116, River Primary District No. 1004 Registered No. 47

Hospital

FULL NAME OF CHILD [illegible] Logan

Sex of Child: f | Twin, Triplet, or other? | and | Legitimate? yes | Date of birth 3 (Month) 8 (Da

(To be answered only in ev[illegible] ths)

FATHER	MOTHER
FULL NAME: Thomas Logan	FULL MAIDEN NAME: Monte Powers
RESIDENCE: 1116 River St.	RESIDENCE: 1116 River St.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 2[illegible]	AGE AT LAST BIRTHDAY: 2[illegible]
BIRTHPLACE: Ida	BIRTHPLACE: Ill.
OCCUPATION: Clerk,	OCCUPATION: Housewife,

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present b

CERTIFICATE OF A[illegible] PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was[illegible] (Born alive or stillborn) at [illegible] on the date above stated.

John Buck

(Physician or Midwife)

Boise, Ida[illegible]

[illegible] 1912 M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

K

AUG 2 8 1942

APR 3 0 1957

7-601-843

STATE OF IDAHO

File No. 4112

No. 1101 Pueblo St.

Primary Registration District No. 1004 Registered No. 93

Hospital

FULL NAME OF CHILD Jack Rogers Goble

Sex of Child	Twin, Triplet, or other? (To be answered only in ev...)	and	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	3 7 191 7

FATHER	MOTHER
FULL NAME: Elmer Goble	FULL MAIDEN NAME: Ellen Hutchinson
RESIDENCE: 1101 Pueblo St	RESIDENCE: 1101 Pueblo St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY:	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Freighter	OCCUPATION: Housewife
Number of child of this mother, including present birth: 3	Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 7 P. M. on the date above stated.

Signed John Barker

(Physician or ~~Midwife~~)

Address .....

Filed 3/16 19 17 W. E. Hawley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the ... of each, in order of birth stated

FEB 18 1941

JUN 21 1971

313/01-007-136

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-26-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 4713

No. 1410 N. 12 St.

Primary Registration District No. 1004

Registered No. 94

Hospital

FULL NAME OF CHILD Melvin Winston Talbot

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes.	9 / 1 / 1912

FATHER	MOTHER
FULL NAME: Ivan Talbot	FULL MAIDEN NAME: Ina S Atwood
RESIDENCE: 1410 - N - 12 th - St.	RESIDENCE: 1410 N - 12 th St.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: England	BIRTHPLACE: Iowa
OCCUPATION: Electrician	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7.20 P.M. on the date above stated.

(Signature) Lulu Burch

(Physician or Midwife)

Address .....

Filed 9/16, 19 12

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

693107-001-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—40m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No 8th & Mountain St.

Registration District No 4 File No 4714

Primary Registration District No 1004 Registered No 87

Hospital —

FULL NAME OF CHILD Arvon Abraham Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	3 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Roy Wilson	Etta E. Leonard
RESIDENCE	South Boise	So Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Iowa	Colorado
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Lukey

Physician

(Physician or Midwife)

Address —

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/12 1912 W. H. Robertson

Registrar

SVMS - YORK CO., PTRS. & SDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 1170—10m-8-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

DUP OF 1912 D54 - 408

(Physician or Midwife)

Given names added from a supplemental report

Address

Filed

Registrar

512-210-001-569

Form V. S. No. 13-C—Rev. 1-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

V

County of Ada

City of Boise

Registration District No. _____ **File No.** 4715

No. _____, Broadway St.

Primary Registration District No. 1004 **Registered No.** 99

Hospital —

FULL NAME OF CHILD Mary Eastman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Single	—	yes	2 — 10 — 1912

FATHER		MOTHER	
FULL NAME	Fred Eastman	FULL MAIDEN NAME	Ida Travis
RESIDENCE	Tent on Broadway	RESIDENCE	Tent on Broadway
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	COLOR	W
OCCUPATION	Carpenter	BIRTHPLACE	Ill.
		OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Eastman

(Physician or Midwife)

Address 820 1/2 Idaho, Boise

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/19 19 12 W. A. Pfeiler Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] 785-726-056-313

PLACE OF BIRTH

Form V. S. No. 11—Rep. 6-30-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Franklin — Registration District No. 18 — File No. 4716

No. ____, ____ St. — Primary Registration District No. 2119 — Registered No. 130

Hospital ____

FULL NAME OF CHILD Callan Phillips

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		first	yes	Feb 16, 1912

FATHER		MOTHER	
FULL NAME	Moroni L. Phillips	FULL MAIDEN NAME	Ida Callan
RESIDENCE	Clayton	RESIDENCE	Clayton
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Clayton	BIRTHPLACE	Clayton
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) Helena Gregory

Midwife (Physician or Midwife)

Address Franklin Idaho

____, 19____ Registrar

Filed 3/6 19 13 D. C. Ray Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each child and the number of each, in order of birth stated

[redacted]

719-22-5036 893

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—[illegible]

Registration District No. 18 File No. 4726

Primary Registration District No. 2119 Registered No. 140

FULL NAME OF CHILD Lois Hill Garner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 25 1912

FATHER		MOTHER	
FULL NAME	James Albert Garner	FULL MAIDEN NAME	Sarah Hill
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	North Ogden	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(Physician or Midwife)

Address Preston

Given name added from a supplemental report

..... 19.....

Filed March 29 1912 D C Ray Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins, triplets, or more, each child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

JUL 18 1952

RESERVED FOR BINDING

PERMANENT RECORD

WHITE - LEGAL COPY - PINK - TREASURER'S COPY - YELLOW

963-203-036-689

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview

Registration District No. 18

File No. 4727

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 141

Hospital

FULL NAME OF CHILD Coral Rose

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~	2	Yes	Mar 3 - 1912

FATHER

FULL NAME: J. Elias Rose

RESIDENCE: Fairview Idaho

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: New Charlton England

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Zerella W Tuttle

RESIDENCE: Fairview Ida

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Richmond Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) March 3 - 1912, at 11.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo D Yates M D

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 4 1912 D C Ray

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 7 1972

599-218-036-962

Amended 4-30-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4728
Local Reg. No. 142
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Rose b. (Middle): c. (Last): Eriksen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 18, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Wm. b. (Middle): M c. (Last): Eriksen

8. AGE (At time of this birth): 18 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Logan, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Isabell b. (Middle): c. (Last): Rose

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Weston, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. W. States

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Franklin, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 4, 1912

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Weston

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. .....

Primary Registration District No. 219 Registered No. 1

FULL NAME OF CHILD Rose Ericksen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	Mar. 18

FATHER		MOTHER	
FULL NAME	Wm Ericksen	FULL MAIDEN NAME	Isabelle Rose
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Logan Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Weston Ida
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. March 18 1912 at 11:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) G W States MD

(Physician or Midwife)

Address Franklin Idaho

Filed Apr 25 1912 D C Kay Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 30 1968

L.D.S. Church Record of Rae Eriksen, Sept. 7, 1919, gives correct Mother's name, viewed by V.S. and Another Child's birth cert. 22234 7 gives correct Mother's name, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 30 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 4728

Date Filed .....

The undersigned does solemnly swear that the certain facts on the certificate of Birth (Birth or Death)
for Rose Ericksen (Name on Original Certificate) who born (Was Born or Died) on March 18, 1912 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Rose Ericksen	Rose Eriksen
Full Maiden Name of Mother	Isabelle Rose	Isabell Rose

Subscribed and sworn to before me this 2nd day of SEPTEMBER, 1958

Notary Public, residing at PENDLETON, OREGON

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

816 N.W. Garden, Pendleton, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of UMATILLA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19.....

Notary Public, residing at PENDLETON, OREGON

My commission expires .....

(Seal)

Signed Wm. W. Eriksen
(Signature of Any Credible Person)

814-N.W. Garden Pendleton, Ore
(Street Address, City, State)

FORM DPH 55.155 CL 7-28-58. - 1 Copy

Notification of Birth Registration, State of Oregon, gives full name of child as Sharlene Roberta Clark, born Dec. 2, 1932 at Multnomah Hospital, to Raymond Cecil Clark and Rose Eriksen - viewed by V.S.

Certificate of Baptism and Confirmation for daughter, Sharlene Roberts Clark gives name of mother as Rose Eriksen. Child born Dec. 3, 1933 and Baptized Oct. 5, 1941. L.D.S. Church.
Viewed by V.S.

916-122-036-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Fairview

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4729

Registration District No. 18 File No. 4729

Primary Registration District No. 2114 Registered No. 143

FULL NAME OF CHILD Carl Alden Rawling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 22, 1912

FATHER		MOTHER	
FULL NAME	Edis Rawlings	FULL MAIDEN NAME	Leah Bedilly
RESIDENCE	Fairview Ida	RESIDENCE	Fairview Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fairview Ida	BIRTHPLACE	Fairview Idaho
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. May 22 1912 at 4.9 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or Midwife)

Address Fairfield Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 4 19 13 D. L. Ray

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

713 - 107-036-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4730

Primary Registration District No. 2119 Registered No. 144

FULL NAME OF CHILD Joseph Parkinson Packer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		yes	2 7 1912

FATHER		MOTHER	
FULL NAME	O. L. Packer	FULL MAIDEN NAME	Annie S. P. Packer
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6-20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alma R. Curtis

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 5 1912 L. C. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

730

(Given names added from a supplemental report

(Physician or Midwife)

Address

Filed 19

Registrar

Registrar

685-121-036-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Standard

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Minder

No ____, ____ St.

Registration District No 18 File No 4732

Primary Registration District No 211 Registered No 146

Hospital ____

FULL NAME OF CHILD Harald Wingen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	2 21 1912

FATHER	MOTHER
FULL NAME Asa L. Wingen	FULL MAIDEN NAME Marilda Taylor
RESIDENCE Minder	RESIDENCE Minder
COLOR white	AGE AT LAST BIRTHDAY 29 (Years)
COLOR white	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Missouri state	BIRTHPLACE Minder
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4-25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Carter

Physician (Physician or Midwife)

Address Preston Idaho

Filed Apr 5 1912 D C Ray

Given names added from a supplemental report

....., 19.....

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

NOV 2 1942

MAR 1 2 1973

264-223-036-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview Ida

No. ____, ____ St.

Registration District No. 18 File No. 4733

Hospital ____

Primary Registration District No. 2119 Registered No. 147

FULL NAME OF CHILD Pearl Gaffelte Bodley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	2 23 1916

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert H. Bodley	Eleanor Gaffelte
RESIDENCE	Fairview Ida	Fairview
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Kaysville Utah	Hydepark Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:16 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alma R. Preston

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 5 19 16 D C Gay

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

238-125-036-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Oneida

City of Weston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—Rev. 5-1-16

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 4734

Primary Registration District No. 2119 Registered No. 148

FULL NAME OF CHILD Ira Lee Schow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	2 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira M. Schow	Lizzie Beckmore
RESIDENCE	Weston Ida	Weston
COLOR	white	white
AGE AT LAST BIRTHDAY	37 (Years)	28 (Years)
BIRTHPLACE	Montana State	Paradise Utah
OCCUPATION	Farmer	Home wife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Carter

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 5 19 12 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WHITE LAITALIT WITH LANDING IS A PERMANENT RECORD

343 - 110-036-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-O—Rev. 7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Registration District No. 18 File No. 4735

Primary Registration District No. 2119 Registered No. 149

Hospital ____

FULL NAME OF CHILD Milton Cutler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allen R Cutler	Lucy M. Hardy
RESIDENCE	Preston	Preston
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 49	White / 38
BIRTHPLACE	American Fork Utah	Salt Lake City Utah
OCCUPATION	M. D.	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated,

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or Midwife)

Address Preston Idaho

Filed Apr 5 19 12 D C Ray

Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

NOV 15 1974

253-215-036-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Mink Creek Ida

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—1[illegible]-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4736

Primary Registration District No. 2119 Registered No. 150

FULL NAME OF CHILD Mary Ellen Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	3 13 1912

FATHER		MOTHER	
FULL NAME	James M. Keller	FULL MAIDEN NAME	Mary Baird
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Manti Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 - P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Carter

Physician
(Physician or Midwife)

Address Preston Idaho

Filed Apr 6 1912 D C Ray
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 9 1969

718-215-036-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

Form V. S., No. 11-C—10m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4737

Primary Registration District No. 2119 Registered No. 151

FULL NAME OF CHILD Given Allen Parkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	3 15 1912

FATHER	MOTHER
FULL NAME: Hazen S. Parkinson	FULL MAIDEN NAME: Lena Allen
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: white — AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Franklin Ida	BIRTHPLACE: Ovr Utah
OCCUPATION: Rural Mail Carrier	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 1-15 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Carter

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 5 1912 L. L. Lacy

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

DUP OF 1912-266566

253-116-036-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Mink Creek

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4738

Primary Registration District No. 2119 Registered No. 152

FULL NAME OF CHILD PARK DUDLEY KELLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	twin	2	yes	3 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Loval Keller	Melita Dudley
RESIDENCE	Mink Creek	Mink Creek
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 43	white / 37
BIRTHPLACE	Montpelier Utah	Willard, Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Carter

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Apr 5 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

4735

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Mink Creek
Street and House No.
County Oneida

Registered Number 153
Registration District No. 1

Sex of Child Male

Date of Birth, Nov 16 (Month) (Day) 1914 (Year)

Full Name of Father Isaac Teller

Full Maiden Name of Mother Melissa Hendon

I HEREBY CERTIFY that the child described herein has been named:

Vivian Hendon Teller
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

A Dolan
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

FEB 13 1964

OCT 16 1942

253-116-036-444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 15-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Mink Creek

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 4739

Primary Registration District No 2119 Registered No. 153

FULL NAME OF CHILD PAUL DELILAH KELLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	twins	1	Yes	3 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaval Keller	Della Hadley
RESIDENCE	Mink Creek Ida	Mink Creek
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	37
BIRTHPLACE	Manticay Utah	Willard Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alma R. Carter

Physician

(Physician or Midwife)

Address Preston Idaho

Filed Apr. 5 19 12 L. O. Ray

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

PLACE OF BIRTH

(Physician or Midwife)

Given names added from a supplemental report

Address

19

Filed

19

Registrar

Registrar

TYPO - WORK CO., PTBG. & BDRS. 17328

Form V. S. No. 27B—5M-42-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

4739

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Mount Owen
Street and House No.
County Ada

Registered Number 152

Registration District No. 1

Sex of Child Male

Date of Birth, June 16 1912
(Month) (Day) (Year)

Full Name Father Edward Lewis

Full Maiden Name Mother Elizabeth Hadley

I HEREBY CERTIFY that the child described herein has been named:

Emerald Elizabeth Lewis
(Given name in full) (Surname)

as reported by mother
(Father or Mother)

[signature]
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MAR 6 1974

FEB 5 - 1975

FEB 5 1975

912-120-036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-7-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 4740

Primary Registration District No. 2119 Registered No. 1570

FULL NAME OF CHILD Harvey Hans Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. P. Rasmussen	Sarah Jensen
RESIDENCE	Preston	Preston
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 37	white / 27
BIRTHPLACE	Manti Utah	Mink Creek Ida
OCCUPATION	Sheep man	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Rasmussen

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12/5 1912 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

K

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. U-6

40

(Physician or Midwife)

Address

Filed 19

Registrar

Given names added from a supplemental report

19

Registrar

SYMS - YORK CO., PTG. & ROG. 17326

693-101-026-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of American Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-5-7-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4742

Primary Registration District No. 2072 Registered No. 156

FULL NAME OF CHILD Dennis Martin Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 1 1942

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul F. Wilson	Ella Witt
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Traveling Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Richard F. Nock Physician

(Physician or Midwife)

Address American Falls

Filed 12/6 1942 D. Clay Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 5 1974

MAY 1 2 1942

432 - 203-036-219

Form V. S. No. 11-C—Rev. 8-1-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of American Falls

Registration District No. 18

File No. 4743

No. ____, ____ St.

Primary Registration District No. 2012

Registered No. 157

Hospital ____

FULL NAME OF CHILD Dorothy Lois McKown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	3 3 1912

	FATHER	MOTHER
FULL NAME	Lon E McKown	FULL MAIDEN NAME Lorene Barnhart
RESIDENCE	American Falls	RESIDENCE Falls Do
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Utah
OCCUPATION	Plumber	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Hoch

Physician

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed 4/6 1912 D. C. Kay

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

OCT 2 2 1971

C. C. 4, 18, 41, W. 14.

238-108-036-794

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls

Registration District No. 18 File No. 4744

No. ____, ____ St.

Hospital ____ Primary Registration District No. 207 Registered No. 158

FULL NAME OF CHILD Ruben Eugene Schnabel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	3 8 1912

	FATHER	MOTHER
FULL NAME	Fred W. Schnabel	FULL MAIDEN NAME Matilda Grubile
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Russia	BIRTHPLACE Russia
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-20 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nock

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address American Falls

Filed 4-6 1912 D. Kay

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

APR 2 9 1943

249-132-256-255

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4745

County of Oneida

City of American Falls

Registration District No. 18 File No.

No. , St.

Primary Registration District No. 2077 Registered No. 109

Hospital

FULL NAME OF CHILD Lynn Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 22 1912

FATHER		MOTHER	
FULL NAME	Scott L. Smith	FULL MAIDEN NAME	Eva Reed
RESIDENCE	Am. Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Telephone manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:15 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nock

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed 4/6 1912 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 30 1964

855-127-036-592

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form U. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls

Registration District No. 18 File No. 4746

No. ____, ____ St.

Primary Registration District No. 207 Registered No. 160

Hospital ____

FULL NAME OF CHILD FERDINAND JOHN Clarence Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Hansen	Dora Nische
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	32 (Years)
BIRTHPLACE	Germany IOWA	Germany
OCCUPATION	Farmer	Housekeeper

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nock

Physician

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed 4/6 1912 D. C. Roy

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

APR 19 1943
JUN 16 1943

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Clarence Ferdinand John Hensen
5. Date of Birth of Child (Month, day, year) March 27, 191[illegible]
Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 2
9. Legitimate?

FATHER OF CHILD

FULL NAME Wilhelm Hensen
Color or Race white
12. Age at time of THIS birth 38 yrs.
Birthplace Iowa. (City or town) (State or foreign country)
Exact Occupation Well Driller
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Nisehe
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Dr. (First name) Nate (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Mrs Dora Bierman Signature
Nampa 901 7th Ave So P. O. Address

Subscribed and sworn to before me this 11th day of June, 1943

(SEAL) Maud D Erny Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eceived for filing on by, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-127-036-314

County of Oneida

PLACE OF BIRTH

City or County of American Falls

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of _____

Registration District No. 18 File No. 4747

No. _____, _____ St.

Primary Registration District No. 2072 Registered No. 161

Hospital _____

FULL NAME OF CHILD Clara Violet Lamsbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 27 1912

FATHER		MOTHER	
FULL NAME	Rutherford Hayes Lamsbury	FULL MAIDEN NAME	Clara Gambler
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Voth

Physician

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address American Falls

Filed 4/6 19 12 D. C. Kay

_____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17526

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

334-127-036-433 Child's name added 9-11-92 MCM

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Am. Falls Registration District No. 18 File No. 4748

No. ____, ____ St. Primary Registration District No. 2072 Registered No. 162

Hospital ____

FULL NAME OF CHILD ~~Boy~~ DALLAS DOVEN Church

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	3 27 1912

	FATHER	MOTHER
FULL NAME	Asa Church	FULL MAIDEN NAME Helen McCullough
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Missouri	BIRTHPLACE Utah
OCCUPATION	None	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Stock

American

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed 4/6 1912 D. C. Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE 7-2-92
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
AUG 25 12 28 PM '92

State of _____ } ss.
County of _____

Certificate No. 4748
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Church (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 27, 1912 (Date of Event)

in American Falls (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Church	Dallas Doven Church
~~Father's name~~	~~Asa Church~~	~~Ace W. Church~~
Mother's maiden name	~~Helen McCullough~~	~~Ellen McColloch~~

Subscribed and sworn to before me this 22th day of August, 19 92.

X Notary Public Jodi Wallentorst
Residing at [illegible]
My commission expires [illegible]
(Seal)

NOTARY PUBLIC
Jodi Wallentorst
1835 West 7800 South
West Jordan, Utah 84088
My Commission Expires
June 22, 1996
STATE OF UTAH

X Mona Marlene Church Jones
Signature of Applicant
X3509 Fairway Drive West Jordan Utah 84088
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of [illegible]
County of [illegible]

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 19 92.

Notary Public Jodi Wallentorst
Residing at [illegible]
My commission expires [illegible]
(Seal)

NOTARY PUBLIC
Jodi Wallentorst
1835 West 7800 South
West Jordan, Utah 84088
My Commission Expires
June 22, 1996
STATE OF UTAH

Fern Ramona Hornby
Supporting Signature
58 San Rafael ct
Street Address, City, State
West Jordan Utah 84088

UT DEATH CERTIFICATE shows Dallas Doven Church died June 18, 1988 in Salt Lake City, UT and born Mar 27, 1912 in Idaho to Ase Church and Ellen McColloch and filed June 27, 1988. Viewed by VS.

CA Quit claim Deed shows Dallas D Church signed the deed Sept 7, 1984 in Elk Grove, CA. Viewed by VS.

SEP 1 1 1992

613 - 117 - 036 - 413

Amended 4-28-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4749
Local Reg. No. 163
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Samaria

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cherry Creek

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Keith

b. (Middle): Wendell

c. (Last): Facer

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN____ TRIPLET____

5b. IF TWIN OR TRIPLET (This child born) 1st____ 2nd____ 3rd____

6. DATE OF BIRTH (Month) (Day) (Year): Jan. 17, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Alma

b. (Middle):

c. (Last): Facer

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Willard, Utah

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rose

b. (Middle):

c. (Last): Dalton

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Willard, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary Ann Reese

18. ATTENDANT AT BIRTH: M.D.____ MIDWIFE X OTHER (Specify)____

19. ADDRESS: Samaria, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 4, 1912

22. REGISTRAR'S SIGNATURE: D.C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 18 File No. 4749

No. ____, ____ St.

Primary Registration District No. 2069 Registered No. 163

Hospital ____

FULL NAME OF CHILD Keith Windel Facer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 17, 1912

FATHER

FULL NAME: Alma Facer

RESIDENCE: Cherry Creek

COLOR: white

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Willard Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Rose Walton

RESIDENCE: Cherry Creek

COLOR: white

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Willard Utah

OCCUPATION: —

Number of child of this mother, including present birth: 10

Number of children, of this mother, now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Mary Ann Rose

Midwife

(Physician or Midwife)

Address Samaria Idaho

Filed Apr 4 1912 L. L. Ray Registrar

S-Y CO., 16670

APR 1 1965
APR 28 1965

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 19 1965
Bureau of Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 4749

Date Filed

The undersigned does solemnly swear that certain facts on the Certificate of Birth (Birth or Death)
for Keith Windel Facer (Name on Original Certificate) who was born (Was Born or Died) on Jan. 17, 1912 (Date of Event)
in Samaria, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Selective Service (Bible Record, Insurance Policy, Etc.) prepared on Oct 9, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Keith Windel Facer	Keith Wendell Facer

Subscribed and sworn to before me this 12th day of April, 1965.

Laurel Call
Notary Public, residing at NOTARY PUBLIC OF IDAHO
My commission expires Residing at Preston, Idaho.
(Seal) My Commission expires 8-6-66.

Signed Keith Windell Facer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of April, 1965.

Laurel Call
Notary Public, residing at NOTARY PUBLIC OF IDAHO
My commission expires Residing at Preston, Idaho.
(Seal) My Commission expires 8-6-66.

Signed France Marion Facer
(Signature of Any Credible Person)

93 Raymonds ~~St~~
(Street Address, City, State)
Malad Ida

FORM DH 60-155

CL 4-5-65. one copy pd.

France Marion Facer is a Older Brother. from Malad Idaho

Statement from Leland E. Lish, Pocatello Third Ward Clerk, Pocatello, Idaho, L.D.S. Church written Sept. 28, 1963 states "According to the records of the Church of Jesus Christ of Latter Day Saints, Keith Wendell Facer was born January 17, 1912 at Cherry Creek, Oneida County, Idaho to James A. Facer and Rozilla Dalton Facer. He was baptized July 3, 1920 by James A. Facer.@ - viewed by V.S.

Selective Service Notice of Classification, dated Oct. 9, 1945 gives full name as Keith Wendell Facer - viewed by V.S.

414-208-036-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4750

County of Oneida

City of Cherry Creek Registration District No. 19

No. ____, ____ St. Primary Registration District No. 2069 Registered No. 164

Hospital ____

FULL NAME OF CHILD Rubie Madsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 8, 1912

FATHER		MOTHER	
FULL NAME	Frank C. Madsen	FULL MAIDEN NAME	Mary Ann Wattis
RESIDENCE	Cherry creek Ida	RESIDENCE	Cherry creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salem Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Ann Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 4 1912 J. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one Affidavit, each must be made on a separate sheet of paper

JUL 22 19

469-202-036-593

Form V. S. No. 22C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2069 14 File No. 4751

Primary Registration District No. 18 2069 Registered No. 165

FULL NAME OF CHILD Rebecca W. Moyan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	2 2 1912

FATHER		MOTHER	
FULL NAME	Geo Moyan	FULL MAIDEN NAME	Virginia Nichols
RESIDENCE	malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	same

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or Midwife)

Address malad City Ida

Given names added from a supplemental report

....., 19.....

Filed 3-10 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible} ss.
County of [illegible]

Certificate No. 4751

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (BIRTH OR DEATH)
for [illegible] Rebecca Morgan (NAME ON ORIGINAL CERTIFICATE) who [illegible] (WAS BORN OR DIED) on March 4, 1912 (DATE OF EVENT)
in [illegible] (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by [illegible] (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on [illegible] (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rebecca	Rebekah W. Morgan

Subscribed and sworn to before me this 22
day of March, 19 43.

[illegible]
Notary Public, residing at Salt Lake City

My commission expires 4-8-46
(SEAL)

Signed [illegible]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

704 East 33rd South Salt Lake City Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif.
County of Los Angeles } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of Feb., 19 43.

[illegible]
Notary Public, residing at Bellflower, Calif.

My commission expires 9/16/45.
(SEAL)

Signed Mrs. Charles Forrest
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1053 Artesia, Bellflower, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By [illegible]
(REGISTRAR'S SIGNATURE)

JUL 8 1943

469-108-036-405

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4753

County of Oneida

City of Malad Registration District No. 19 File No.

No. ____, ____ St. Primary Registration District No. 2069 Registered No. 167

Hospital

FULL NAME OF CHILD David Davis Morgan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Mar. 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Williams Morgan	Leah Davis ~~Morgan~~
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Malad City Idaho	Salt Lake City Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth Three

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary E. Bolingbroke

Midwife (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 4/5 1912 D C Lay Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1907

PLACE OF BIRTH

(County of [illegible])

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

619-112-0386455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. H. C. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital

Registration District No. 18 File No. 4754

Primary Registration District No. 2067 Registered No. 168

FULL NAME OF CHILD John Maroni Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 12 1912

	FATHER	MOTHER
FULL NAME	Jos W Ward	FULL MAIDEN NAME Elizabeth C Allen
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	35 (Years)
BIRTHPLACE	American	American
OCCUPATION	Rancher	House Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. F. Allen

Physician

(Physician or Midwife)

Address Malad

Filed 3/26 19 12 D. E. Ray
Registrar

SYMS - YORK CO., PTRS. & SORS. 17326

PLACE OF BIRTH

JUL 11 1975

693 - 215-036-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4755

Primary Registration District No. 2069 Registered No. 169

FULL NAME OF CHILD Faye Alicia Melba Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	3 - 15 - 1912

	FATHER	MOTHER
FULL NAME	Edward G Williams	Martha Blasdale
RESIDENCE	Malad R.F.D	same
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Idaho	Utah
OCCUPATION	rancher	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D L Ray M.D.

(Physician or Midwife)

Address Malad City Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 23 1912 D L Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

4755

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Nampa

Street and House No.

County Canyon

Registered Number, 164

Registration District No. 14

Sex of Child Female

Date of Birth March 15 (Month) (Day) 1912 (Year)

Full Name of Father Edward J Williams

Full Maiden Name of Mother Myrna Blandell

I HEREBY CERTIFY that the child described herein has been named:

Alice Reboa Williams
(Given name in full) (Surname)

as reported by .....
(Father or Mother)

.....
(Local Registrar)

S-Y CO. 18659

FEB 20 1973

RECEIVED
VITAL STATISTICS
DEC 19 2007
STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____)
) SS
County of _____)

Certificate No. 12-4755

Date Filed April 3, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Alice Melba Williams (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 15, 1912 (Date of Event)

in Malad (Oneida Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's given name	Alice Melba	Faye

Subscribed and sworn to before me this 12th day of December, 2007

Notary Public, Diane Skidmore

Residing at Malad, Idaho

My commission expires 1-17-2009
(Seal)

DIANE SKIDMORE NOTARY PUBLIC STATE OF IDAHO

Faye Caldwell
Signature of Applicant

575 N. 600 W. Malad, ID 83252
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐) _____

(Is not necessary ☒) _____

State of _____)
) SS
County of _____)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

01-04-07

FAYE

LDS MEMBERSHIP RECORD FOR ~~FAY~~ WILLIAMS BORN 03-15-12 SHOWING DATE OF BLESSING AS JUNE 2, 1912 VIEWED BY VS

ID MC FOR EARL CALDWELL AND FAYE WILLIAMS MARRIED 11-26-30 VIEWED BY VS

365 - 216-056-297

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4756

Primary Registration District No. 2069 Registered No. 170

FULL NAME OF CHILD ____

Sex of Child: female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of birth: 3 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Timothy Covert	FULL MAIDEN NAME	Julia Bigler
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 17 1913 D Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

893-216-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 — File No. 4757

Primary Registration District No. 2069 — Registered No. 171

FULL NAME OF CHILD Minnie Jo Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	and Number in order of birth	Yes	Mar 16, 1912

FATHER		MOTHER	
FULL NAME	Stafford C Hill	FULL MAIDEN NAME	Leah M Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Telephone Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Fulton

Physician

(Physician or Midwife)

Address Malad

Filed 3/26 19 17 D C Ray Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WHITE STANDARD WITH UNIFORM LINES & PERMANENT RECORD

C 8 195

993-223-036-444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 18 File No. 4758

No. ____, ____ St.

Primary Registration District No. 2069 Registered No. 172

Hospital ____;

FULL NAME OF CHILD Mary La Rene Richards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Mar 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C Richards	Anna Dudley
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	California	Malad
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Alton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 3/26 1912 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

STATE OF IDAHO

MAY 24 1945

Bureau of Vital Statistics

Form V. S. No. 1900

CERTIFICATE OF BIRTH

MAY 1

CERTIFICATE OF BIRTH

(To be filed with the Local Registrar of the District in which birth occurred)

1. Place of birth: County [illegible] City or town [illegible]

2. Full name of child: [illegible]

3. Sex: [illegible] 4. This birth was: [illegible]

5. Date of birth: [illegible]

6. Full name of father: [illegible]

7. Color or race: [illegible] 8. Age at last birthday: [illegible]

9. Birthplace: [illegible]

10. Occupation: [illegible]

11. Full name of mother: [illegible]

12. Color or race: [illegible] 13. Age at last birthday: [illegible]

14. Birthplace: [illegible]

15. Occupation: [illegible]

16. Number of children born to this mother, including this child: [illegible]

17. Number of children now living: [illegible]

18. Informant: [illegible]

19. Address: [illegible]

20. Date filed: [illegible]

21. Signature of local registrar: [illegible]

22. Address: [illegible]

23. Remarks: [illegible]

Reg. No. [illegible]

Physician

MARRIAGE RECORD AND CERTIFICATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

BOISE, IDAHO

In the case of delayed registration of birth, see instructions on reverse side.

Type or write in black ink.

386-126-036-386

PLACE OF BIRTH

Form V. S. No. 11-S—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad — Registration District No. 18 — File No. 4759

No. ____, ____ St. — Primary Registration District No. 2069 — Registered No. 173

Hospital ____

FULL NAME OF CHILD Earl Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		X	Yes	Mar 26 1912

FATHER		MOTHER	
FULL NAME	Daniel Henry Thomas	FULL MAIDEN NAME	Mary Thomas Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth Seven

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne Alive (Born alive or stillborn) Mar 26, at 10 To 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary E. Bolingbroke

Midwife (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 4/5 1912

S-Y CO., 16670

Registrar

D H May Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

551-428-036-165

[redacted]

PLACE OF BIRTH

Oneida

City of Malad

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 4760

Primary Registration District No. 2069 Registered No. 174

FULL NAME OF CHILD Amos Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Mar 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William M Evans	Mary Jones
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	35
BIRTHPLACE	Malad	Salt Lake Ut
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Allen M.D.

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 4/8 1912 L. C. Kay

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, NAMES must be given in order of birth and the number

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. U-C-Idaho-Rev.

CERTIFICATE OF BIRTH

766

Registrar

[redacted] 5-010-815

[redacted] OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ____, ____ St.

Registration District No. 7 File No. 4761

Primary Registration District No. 2129 Registered No. 46

Hospital ____

FULL NAME OF CHILD Fredrick Albert Bauer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 14, 1912

FATHER	MOTHER
FULL NAME: Theo H Bauer	FULL MAIDEN NAME: Katherine Fauber
RESIDENCE: Ammon Ida.	RESIDENCE: Ammon Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Farmer	OCCUPATION: Farmer's wife

Number of child of this mother, including present birth: 10

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Rawson

Midwife (Physician or Midwife)

Address South Ammon Ida. R.F.D. 1

Given names added from a supplemental report

....., 19.....

Filed Mar 26 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

21. If the case of more than one child at birth, [illegible] must be made for each [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C

BIRTH

219-129-010-013

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1. PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Cottonwood

Registration District No. 7 File No. 4762

No. ....., ... St.

Primary Registration District No. 2029 Registered No. 47

Hospital .....

FULL NAME OF CHILD Floyd M. Barker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	yes	Jan 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Barker	Minnie Nelmquist
RESIDENCE	Cottonwood Ida.	Cottonwood Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5-10 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Rawson

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Idaho Falls Idaho R. 1

Filed Nov 24 19 12 W. Hammond

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

PLACE OF BIRTH

912 - 22-010-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Cottonwood

No ....., ... St.

Registration District No. 7 File No. 4763

Hospital .....

Primary Registration District No. 2029 Registered No. 44

FULL NAME OF CHILD Hannah Jane Rasmussen

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth Feb 29 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME George H Rasmussen	FULL MAIDEN NAME Rose Smith
RESIDENCE Cottonwood Ida.	RESIDENCE Cottonwood Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 1-20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M J Rawson

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Cash Farm Ida. R F D -

Filed Mar 26 1912

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-D—Jan. 1946

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

4763

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Athol
Street and House No.
County Bonner

Registered Number 4[illegible]
Registration District No. 7

Sex of Child Female

Date of Birth, Feb 29 (Month) (Day) 191[illegible] (Year)

Full Name of Father George Henry Rasmussen

Full Maiden Name of Mother Rose Smith

I HEREBY CERTIFY that the child described herein has been named:

Hannah Jane Rasmussen
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

[illegible]
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JAN 1 5 1974

859-215-010-295

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Coltman

No ____, ____ St.

Registration District No 1 , File No. 4764

Primary Registration District No. 229 Registered No. 49

Hospital ____

FULL NAME OF CHILD [redacted] Oswald NORA HERMINA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		6	yes	March 15 1912

FATHER		MOTHER	
FULL NAME	William Oswald	FULL MAIDEN NAME	Annie Brenner
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10—30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Rawson

Midwife (Physician or Midwife)

Address Idaho Falls R. 5

Given names added from a supplemental report

....., 19.....

Filed Mar 26 1912 [redacted] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 4764

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on March 15 1912 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Katharine Oswald	Nora Hermina Oswald
Nora Hermina Oswald		

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 129, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1944

W. L. Sheppick
Notary Public, residing at Idaho Falls
My commission expires Aug. 19, 1945
(Seal)

Signed Nora Hermina Oswald, Mrs. William Oswald
(Signature of Any Credible Person)

Route 2, Idaho Falls, Idaho
(Street Address, City, State)

AUG 3 1944

995-122-010-666

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2029

File No. 4765

Registered No. 34

FULL NAME OF CHILD Boy Bodell Allen Birkhead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	March 22, 1912

FATHER	MOTHER
FULL NAME Hezrun R. Birkhead	FULL MAIDEN NAME Mabel L. Woolf
RESIDENCE Ucon Idaho	RESIDENCE Ucon Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Lehi Utah	BIRTHPLACE Lyndyl Tooele Utah
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) March 22 1912, at 11 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

(Signature) Sarah J. Rumsberry

Physician

(Physician or Midwife)

Address Ucon Bonneville Co. Idaho

Filed Apr 2 1912

Registrar

Registrar

BYNS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. II-C—(Revised)

STAT

Bureau of Vital Statistics

415-220-010-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 4766

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 60

Hospital ✓

FULL NAME OF CHILD Edna David

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	7	Yes	Feb 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. J. David	Annie Warnkee
RESIDENCE	Idaho Falls Idaho	Idaho Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	39
BIRTHPLACE	Germany	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Bouchard M.D.

Physician (Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 31 19 12 W. Hammond Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of)

793-218-010-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-6-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 4767

Primary Registration District No. 2027 Registered No. 571

FULL NAME OF CHILD Thelma Pickle

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth: 3 (Month) 18 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Charles Fredrick Pickle	FULL MAIDEN NAME: Ellen Crumford
RESIDENCE: Idaho Falls	RESIDENCE: Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Louisa Kentucky	BIRTHPLACE: Washington Utah
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna J Finlay

Midwife

(Physician or Midwife)

Address 260 B Ave

Given names added from a supplemental report

....., 19.....

Filed Apr 2 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

FEB 22 19

AUG 10 19

959-125-010-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—40m-9-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 4768

Primary Registration District No. 2027 Registered No. 52

FULL NAME OF CHILD Reid — Harold Edward

Sex of Child: Male / Female

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: 3 (Month) 23 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: James Edward Reid	FULL MAIDEN NAME: Lyneeta Murphy
RESIDENCE: K St + Western Ave	RESIDENCE: K St + Western Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Oneida Idaho	BIRTHPLACE: Rexburg Idaho
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne J. Findlay M.D.

(Physician or Midwife)

Address 260 E. 4th St

Given names added from a supplemental report

....., 19.....

Filed Jan 2 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

865-117-010-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Dona

No ____, ____ St.

Hospital ____

Registration District No. 7 File No. 4769

Primary Registration District No. 2127 Registered No. 63

FULL NAME OF CHILD Miracles Leroy Kearman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	March 17, 1912

FATHER	MOTHER
FULL NAME Francis D Kearman	FULL MAIDEN NAME Theela Lindholm
RESIDENCE Dona	RESIDENCE Dona
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 56 (Years)	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Mad Jersey eng	BIRTHPLACE Poole Utah
OCCUPATION Lumber Merchant	OCCUPATION housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive March 17 1912, at 15 & 2 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah D Rumberger

Abstention

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Dona Bonneville Co. Idaho

Filed Apr 2 1912

.....
Registrar

SYMS - YORK CO., PTRS. & EDRS. 17326

.....
Registrar

PLACE OF BIRTH

693-299-210-313

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, 17th St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 4771

Primary Registration District No. 2027 Registered No. 24

FULL NAME OF CHILD Ula Lynn Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 9, 1912

FATHER		MOTHER	
FULL NAME	Grover C Williams	FULL MAIDEN NAME	Flora Callison
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Cumaind

P Lyman

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 9 19 12 W. W. Cumaind

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls.

Certificate No. 4771

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ula Lynn Williams, (NAME ON ORIGINAL CERTIFICATE) who -, born- (WAS BORN OR DIED) on Mch, 9-1912 (DATE OF EVENT)
in Idano Falls, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ula Lynn Williams
Ula Lynn Williams,		

Subscribed and sworn to before me this 27th day of September, 19 43

J. A. Beauchamp

Notary Public, residing at Twin Falls, Idaho

My commission expires December 29th, 1945,
(SEAL)

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Grover Cleveland Williams

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 22 1943
MAR 30 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ~ St.

Hospital ~

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 4772

Primary Registration District No. 2027

Registered No. 27

FULL NAME OF CHILD Phyllis Robinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	yes	3-9-12

	FATHER	MOTHER
FULL NAME	Wm. R. Robinson	Lenna V. Bates
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	white	white
AGE AT LAST BIRTHDAY	23 (Years)	21 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:39 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Bond

Physician

(Physician or Midwife)

Address Idaho Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 9 19 12

Registrar

S-Y CO., 16670

DUP OF 1912 - 5656

753-121-010-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible] Rev. 6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

of Bonneville

City of Idaho Falls Registration District No. 7 File No. 4773

No. _____ St.

Primary Registration District No. 2127 Registered No. 24

Hospital C & M

FULL NAME OF CHILD DeWitt Clinton Peck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	2-21-12

	FATHER	MOTHER
FULL NAME	DeWitt C Peck	Jessie Daniels
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Iowa	Wisconsin
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Bond

Physician

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Mar 9 1912 C W Hummel Registrar

S-Y CO., 16670

Dup of 1912-5655

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

4773

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Twin Falls Ida.
Street and House No.
County Bonneville

Registered Number 26

Registration District No. 7

Sex of Child Male

Date of Birth, Feb. (Month) 21 (Day) 1912 (Year)

Full Name of Father De Witt C Peck

Full Maiden Name of Mother Lucia Mary Daniells

I HEREBY CERTIFY that the child described herein has been named:

De Witt Clinton Peck
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

W. L. Winmill
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

293-107-010-249

PLACE OF BIRTH

amended 9-15-60

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 4774

Primary Registration District No. ..... Registered No. 29

FULL NAME OF CHILD Glenn Thompson Billman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 7 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Andrew Billman	FULL MAIDEN NAME: Martha Smith
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M. D.

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed March 11 1912 W. Kinnard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

Registration District No. 7

File No. 4774

Primary Registration District No. 2027

Registered No. 29

FULL NAME OF CHILD Glen Thompson Billiman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5th	yes	Mar 7, 1912

FATHER		MOTHER	
FULL NAME	Andrew Billiman	FULL MAIDEN NAME	Mary Smith
RESIDENCE	Idaho Falls Ida.	RESIDENCE	I. F. Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Mar 7 1912, at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Fadez M.D.

(Physician or Midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar 11 1912 [signature]
Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 16 1960

JUN 19 1974

MARGIN RESERVED FOR BINDING

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4774

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Glen Thompson Billiman (Name on Original Certificate) who born (Was Born or Died) on March 7, 1912 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Glen Thompson Billiman	Glenn Thompson Billman
Last Name of Father	Billiman	Andrew Billman
Full Maiden Name of Mother	Mary Smith	Martha Smith

Subscribed and sworn to before me this 13 day of June, 1960.

Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Mary A Billman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eagle Idaho Box 151
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Gallatin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1960.

EARL WALTON
COUNTY CLERK AND RECORDER
Notary Public, residing AND FOR GALLATIN COUNTY, STATE OF MONT.
My commission expires
(Seal)
By Ida T. Morrow
Deputy

Signed Ethel Ford
(Signature of Any Credible Person)

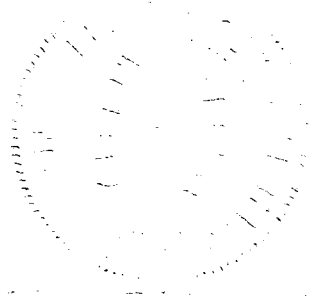
Box 733 Bozeman, Mont.
(Street Address, City, State)

FORM DPH 55.155 CL 5-12-60. nm 1 COPY PAID #3656 9-15-60

Gallatin County Montana school statement gives name as Glenn Thompson Billman born March 7, 1912. Gives fathers name as Andrew Jackson Billman and mothers as Martha Jane Smith. Dated , he was enrolled in school there in 1925 at the age of 13, Viewed by VS.

Birth certificate of a sister gives mothers name as Martha Smith and fathers name as Andrew Billman. Dated August 27, 1914. ¥ On file in Idaho #25331.

Social Security card #518-16-6276 gives name as Glenn Thompson Billman. Viewed by VS.



034 - 205 - 010 · 4449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. 241, Cliff St.

Hospital

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 4775

Primary Registration District No. 2427 Registered No. 30

FULL NAME OF CHILD Rozella M Lamp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 5 1911

FATHER	MOTHER
FULL NAME: Ray Lamp	FULL MAIDEN NAME: Ellen Murphy
RESIDENCE: 281 Cliff St	RESIDENCE: 281 Cliff St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Lexington Missouri	BIRTHPLACE: Grays Lake Idaho
OCCUPATION: Teamster	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Lizzie J. Finlay McClintock
(Physician or Midwife)

Address 265 Cliff St

Filed Dec 11 1912 W. Newman
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Given names added from a supplemental report

(Physician or Midwife)

Address

Filed 19

Registrar

557-101-010-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—50m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 16th & Higbee St.

Hospital

Registration District No. 7 File No. 4776

Primary Registration District No. 2027 Registered No. 21

FULL NAME OF CHILD MERLE ENGBERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 1 1912

FATHER		MOTHER	
FULL NAME	Hyrum Engberson	FULL MAIDEN NAME	Rosetta Burns
RESIDENCE	18th & Higbee	RESIDENCE	18th & Higbee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ashley Utah	BIRTHPLACE	Andrew. Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie J Findlay

Midwife

(Physician or Midwife)

Address 265 6th A St Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 11 19 12 C E Hammond

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BONNEVILLE } ss.

Certificate No. 4776
Date Filed MAR 4 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for MERLE ENGBERSON (Name on Original Certificate) who WAS BORN (Was Born or Died) on MARCH 1, 1912 (Date of Event)
in IDAHO FALLS, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Merle Engberson

Subscribed and sworn to before me this 3d day of March, 1942

Notary Public, residing at ____

My commission expires ____
(Seal)

Signed Mrs Rosetta Engberson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ririe, Star Rt. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of BONNEVILLE } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3d day of March, 1942

Notary Public, residing at ____

My commission expires ____
(Seal)

Signed Hyrum Engberson
(Signature of Any Credible Person Other Than Previous Year)

Ririe, Star Rt. Idaho
(Street Address, City, State)

MAR 4 1942

349-22-070-143

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 4777

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 32

Hospital ____

FULL NAME OF CHILD Eliza Curtis

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	1st	Yes	Jul 27, 1912

FATHER		MOTHER	
FULL NAME	Alfred Curtis	FULL MAIDEN NAME	Mary Sutherlin
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	California
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller

(Physician or Midwife) Physician

Address Idaho Falls Idaho

Filed Nov 11 1912 W. Hammond Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

349-224-010-139

Form V. S. No. 11-C—Jan-C-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 4778

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 83

Hospital ____

FULL NAME OF CHILD ~~Matta Curtis~~ MADELINE CURTIS

Sex of Child Female | Twin, Triplet, or other? Twin | and (Number in order of birth) 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of birth Jul 24, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Alfred Curtis	FULL MAIDEN NAME Mary ~~Alderdice~~
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE California
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female alive, at 3 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M.D.

(Physician or Midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 11 1912 W. Hammond Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WYOMING } ss.
County of BIG HORN }

Certificate No. 4778

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for MATTIE CURTIS (Name on Original Certificate) who WAS BORN (Was Born or Died) on FEB 24. 1912 (Date of Event)
in IDAHO FALLS. IDAHO. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mattie	Madeline Curtis
Mother's name	Aulderdice	Alderdice

Subscribed and sworn to before me this 14th
day of December, 19 42.
Elizabeth Wiley Greyhell Wyo.
Notary Public, residing at
My commission expires My Commission Expires May 28, 1944
(Seal)

X Signed Mary E Curtis.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WYOMING } ss.
County of BIG HORN }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of December, 19 42.
Elizabeth Wiley Greyhell Wyo.
Notary Public, residing at
My commission expires My Commission Expires May 28, 1944
(Seal)

Signed Ray Greato
(Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State) Burlington Wyo.

DEC 2 2 1942

315-27-863

PLACE OF BIRTH

Form U. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 4779

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 34

Hospital ETHEL

FULL NAME OF CHILD ~~Goodie Mapenia~~ Carlson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	Feb 27 1912

FATHER		MOTHER	
FULL NAME	J A Carlson	FULL MAIDEN NAME	Amelia Holm
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Stonemason	OCCUPATION	H W Housewife

Number [illegible] child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. S. Fuller M.D.

Physician

(Physician or Midwife)

Address Idaho Falls Ida

Filed Mar 11 1912 C. E. Leonard Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 4779

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Emilie Carlson (Name on Original Certificate) who was born (Was Born or Died) on Febr. 27, 1912 (Date of Event) in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Emilie	Ethel Carlson

Subscribed and sworn to before me this 3rd day of June, 1943

CLERK OF THE DISTRICT COURT
Notary Public, residing at

My commission expires
(Seal)

Signed Earl A Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

560 - 12 Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 1943

CLERK OF THE DISTRICT COURT
Notary Public, residing at

My commission expires
(Seal)

Signed Hilma Larson
(Signature of Any Credible Person Other Than Previous Year)

366 Lee ave
(Street Address, City, State)

Idaho Falls Ida

JUN 6

366-108-010-698

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 — File No. 4780

No. ____, ____ St.

Primary Registration District No. 2027 — Registered No. 31

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	1st	yes	Mar 6, 1912

FATHER		MOTHER	
FULL NAME	Timothy Cook	FULL MAIDEN NAME	Mary Fryer
RESIDENCE	Idaho Falls R 7 D 4	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Fuller

Physician (Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

____, 19____

Filed Mar 11 1912 W. S. Hammond Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

STATE OF INDIANA

Bureau of Vital Statistics

866-108-020-698

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7 File No. 4781

Primary Registration District No. 2027 Registered No. 36

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2nd	yes	Nov 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Timothy Cook	Mary Tryon
RESIDENCE	Idaho Falls Idaho R.F.D. 4	Idaho Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	31 (Years)
BIRTHPLACE	England	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Fuller

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov 11 1912 W. Hunsaker Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-202-010-351

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Ridge Ave St.

Registration District No. 7

File No. 4783

Primary Registration District No. 2027

Registered No. 24

Hospital

FULL NAME OF CHILD Dorothy Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Mar. 2nd 1912

FATHER	MOTHER
FULL NAME: S. L. Carter	FULL MAIDEN NAME: Ida Crawford
RESIDENCE: 258 S Ridge Ave	RESIDENCE: 258 S. Ridge Ave.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: St George Utah	BIRTHPLACE: Washington Utah
OCCUPATION: Carpenter	OCCUPATION: House-keeper

Number of child of this mother, including present birth: fourth

Number of children, of this mother, now living, including present birth: four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ida M. Sash D.O.

(Physician or Midwife)

Address 267 South Ridge Ave.

Given names added from a supplemental report

....., 19.....

Filed Mar 14 1912 W. Hammond

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

PLACE OF BIRTH

FEB 9 1965

STATE OF IDAHO

Form V.S. No. 11-C-

259-219-010-368

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 1 File No. 4784

No. ____, ____ St. Primary Registration District No. 2027 Registered No. 39

Hospital Courtland & Mc Camp

FULL NAME OF CHILD Elizabeth Bertram

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	1	Yes	Feb. 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Bertram	Anna Coy
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Illinois	Fort Collins Colo
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Courtland M.D

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed Mar 14 1912

W. Hammond
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 10 1951

537-205-010-319

PLACE OF BIRTH

STATE OF IDAHO — Form U. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 7 — File No. 4785

No. ____, ____ St. — Primary Registration District No. 2027 — Registered No. 40

Hospital ____

FULL NAME OF CHILD ~~Eddie~~ Edward Lawrence Elg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	1	Yes	March 5, 1912

FATHER		MOTHER	
FULL NAME	Elmer Elg	FULL MAIDEN NAME	Anna Elizabeth Carlen
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Osage City, Kans	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Coulthard, Physician

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 14 1912 W H Rammell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4112
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 231 Hill Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonnevill
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 231 Hill Stre
(e) How long has **MOTHER** lived in Idaho? 4 yr
3. RESIDENCE OF FATHER (city, state) Idaho Falls,

FULL NAME OF CHILD Lawrence Edward Elg
5. Date of Birth of Child (Month, day, year) March 9, 191 Idah
Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Elmer Elg
Color or Race White
12. Age at time of THIS birth 28 yrs.
Birthplace Osage City, Kansas (City or town) (State or foreign country)
Exact Occupation Lather
Industry or Business Lather

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Carlson
17. Color or Race White
18. Age at time of THIS birth 24 yr
19. Birthplace Stockaryd, Sweden (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Ye

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the da
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who related to this child as ____ (Mother, etc.)

Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

ate of Idaho
unty of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appea Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and th r. G. H. Coulthard (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state th e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded und apter 139, 1937 Session Laws.

My Commission Expires June 26th, 1943.

Elmer Elg Signatu
331 Lava Street, Idaho Falls, Ida. P. O. Addre

Subscribed and sworn to before me this eighth day of April, 19 42.

(SEAL) Myrtle H. Bauerdam Notary Public, residing at Idaho Falls, Ids

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on OCT 12 1942 1947 by ____ Registr

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-21-010-144

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 4786

Primary Registration District No. 2027 Registered No. 41

FULL NAME OF CHILD Wilmina C. Lundberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	3 (Month) 11 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Gotthan Oscar Lundberg	FULL MAIDEN NAME Anna Lydia Anderson
RESIDENCE Box 621 - Idaho Falls	RESIDENCE Box 621 - Idaho Falls
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Polk Co. Nebraska	BIRTHPLACE Dawson Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9-46 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie J. Finlay

Midwife (Professional or Midwife)

Given names added from a supplemental report

....., 19.....

Address 265 - Cliff St

Filed Dec 16 1912

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case more than one child is born, a SEPARATE RETURN must be made for each and the order of birth stated

213-222-010-412

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls Registration District No. 7 File No. 4787

No. ____ St. Primary Registration District No. 2027 Registered No. 42

Hospital Bonneville Gen'l

FULL NAME OF CHILD Motsuyo Nakamoto

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 22, 1917

	FATHER	MOTHER
FULL NAME	Kahachi Nakamoto	FULL MAIDEN NAME Yato Maruda
RESIDENCE	Lincoln	RESIDENCE Lincoln
COLOR	Jap	COLOR Jap
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Japan	BIRTHPLACE Japan
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John O. Mellor M.D.
(Physician or Midwife)

Address Idaho Falls R. 1

Filed Dec 23 1912 [signature]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

691-110-870-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF Id... Form V. S. No. 11-C—Rev. 4-20-11

Bureau of Vital Statistics

County of Bonneville

CERTIFICATE OF BIRTH

City of Lincoln

Registration District No. 7

File No. 4788

No. ....., ... St.

Primary Registration District No. 2027

Registered No. 43

Hospital Lee

FULL NAME OF CHILD Walter Franck

Sex of Child: Male	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Mar. 10, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ludwig Franck	FULL MAIDEN NAME	Carrie Hermansen
RESIDENCE	Lincoln Ida.	RESIDENCE	Lincoln Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) John O. Mellor M.D.
(Physician or Midwife)

Address Ida. Falls R. 1.

Filed Mar 23 1912 W. H. Lemmon
Registrar

9-Y. CO. 19670 Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Bonneville (b) City Iona
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home: at Home
e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

FULL NAME OF CHILD Lee Walter Froseck

5. Date of Birth of Child (Month, day, year) Mar. 10, 1913

Sex Male | 7. Twin or Triplet | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnacy 9 | 9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Ludwig Froseck
Color or Race White
12. Age at time of THIS birth 31 yrs.
Birthplace Aarhus (City or town) Denmark (State or foreign country)
Exact Occupation Flour miller
Industry or Business Flour Mills

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Hermans
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Edmore (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Clergyman 2095

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A.M. on the dat
and at the place stated above; and that personal particulars were furnished by Caroline Froseck, who i
(First name) (Last name)
related to this child as Mother (Mother, etc.)

Attendant's **OWN** signature John D. Miller M.D. Midwife Address Idaho Falls, Ida. Date Jan 29, 19

te of ..... } ss.
nty of ..... }

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appear
tem 4, above, that I am now ..... years of age, that I have known this person for ..... years, and tha
(First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state tha
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde
apter 139, 1937 Session Laws.

.....Signatur
.....P. O. Addres

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JAN 30 1942

eived for filing on ..... by ....., Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 - 1179 ia - 55-6

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls — Registration District No. 7 — File No. 4789

No. ____, ____ St. — Primary Registration District No. 2027 — Registered No. 44

Hospital ____

FULL NAME OF CHILD Joseph Hughes Harkley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 11, 1912

FATHER		MOTHER	
FULL NAME	Joseph Harkley	FULL MAIDEN NAME	Amelia Newman
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls - Id
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 11:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD (Physician or Midwife)

Address Ida Falls - Rt. 1

Given names added from a supplemental report

....., 19.....

Filed Mar. 23 1912 W. H. Hunsaker Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 7 1944

561-117-010-924

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 4790

Primary Registration District No. 2027

Registered No. 41

FULL NAME OF CHILD Mary Nojima

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 19, 1912

FATHER

FULL NAME: M. Nojima

RESIDENCE: Lincoln

COLOR: Jap.

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Japan

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Kiyo Tsutsumida

RESIDENCE: Lincoln

COLOR: Jap.

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Japan

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Ida. Falls - R. 1

Given names added from a supplemental report

1st copy issued, 10-28-41 19

Filed Nov 23 1912 W. H. Linnard Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-23-41

DUP OF 1912-189192

551-16
032-22
PLACE OF [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

Registration District No. 31

File No. 4791

No. ____, ____ St.

Primary Registration District No. 2018

Registered No. 57

Hospital ~~Spencer Road~~

FULL NAME OF CHILD Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	March 16, 1912

FATHER	MOTHER
FULL NAME Hall H Evans	FULL MAIDEN NAME Bessie Spencer
RESIDENCE Wendell Idaho	RESIDENCE Wendell Idaho
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE DeSoto Mo	BIRTHPLACE De Soto Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Schrenkhorst M. D.

(Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar 29 1912 H. E. Lamb
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

466-32-4-033-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Hendell

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 5th

File No 4792

Primary Registration District No 2018

Registered No 68

FULL NAME OF CHILD Maxine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	3 24 1912

FATHER	MOTHER
FULL NAME Robert Moore	FULL MAIDEN NAME Charlotte Ford
RESIDENCE Hendell	RESIDENCE
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE W Va	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Home maker
Number of child of this mother, including present birth 3	Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) H E Lamb

Physician

(Physician or Midwife)

Address Hendell

Filed April 1 1912 H E Lamb

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

SEP 16 [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. U-C—Issued by

92

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In general more than one space is left for each item. Insert the words "not known" where any item cannot be ascertained after diligent inquiry.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address .....

Filed ....., 19....

Registrar

STAR - VOGEL CO., INC., N. Y. 17939

55-A 226-032-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 4793

Primary Registration District No. 2017 Registered No. 59

FULL NAME OF CHILD — — Veazie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	Mar 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm T Veazie	Rebecca Hattinger
RESIDENCE	6½ mi. S. W. of Jerome	6½ mi. S. W. Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Maine	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Pyen M.D.

Physician (Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 1 1912 E. D. Pyen Registrar

S-Y CO., 16670

Registrar

NOV 1 8 1969

386-220-032-959

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

Registration District No. 5

File No. 4794

Primary Registration District No. 2016

Registered No. 45

FULL NAME OF CHILD GLADYS WINIFRED Baby of Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		1st	yes.	Mar. 20, 1912

FATHER		MOTHER	
FULL NAME	Roy L. Thompson	FULL MAIDEN NAME	Myrtle A. Davis
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Sullivan Co. Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Fiddler

(Physician or Midwife)

Address Shoshone, Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed Mar. 23, 1912 C. F. Fiddler

Registrar

B-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 23 1954

231 - 222-032-313

PLACE OF BIRTH

Form V. S. No. 11—1m-6-31-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4795

County of Lincoln

City of Shoshone Registration District No. 6

No. ____, ____ St. Primary Registration District No. 2016 Registered No. 46

Hospital ____

FULL NAME OF CHILD Baby Stacy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.		1st	yes	2-22-1932 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harrison Stacy	FULL MAIDEN NAME	Ina Callahan
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wright Co -	BIRTHPLACE	Wis.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

(Physician or Midwife)

Address Shoshone, Idaho

Given name added from a supplemental report

____, 19____

Registrar

Filed Feby 23 1932 C. F. Zeller Registrar

S-Y CO., 10669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Name of Student

Address

Date of Birth

552-122-032-168

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 5 File No. 4796

Primary Registration District No. 2016 Registered No. 47

FULL NAME OF CHILD Baby Nebeker

Sex of Child: M

Twin, Triplet, or Other? ..... and Number in order of birth: 2
(To be answered only in event of plural births)

Legitimate? yes

Date of birth: 2 (Month) 22 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: George W. Nebeker	FULL MAIDEN NAME: Jennie Johnson
RESIDENCE: Rockfield	RESIDENCE: Rockfield
COLOR: W.	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Lake Town, Utah	BIRTHPLACE: Provo, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 p. M. on the date above stated.

(Signature) C. F. Zeller

(Physician or Midwife)

Address Shoshone, Idaho

Filed Feby. 24th, 1912 C. F. Zeller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [redacted])

795-122-032-291

PLACE OF BIRTH

Form V. S. No. 11—10m-6-2011

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4797

County of Lincoln

City of Shoshone Registration District No. 5

No. ....., ... St. Primary Registration District No. 2016 Registered No. 48

Hospital .....

FULL NAME OF CHILD ~~Boy~~ Girl Geseke LOUIS FREDERICK, Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1st	yes	Jan. 22 1912

FATHER		MOTHER	
FULL NAME	Louis F. Geseke	FULL MAIDEN NAME	Catherine Brasch
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller

(Physician ~~or Midwife~~)

Address Shoshone, Idaho

Given name added from a supplemental report

....., 19.....

Filed Mar. 24th 1912 C. F. Zeller Registrar

.....
Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lincoln } ss.

Certificate No. 4797

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Louis Frederick Gieseke Jr (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on March 27 — 1917 (Date of Event)
in Shoshone Lincoln county (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record + Baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on April 16, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Gieseke	Louis Frederick Gieseke jr.

Subscribed and sworn to before me this 2nd day of March, 1942.

Jesse Elwell
Notary Public, residing at Eugene Oregon
My commission expires May 31 1943
(Seal)

Signed Louis F. Gieseke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1405 Lawrence St, Eugene, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1942

Marion McKenzie Redsole formerly Marion McKenzie
Notary Public, residing at Seattle
My commission expires Feb 25, 1945
(Seal)

Signed Earl H. Gaches.
(Signature of Any Credible Person Other Than Previous Year)

Rt 1 - Box 102
(Street Address, City, State)
Mt Vernon, Wash

APR 16 1940

SEP 28 1973

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

Primary Registration District No. 2016

5

File No. 4798

Registered No. 49

FULL NAME OF CHILD Baby ANTONIO Bertia

Sex of Child	Whether Single, Twin, or other? (To be answered only in event of plural births)	and Number in order of birth 1st	Legitimate?	Date of birth Jan. 17 (Month) (Day) 191 2 (Year)
M			yes	

FATHER	MOTHER
FULL NAME Manuel Bertia	FULL MAIDEN NAME FERNANDA HAYO
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
AGE AT LAST BIRTHDAY 26 (Years)	COLOR W
BIRTHPLACE VISCAY Spain	BIRTHPLACE VICTORIA Spain
OCCUPATION Hotel Keeper	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

(Signature) Chas F. Tebbs M. D.

(Physician or Midwife)

Address Shoshone, Idaho

Filed Jan. 18, 1912 C. A. Fuller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-V CO., 16669

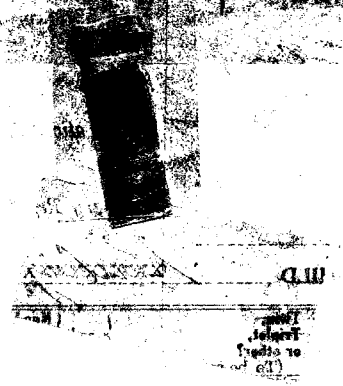
MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 15 1962

JUN 12 1964



STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

4798

I hereby certify that the child of

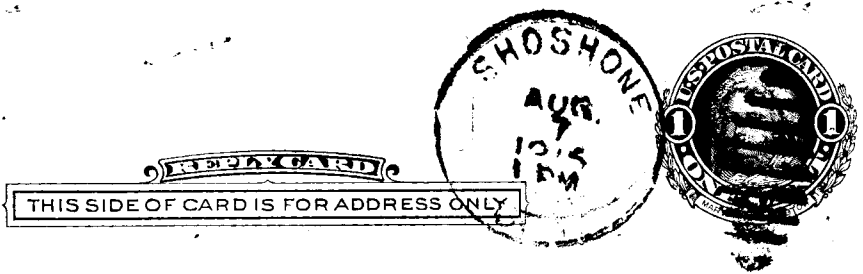
Manuel [illegible]
(NAME OF FATHER)

and Arenanda Tayo
(MAIDEN NAME OF MOTHER)

born on Sept 6th 1907

has been named Maria Beitia y Tayo

Manuel Beitia
(SIGNATURE OF FATHER OR MOTHER)



J.L.Fuller

Local Registarer Vital Statistics

Shoshone-Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Lincoln — Bureau of Vital Statistics

City of Shoshone — CERTIFICATE OF BIRTH

Registration District No. 5 — File No. E 4800

No. ____, ____ St. — Primary Registration District No. 2016 — Registered No. 61

Hospital ____

FULL NAME OF CHILD ~~No Name~~ Dorothea Maxine Boden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 26, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roscoe Boden	Dorothea Morrison
RESIDENCE	Milner Ida.	Milner Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 27	White / 17
BIRTHPLACE	Bryan City ut	Shoshone Ida
OCCUPATION	Surveyor	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Baugh

Physician

(Physician or Midwife)

Address Shoshone Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 27 1917 H. L. Baugh Registrar

..... Registrar

S-Y CO., 16670

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 22 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 4800

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Boden (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 26, 1912 (Date of Event) in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothea Maxine Boden

Subscribed and sworn to before me this 6 day of April, 19 65

Notary Public, residing at Salt Lake City, Utah

My commission expires 7-11-67

(Seal)

Signed Roscoe Boden (Father)
Dorothea Boden (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

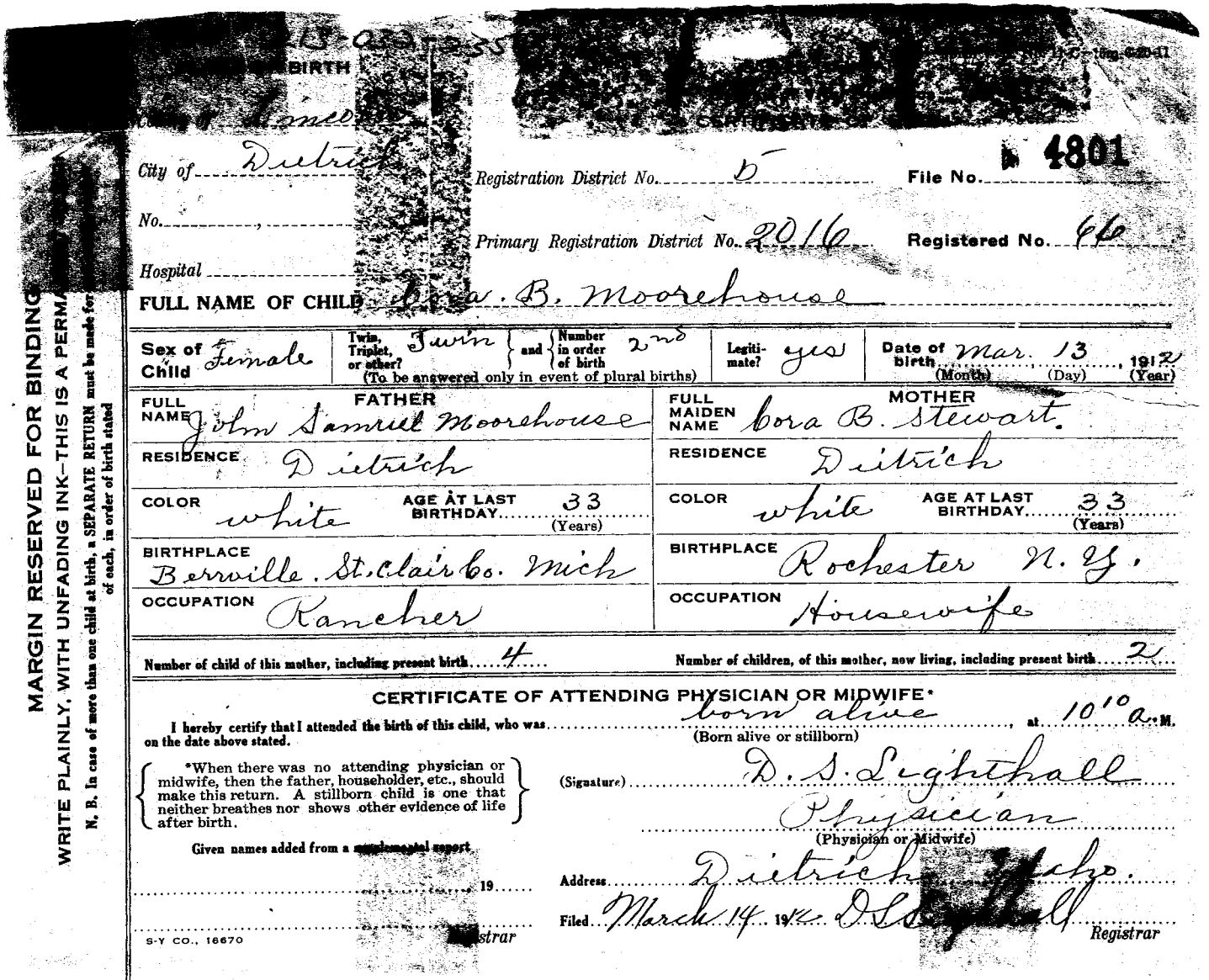
FORM DH 60-155

CL 4-2-65. rec. #18086 - 1 copy pd.

Statement from L.D.S. Church, Pocatello, Idaho, Bud H. Hinckley, Bishop, statement written May 5, 1965, states "This is to certify that according the to the Records of the Church of Jesus Christ of Latter Day Saints, of the Pocatello Tenth Ward, Dorothea Maxine Boden, (Farmer is married name), daughter of Roscoe Boden and Dorothea Morrison Pickett was born 26th of March 1912 at Shoshone, Lincoln County, Idaho. Baptized 26 of June 1926."- viewed by V.S.

OCT 27 1965

Family Record Book, orr. book viewed, gives one full nameas Dorothea Maxine Boden, born 1912 - married to Roland Farmer in 1959 - published after 1958 - viewed by V.S. -



BIRTH

City of Dietrich

No. ____, ____

Hospital ____

Registration District No. 5 File No. 4801

Primary Registration District No. 2016 Registered No. 66

FULL NAME OF CHILD Bora B. Moorehouse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2nd	yes	Mar. 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Samuel Moorehouse	Bora B. Stewart.
RESIDENCE	Dietrich	Dietrich
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Berville. St. Clair Co. Mich	Rochester N. Y.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall

Physician (Physician or Midwife)

Address Dietrich Idaho.

Given names added from a supplemental report ____, 19____

Filed March 14, 19 12 D. S. Lighthall Registrar

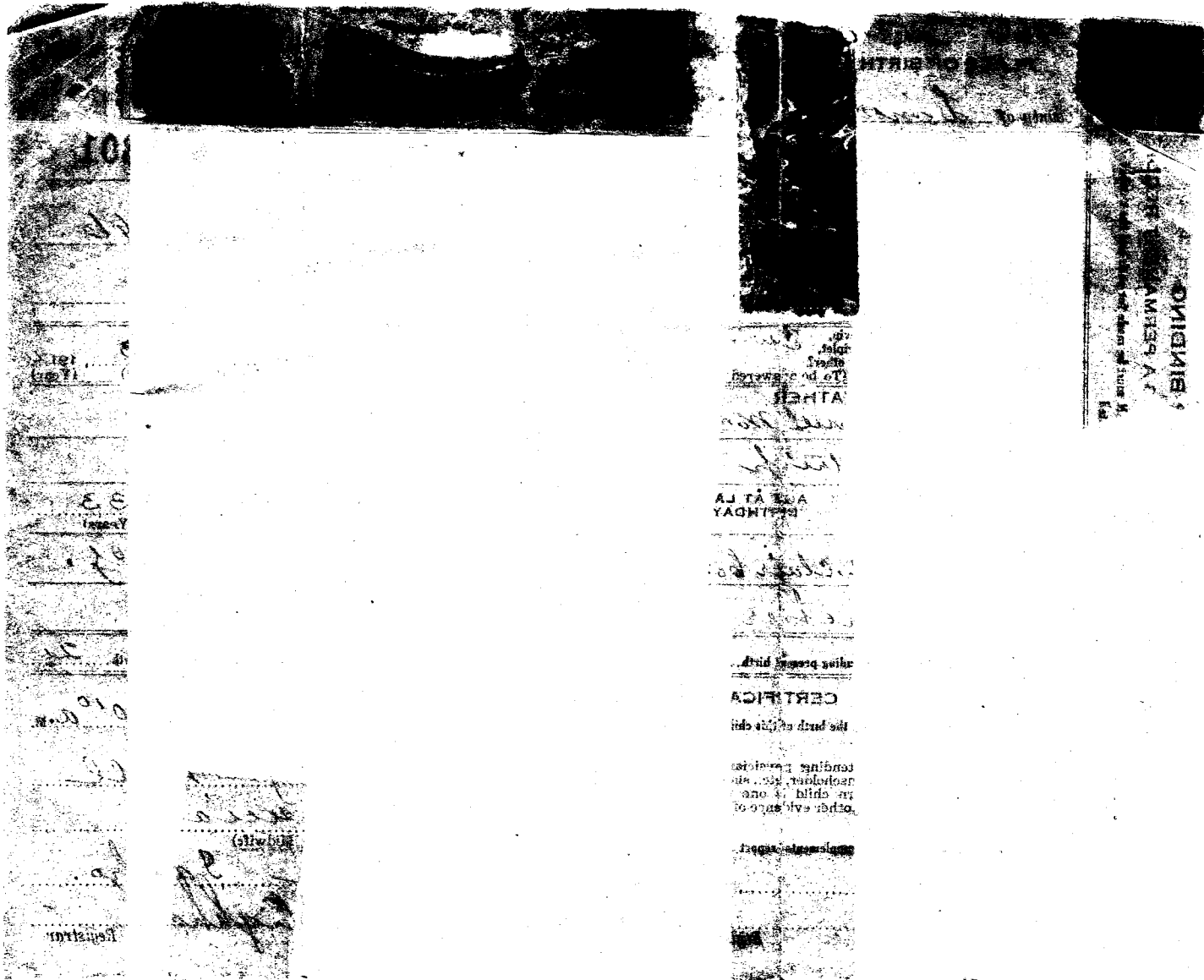
____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated



389-225-032-793

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11–10m–6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone Registration District No. 5 File No. 4993

No. ____, ____ St. Primary Registration District No. 2016 Registered No. 67

Hospital Home

FULL NAME OF CHILD Ruth Chrisman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		4	yes	Feb. 25, 1912

FATHER	MOTHER
FULL NAME J. B. Chrisman	FULL MAIDEN NAME Anna Gilroy
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE New Jersey
OCCUPATION Locomotive Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn) at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Fuller

Given name added from a supplemental report

..... 19..... (Physician or Midwife)

Registrar Address Shoshone Idaho

Filed Feby 8th 19 12 C. D. Fuller Registrar

B-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 1972

1 0 1942

281-104-032-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 4804

Primary Registration District No. 2014 Registered No. 62

FULL NAME OF CHILD Baby Shaw

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clayn Shaw	Jemima Wilson
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	34
BIRTHPLACE	Nephi Ut	Ephraim Ut
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician

(Physician or Midwife)

Address Gooding Ida.

Given names added from a supplemental report

....., 19.....

Filed March 6th 1912. Wm Boyd Secrest

Registrar

S-Y CO., 16670

Registrar

SEP 20 1974

693-204-032-857

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 6

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4805

No. ____, ____ St.

Primary Registration District No. 9014

Registered No. 68

Hospital ____

FULL NAME OF CHILD Rosabelle Lucille Willett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 4, 1912

FATHER		MOTHER	
FULL NAME	Harvey N. Willett	FULL MAIDEN NAME	Olive Hepner
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Corydon Ind	BIRTHPLACE	Christman, Ills
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician

(Physician or Midwife)

Address Gooding Ida

Given names added from a supplemental report

____, 19____

Filed March 4th 1912 Wm Boyd Secrest

Registrar

____

Registrar

S-Y CO., 16670

JUN 2 9 1942

38-6-218-032-797

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5

File No. 4806

No. ____, ____ St.

Primary Registration District No. 2014

Registered No. 64

Hospital ____

FULL NAME OF CHILD Eldred Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar 16, 1912

FATHER	MOTHER
FULL NAME Noah C Thompson	FULL MAIDEN NAME Sallie Sipes
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Kansas
OCCUPATION Undertaker & Furniture	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. H. Cromwell M. D.

Physician

(Physician or Midwife)

Address Gooding Ida.

____ 19____

Registrar

Filed Mar 16 19 12 J. H. Cromwell

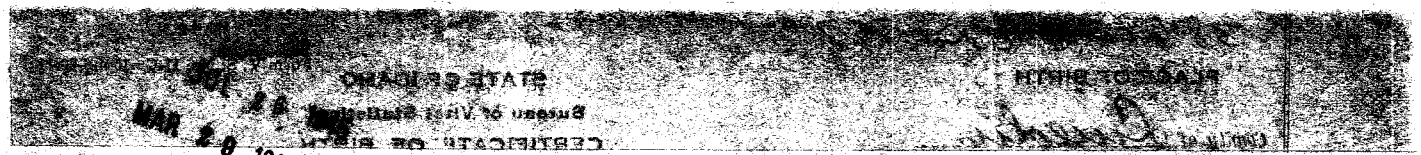
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


MAR 2 8 1943

295-103-032-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5 **File No.** 4807

No. ..... *St.*

Primary Registration District No. 2014 **Registered No.** 65

Hospital .....

FULL NAME OF CHILD ~~Orval John~~ ORVILLE JOHN SINGER

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	yes	2-3-1912

FATHER		MOTHER	
FULL NAME	A. M. Singer	FULL MAIDEN NAME	Emma Davis
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Brick-mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Fuller

Physician (Physician or Midwife)

Address Shoshone, Idaho

Filed July 4th 1912 C. J. Fuller Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 4807

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on Feb. 3, 1912 (DATE OF EVENT)
in Gooding, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my actual knowledge bing his mother prepared on ____ (GIVE DATE), are:
(BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Orval J. Singer	Orville John Singer

Subscribed and sworn to before me this 5th
day of June, 19 42

M F Egan

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1943
(SEAL)

Signed Emma L Singer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of June, 1942

M F Egan

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 193
(SEAL)

Signed Rose Pollard
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Gooding Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

1942

693 - 12-[illegible]-367

PLACE OF BIRTH

County of Lincoln

City of Hazerman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. 11-C—15m-4-31-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 — File No. 4808

Primary Registration District No. 2013 — Registered No. 50

FULL NAME OF CHILD Baby Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Wilson	Ada Cox
RESIDENCE	Hazerman	Hazerman
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Concrete man	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Marshall

(Physician or Midwife)

Address Hazerman

Given names added from a supplemental report

..... 19.....

W W Marshall
Registrar

Filed Feb 5 1912 W W Marshall
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

399-125-032-655 Childs name Amended on 2/25/03 LLT

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

Registration District No. 05

File No. 4809

No. ____, ____ St.

Primary Registration District No. 2013

Registered No. 51

Hospital Dawson Keller

FULL NAME OF CHILD Tiffy Crist

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes	Mar 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dow Crist	ada Weech
RESIDENCE	Hagerman	Hagerman
COLOR	wh.	wh.
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Utah	Ida
OCCUPATION	Rancher.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W W Marshall

(Physician or Midwife)

Address Hagerman

Given names added from a supplemental report

..... 19.....

W W Marshall Registrar

Filed Apr 6 1912 W W Marshall Registrar

CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

2/4/03

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

03 FEB 14 PM 4:30

Certificate No. 1912-4809

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)

for Baby Crist (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 25, 1912 (Date of Event)

in Hagerman, Idaho (Lincoln) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Baby Crist	Dawson Keller Crist

Subscribed and sworn to before me this 11th day of February, 2003.

Notary Public, Stephanie Anne McKenna

Residing at Anchorage Alaska

My commission expires August 29th 2006 (Seal)

STEPHANIE ANNE McKENNA NOTARY PUBLIC Alaska

X Dawson Keller Crist
Signature of Applicant

X 101 PACIFIC VIEW DR. ANCHORAGE, AK 99515
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)
(Is not necessary X)

State of Alaska } SS.
County of 3rd Judicial District }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Certificate of Baptism and Confirmation dated April 26, 1965 from Anchorage Alaska shows Childs name as Dawson Keller Crist. Viewed by VS

Marriage certificate from the state of Utah dated October 9, 1940 shows childs name as Dawson Keller Crist. Viewed by VS

325-119-032-449

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

Registration District No. 5 File No. 4810

No. ____, ____ St.

Primary Registration District No. 3013 Registered No. 52

Hospital ____

FULL NAME OF CHILD Baby Queen CLEVE

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes	Feb 19 1912

FATHER		MOTHER	
FULL NAME	Archie Queen	FULL MAIDEN NAME	Stella Durfee
RESIDENCE	Bliss Ida	RESIDENCE	Bliss Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Marshall

(Physician or ~~Midwife~~)

Address Hagerman

Given names added from a supplemental report

....., 19.....

W. W. Marshall
Registrar

Filed Feb 5 19 12

W. W. Marshall
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 4810

Date Filed birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 2-19-42 (DATE OF EVENT)
in Hagerman Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Cleve Owens

Subscribed and sworn to before me this 26th
day of March, 19 42

E. Morrell
Notary Public, residing at Mtn. Home, Idaho.
My commission expires June 7th, 1943.
(SEAL)

Signed Mrs. Stella Owens
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Mountain Home, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of March, 19 42.

E. Morrell
Notary Public, residing at Mtn. Home, Idaho.
My commission expires June 7th, 1943.
(SEAL)

Signed P. J. Bradley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Mountain Home, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 6 1962

821-102-032-821 See 200169

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman Registration District No. 5 File No. 4812

No. ....., ... St.

Primary Registration District No. 218 Registered No. 54

Hospital .....

FULL NAME OF CHILD Louis Ybargen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 2 1912

	FATHER	MOTHER
FULL NAME	Jos. Ybargen	FULL MAIDEN NAME Ventura Ybarguen
RESIDENCE	Hagerman, Idaho	RESIDENCE Hagerman
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Viscaya Spain	BIRTHPLACE Vizcaya
OCCUPATION	Sheep Manager	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Louis Ybargen (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. E. Faulkner

Physician

(Physician or Midwife)

Address Hagerman

Filed Apr 5 1912 W. H. Hancock

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Ybarguen

Duplicate 1912 - 200169 VOIDED

Amended May 13, 1952

PLACE OF BIRTH

155-12-022-449

County of Lincoln

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 1813

Primary Registration District No. 2031 Registered No. 55

FULL NAME OF CHILD CARL EDWARD JENKINS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 21, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Columbus E. Jenkins	FULL MAIDEN NAME	Emma Durfee
RESIDENCE	Hagerman, Ida.	RESIDENCE	Hagerman, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Almo, Cassia Co, Idaho
OCCUPATION	Rancher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Fankbouer

physician (Physician or midwife)

Address Hagerman

Filed Apr. 5 1912 Marshall Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jan. 6-20-11

OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman Registration District No. 8 File No. 4813

No. ____, ____ St.

Primary Registration District No. 2013 Registered No. 55

Hospital ____

FULL NAME OF CHILD Carl Russell Jenkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan 21, 1912 (Month) (Day) (Year)

FATHER

FULL NAME Columbus E Jenkins

RESIDENCE Hagerman Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Texas.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Emma Murfee

RESIDENCE Hagerman Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Mo. Cass Co Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Hawthorn

Physician (Physician or Midwife)

Address Hagerman

Filed Feb 5 1912 Dwight Marshall Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 14 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 48135

RECEIVED MAY 12 1952 BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Gooding }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Carl Edward Jenkins (Name on Original Certificate) who born (Was Born or Died) on January 21, 1912 (Date of Event)
in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bigle (Bible Record, Insurance Policy, Etc.) prepared on shortly after his birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME OF CHILD	Carl Russell Jenkins	Carl Edward Jenkins

I am his mother and know that his correct name is Carl Edward Jenkins

Subscribed and sworn to before me this 9th day of May, 1952

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 11, 1955
(Seal)

Signed Edward Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1212 Washington St. Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 1952

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1955
(Seal)

Signed Faye Jenkins Bonning
(Signature of Any Credible Person)
Sister of Carl Edward Jenkins
Gooding, Idaho
(Street Address, City, State)

1 c. pd.

4155-118-032-753

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman Registration District No. 5 File No. 4814

No. ....., ... St.

Primary Registration District No. 2013 Registered No. 56

Hospital .....

FULL NAME OF CHILD Baby Dennis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	Yes	Jan 18, 1912

FATHER		MOTHER	
FULL NAME	John W Dennis	FULL MAIDEN NAME	Lulu E Pelton
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkner M.D.

Physician

(Physician or Midwife)

Address Hagerman

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 5 1912 W. H. Marshall
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

465-103-022-469

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 1-C- 10m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazelman — Registration District No. 5 — File No. 4815

No. ____, ____ St. — Primary Registration District No. 20/0 — Registered No. 66

Hospital ____

FULL NAME OF CHILD Milford Moris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			yes	Jan	8	1912

FATHER	MOTHER
FULL NAME Frank H Moris	FULL MAIDEN NAME Johanna Moris
RESIDENCE Near Gooding	RESIDENCE Near Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 58 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE Pennsylvania	BIRTHPLACE Denmark
OCCUPATION Ranchman	OCCUPATION House Wife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 11.15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank H. Moris

(Physician or Midwife)

Given names added from a supplemental report

Address Hazelman

____, 19____

Filed Mar 3 19 1 D W Marshall

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated

OCT 9 1969

[redacted] 541-127-044-866

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale — Registration District No. 26 — File No. r. 4816

No. ____, ____ St. — Primary Registration District No. 2113 — Registered No. 52

Hospital ____

FULL NAME OF CHILD Dale Lualls

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 27, 1912

FATHER		MOTHER	
FULL NAME	Vard L Lualls	FULL MAIDEN NAME	Myrtle Anna Houston
RESIDENCE	Midvale Ida	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D V T Schmitz

Physician (Physician or Midwife)

Address Midvale Ida

Filed Mar 27 1912 T A Schmitz Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated

SEP 2 1947

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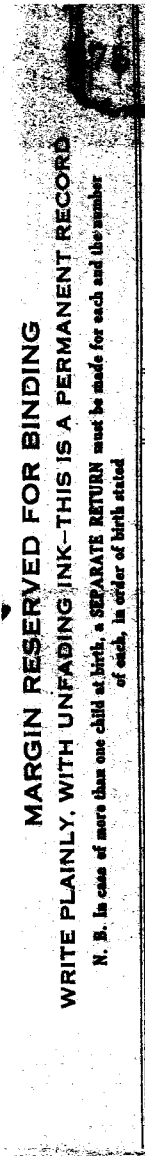


PLACE OF BIRTH

County of Washington

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-31-11

City of Weiser — Registration District No. 26 — File No. 4817

No. 729 West 3rd, St. — Primary Registration District No. 1010 — Registered No. 353

Hospital

FULL NAME OF CHILD Emily Louise Coulter

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	3	Yes	3 31 1912

FATHER	MOTHER
FULL NAME Ed. R. Coulter	FULL MAIDEN NAME Lucina Williams
RESIDENCE Weiser, Idaho	RESIDENCE Weiser, Idaho.
COLOR White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR White — AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Pensylvania
OCCUPATION Lawyer	OCCUPATION House-wife

Number of child of this mother, including present birth 3 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Coulter, M.D.

(Physician or Midwife)

Address Weiser, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 7 1912 W R Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

915-222-044-915

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 4818

No. ..... St.

Primary Registration District No. 1010

Registered No. 57

Hospital Josephine

FULL NAME OF CHILD Leonard Randalman

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	3	Yes	March 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Curtis W. Randalman	Rose Randalman
RESIDENCE	Midvale Idaho	Midvale Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White	White 37
BIRTHPLACE	Carlisle Iowa	Middlevalley
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Weiser Idaho (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed April 9th 1912 W. R. Hamilton Registrar

S-Y CO., 15870 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

WHITE FLANNEL WITH UNDERLINING-THREE A PEI

WARNER BROS. RESERVED FOR BINDING

Z MOM MAIDEN

RANDLEMAN

DUP OF 1912-347068

532-127-044-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4819

Primary Registration District No. 2112 Registered No. 50

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	March 24 1912

FATHER		MOTHER	
FULL NAME	Henry A. Eddins	FULL MAIDEN NAME	Susan Cates
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry A. Eddins

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

____, 19____

Filed April 9th 1912 W. R. Hamilton

Registrar

____

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

PARENTS

CERTIFICATE OF ATTENDANT AT THE BIRTH

249-25-044-293

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Washington

City of Weiser

Registration District No. 26 File No. 4820

No. 337 W. Court St.

Primary Registration District No. 1011 Registered No. 49

Hospital

FULL NAME OF CHILD Carroll Leon Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isadore Smith	Adelia Alice Kellaran
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Weiser Idaho	Willow Creek Oregon
OCCUPATION	Cigars & Tobacco	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Conant M D

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed March 25th 1912 W R Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367-124-044-862

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Salubria

Registration District No. 26 File No. 4821

No. ____, ____ St.

Primary Registration District No. 2214 Registered No. 45

Hospital ____

FULL NAME OF CHILD Willis Raymond Cox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes	Mar. 24, 1912

FATHER		MOTHER	
FULL NAME	Anderson Cox	FULL MAIDEN NAME	Nora Ross
RESIDENCE	Salubria Idaho	RESIDENCE	Salubria Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Caldwell Idaho	BIRTHPLACE	Cambridge Idaho
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Schmutz M.D.

(Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar 28 19 12 L. E. Elliott Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 19 1962

80-28-244-819

PLACE OF BIRTH

Form V. S. No. H-C-15m-6-31-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26. File No. 4822

No. ____, ____ St.

Primary Registration District No. 2112 Registered No. 47

Hospital ____

FULL NAME OF CHILD Dorothy L. Hale

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sidney W. Hale.	Cora Francis Hart.
RESIDENCE	San Antonio Texas	Weiser Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White. 39	white 35
BIRTHPLACE	Bates Co. Missouri	Bates Co. Missouri
OCCUPATION	Real Estate & Loans	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2. at 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Leonard M.D.

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19....

Filed Nov 20th 1912 W. R. Hamilton

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

STATE OF IDAHO

334-117-044-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ *St.*

Hospital ____

Registration District No. 24 **File No.** 4823

Primary Registration District No. 2114 **Registered No.** 46

FULL NAME OF CHILD Lyle James Clure

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes.	Mar 17, 1912

FATHER		MOTHER	
FULL NAME	Lawrence Clure.	FULL MAIDEN NAME	Hazle Hall.
RESIDENCE	Salubria Idaho.	RESIDENCE	Salubria Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	New York.
OCCUPATION	Ranching	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn), at 5.0 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

(Signature) C. D. Schmutz M. D.

(Physician or Midwife)

Address Cambridge Idaho

Filed Mar 20 1912 L. C. Elliott Sub *Registrar*

S-Y CO., 16670

OCT 14 1959

SEP 12 1975

974

993-115-044-405

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—Rev. 1911

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 26 — File No. 4824

No. 853 W. 3rd. St. — Primary Registration District No. 1010 — Registered No. 45

Hospital

FULL NAME OF CHILD Ralph Ulen Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	#	3	Yes	3 — 15 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse L. Richards	Lily Kate Ulen
RESIDENCE	Weiser, Idaho	Weiser, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Indiana	Indiana
OCCUPATION	District Attorney	House-wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Sweeney

(Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed March 16 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

862-21-2407-365

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C 15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale — Registration District No. 26 — File No. 4825

No. ____, ____ St. — Primary Registration District No. 2113 — Registered No. 441

Hospital ____

FULL NAME OF CHILD Glenys Bessie Hopper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 12, 1912

FATHER		MOTHER	
FULL NAME	Victor L Hopper	FULL MAIDEN NAME	Clara Cone
RESIDENCE	Midvale Ida	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician (Physician or Midwife)

Address Midvale Ida

Filed Mar 12 1912 F A Schmitz Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH INDELIBLE INK—THIS FORM MUST NOT BE FOLDED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Washington } ss.

Certificate No. 4825

SEP 16 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for ✓ (Name on original certificate) who born (Was born or died) on March 12 1912 (Date of event)
in Midvale Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on March 12 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Glenys Bessie Hopper

Subscribed and sworn to before me this 13th
day of September, 1941

J. P. Woodington
Notary Public, residing at Midvale Idaho

My commission expires May 10 1944
[SEAL]

Signed Clara May Hopper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Midvale Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of September, 1941

J. P. Woodington
Notary Public, residing at Midvale Idaho

My commission expires May 10 1944
[SEAL]

Signed Fred Rodgers
(Signature of any credible person other than the previous affiant.)

Midvale Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

[redacted] - 11-046-2

[redacted] PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 4826

No. ____, ____ St.

Primary Registration District No. 1010

Registered No. 43

Hospital ____

FULL NAME OF CHILD Morrell Grosscup

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 11 1912

FATHER		MOTHER	
FULL NAME	Millard F. Grosscupp	FULL MAIDEN NAME	Minnie Hurd
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	New York N.Y.	COLOR	white
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	40
		BIRTHPLACE	New York N.Y.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Conant MD (Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 15th 1912 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

213

County of [illegible]

City of [illegible] File No. 4827

No. [illegible] Primary Registration District No. [illegible] Registered No. 42

Hospital [illegible]

FULL NAME OF ~~CHILD~~ Josephine Salter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	one	yes	March 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Alonzo Salter	Jennie Michealson
RESIDENCE	Wiser Idaho	Wiser Ida.
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	26.	28.
BIRTHPLACE	Wiser Idaho	Ruben Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth one

Number of children of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive March 10- (Born alive or ~~stillborn~~) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

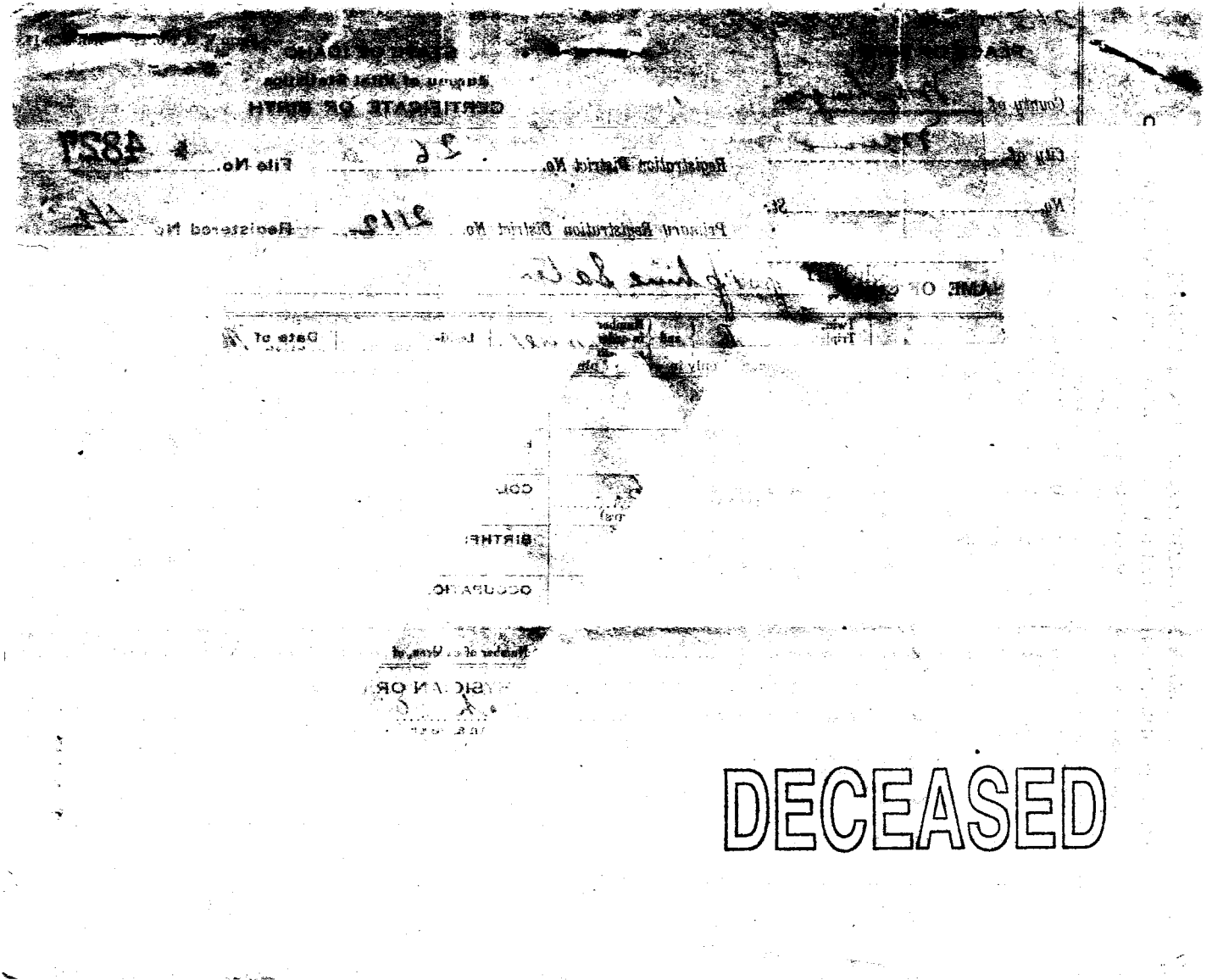
(Signature) James A Young

(Physician or ~~Midwife~~)

Address Wiser Idaho.

Filed Month 11th 1912 W. R. Hamilton

S-Y CO., 16670 Registrar Registrar



DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Pierce } ss.

Certificate No. 4827

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Josephine Sater (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1912 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family bible (Bible Record, Insurance Policy, Etc.) prepared on March 10, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Josephine	Dorothy Josephine Sater

Subscribed and sworn to before me this 27th day of February, 19 43

D. F. Rogers
Notary Public, residing at Tacoma

My commission expires Sept. 18, 1943
(Seal)

Signed Jennie E. Sater Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5423 So. L, Tacoma, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Pierce } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 19 43

D. F. Rogers
Notary Public, residing at Tacoma

My commission expires Sept. 18, 1943
(Seal)

Signed Edith L. Allen
(Signature of Any Credible Person Other Than Previous Year)

517 E. 35th, Tacoma, Washington
(Street Address, City, State)

MAR 3 1943

416 - 108-044-349

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 4828

No. ____, ____ St.

Primary Registration District No. 2112

Registered No. 41

Hospital ____

FULL NAME OF CHILD LARSTON WILLIAM DAWN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	single	2nd	yes	March 18th 1912

FATHER		MOTHER	
FULL NAME	L Blackburn Dawn	FULL MAIDEN NAME	Belle Curry
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Fayetteville Arkansas	BIRTHPLACE	Washington Co Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive March 9 1912, at Weiser M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Weiser Idaho

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed March 16 1912 W. R. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Registrar

Filed

Address

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss.
County of Reno

Certificate No. 4828

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Wm. Larston Dawn (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 8, 1942 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by [illegible] (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on [illegible] (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (AS CORRECT FACTS)
Name	Wm. Larston Dawn	Larston Wm. Dawn
Date	March 9th	March 8th

Subscribed and sworn to before me this 5th
day of January, 1942

Bernice B Coulles
Notary Public, residing at #1-So. Walnut Hutchinson, Ks

My commission expires March 17, 1945
(SEAL)

Signed Mrs. Larston B. Dawn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

510 East 2 St., Hutchison, Kans.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Reno

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of January, 1942

Bernice B Coulles
Notary Public, residing at #1-So. Walnut Hutchinson, Ks

My commission expires March 17-1945
(SEAL)

Signed Mr Larston B. Dawn
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

510 East 2 St., Hutchison, Kans.
(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By
(REGISTRAR'S SIGNATURE)

465-206-044-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4829

Primary Registration District No. 1010 Registered No. 40

FULL NAME OF CHILD Marie Moulton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	March 6th 1912

FATHER		MOTHER	
FULL NAME	P. H. B. Moulton	FULL MAIDEN NAME	Nancy A Shannon
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas.	BIRTHPLACE	Mo
OCCUPATION	Real Estate	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed March 7th 1912 W. R. Hamilton

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

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1824

[redacted] 16 1974

662-104-044-443

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. 526 Court St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4830

Primary Registration District No. 1010 Registered No. 39

FULL NAME OF CHILD William Foster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 4 1912

FATHER		MOTHER	
FULL NAME	Edwin W Foster	FULL MAIDEN NAME	Birdie Dewavey
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Sio Ohio	BIRTHPLACE	Rushville Illinois
OCCUPATION	Machinist	OCCUPATION	Home wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 AM. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Finney

Physician

(Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 5th 1912 W R Hamilton

Registrar

.....

Registrar

S-Y CO., 16670

APR 23 1942

819-104-044-55-9

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4831

Primary Registration District No. 2112 Registered No. 39

FULL NAME OF CHILD Clifford Clark Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	3 4 1912

FATHER		MOTHER	
FULL NAME	E. F. Harris.	FULL MAIDEN NAME	Alpha Perley
RESIDENCE	Weiser	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Weiser Idaho
OCCUPATION	Rancher.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O Feeney

Physician

(Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Mch 5 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 29 1942

FEB 6 1942

DEC 16 1974

343 - 104-044-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. II-C—Jan. 20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 4832

No. ____, ____ St.

Primary Registration District No. 1010

Registered No. 37

Hospital ____

FULL NAME OF CHILD Robert Cutting

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	single	2nd	Yes	March 4, 1912

FATHER		MOTHER	
FULL NAME	Phillip Cutting	FULL MAIDEN NAME	Lulu Williams
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Danville, Ill.	BIRTHPLACE	Goldhill Nevada
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was delivered March 4 1912 at 4 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or Midwife)

Address Weiser, Idaho

Given names added from a supplemental report

..... 19.....

Filed March 5th 1912 M. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

633-202-044-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-7-11

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4833

Primary Registration District No. 2214 Registered No. 31

FULL NAME OF CHILD Ada Mildred Elliott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	May 2 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Leslie Elmo Elliott	FULL MAIDEN NAME: Bertha Bernice McComas
RESIDENCE: Cambridge	RESIDENCE: Cambridge
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Physician & Surgeon	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) L. E. Elliott

Physician

(Physician or Midwife)

Address Cambridge Ida

Filed Mar 4 1913 L. E. Elliott Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

CERTIFICATE OF BIRTH

1931

File No.

363-123-044-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26 File No. 4834

No. ____, ____ St.

Primary Registration District No. 2113 Registered No. 35

Hospital ____

FULL NAME OF CHILD Marion Wayne Cole

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Feb 23 1913

FATHER		MOTHER	
FULL NAME	Wm Pleasant Cole	FULL MAIDEN NAME	Myrtle Caroline Mitchell
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm P. Cole

House Wife

(Physician or Midwife)

Address Midvale

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed March 9 1913 F. A. Schmuck MD

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/9/40 L. B.

492-127-044-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF [illegible] Dishman

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4835

Primary Registration District No. 2112 Registered No. 34

FULL NAME OF CHILD Dishman

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? 4th | Date of birth: Feb. 27 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Everett Deshon	FULL MAIDEN NAME: Matta Brow
RESIDENCE: Hesser	RESIDENCE: Hesser
COLOR: White	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Mo	COLOR: White
OCCUPATION: Farmer	AGE AT LAST BIRTHDAY: 30 (Years)
	BIRTHPLACE: Mo
	OCCUPATION: House keeper

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Mitchell MD

(Physician or Midwife)

Address Hesser Idaho

Given names added from a supplemental report

....., 19.....

Filed March 1st 1912 Dr. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 1972

455-106-044-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 4836

Primary Registration District No. 2214 Registered No. 23

FULL NAME OF CHILD George Andrew Denney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew J. Denney	Emily M Looney
RESIDENCE	Cambridge	Cambridge Ida
COLOR / AGE AT LAST BIRTHDAY	White / 24 (Years)	White / 21 (Years)
BIRTHPLACE	Salubria Ida	Salubria Ida
OCCUPATION	Carpenter	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. E. E. Elliott M. D.

(Physician or Midwife)

Address Cambridge Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 6 1912 P. E. Elliott Sub Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

FEB 22 1973

Dupont 1912-231926

214-018-893

OF BIRTH

Teanwater

Teakean

No_____, _____St.

Hospital _____

Form V. S. No. 21-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4838

Registration District No. 17

Primary Registration District No. 2078

Registered No. 32

FULL NAME OF CHILD Della Carrie Herring

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	March 14, 1912

FATHER	MOTHER
FULL NAME Orville E Herring	FULL MAIDEN NAME Carrie Elizabeth Holtzer
RESIDENCE Near Teakean	RESIDENCE Near Teakean
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Nullen Iowa	BIRTHPLACE Near Astoria Ill
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) H M Jones

Physician

(Physician or Midwife)

Address Rock Idaho

Filed April 8 1912 J M Bailey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

Certificate No. 4838

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Herring (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1912 (Date of Event)
in Teakean, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible destroyed by fire (Bible Record, Insurance Policy, Etc.) prepared on March 14, 1912 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Della Carrie Herring

Subscribed and swern to before me this 22nd day of July, 1965

Signed X Carrie E Herring
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nancy M Smith
Notary Public, residing at Lewiston

My commission expires April 1, 1969
(Seal)

Lewiston Orchards Nursing Home
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1965

Signed X Stella M White
(Signature of Any Credible Person)

Nancy M Smith
Notary Public, residing at Lewiston

My commission expires April 1, 1969
(Seal)

816 - 7th St. Lewiston
(Street Address, City, State)

FORM DH 60-155

CL 5-28-65. RM two copies pd. rec. #18183.

Cradle Roll Certificate, Clearwater Sunday School, dated May 5, 1912 gives full name as Della Carrie Herring, born March 14, 1912 to Mr. and Mrs. O.E. Herring of Lenore, Idaho viewed by V.S.

OCT 27 1965

Own Child's Birth Certificate on file: (Idaho Birth) #251139 gives full maiden name of mother as Della Carrie Herring - viewed by V.S.

682-B29-018-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. H. C.—Rev. 1-43

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cleanwater

City of Near Troy

No ____, ____ St.

Hospital ____

Registration District No. 17

Primary Registration District No. 2078

File No. 4839

Registered No. 71

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	3	Yes	Feb 29, 1912

FATHER	MOTHER
FULL NAME: Alpheus Raymond Whitney	FULL MAIDEN NAME: Olive Lenorlie Duncan
RESIDENCE: Near Troy	RESIDENCE: Near Troy
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Missouri
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Jones

Physician

(Physician or Midwife)

Address Peck Idaho

Given names added from a supplemental report

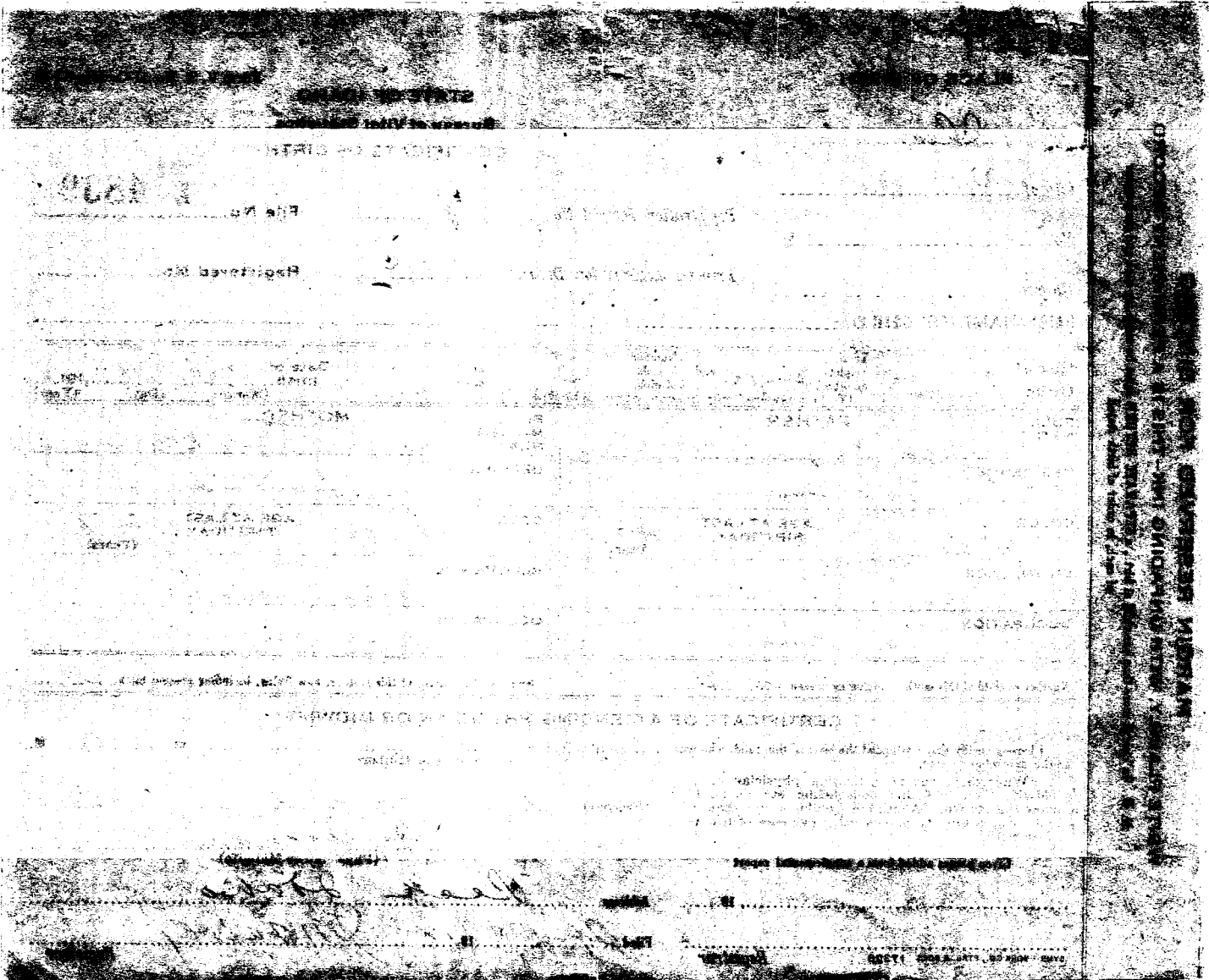
____, 19____

Filed Mar 8 1912 J. M. Gaily

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



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PLAC[redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21 File No. 4840

No. ____, ____ St.

Primary Registration District No. 2022 Registered No. 73

Hospital ____

FULL NAME OF CHILD ~~[redacted]~~ Martha Helen Adams

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry A. Adams	Marguerett Gibson
RESIDENCE	Hailey Idaho	Hailey Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	32
BIRTHPLACE	Iowa	Nevada
OCCUPATION	Probate judge	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raaf M.D.

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed March 20 1912 R. H. Wright M.D.

Registrar

..... Registrar

S-Y CO., 16670

[redacted]

NOV 7 1968

MAR 15 1974

285 F. 21 2 207 453

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum — Registration District No. 21 — File No. 4841

No. ____, ____ St. — Primary Registration District No. 2022 — Registered No. 72

Hospital McPheters' — FULL NAME OF CHILD Marjorie Reid

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert Mc. Peters	Hanna McCoy
RESIDENCE	Ketchum Idaho	Ketchum Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 36	White / 33
BIRTHPLACE	Minnesota	California
OCCUPATION	forest reserve employ	housewife
Number of child of this mother, including present birth	5	
Number of children, of this mother, now living, including present birth		5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raaf M.D.

(Physician or Midwife) Hailey Idaho

Given names added from a supplemental report

Registrar — 1912 — R. L. Stright M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF OHIO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

795-112-007-866

Form V. S. No. 11-C—16m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 4842

Primary Registration District No. 2022 Registered No. 71

FULL NAME OF CHILD ~~Norman~~ Howard Wallace Pierce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Pierson	Edna Howard.
RESIDENCE	Hailey	Hailey
COLOR / AGE AT LAST BIRTHDAY (Years)	White 32	White 27
BIRTHPLACE	California	Mo.
OCCUPATION	Clerk	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Filed March 20 1912 A. H. Wright M.D.

Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 28 1953

852-119-007-364

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

Registration District No. 21 File No. 4944

No. ____, ____ St.

Primary Registration District No. 2024 Registered No. 69

Hospital ____

FULL NAME OF CHILD Lyle Compton Hess

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X (To be answered only in event of plural births)		X	yes	Mar 19, 1912

FATHER		MOTHER	
FULL NAME	Frank Thomas Hess	FULL MAIDEN NAME	Sarah Ann Compton
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher.	OCCUPATION	Housewife -

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthaei M.D.

Physician (Physician or Midwife)

Address Arco, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 25 19 12 R. Thurston Registrar

.....
Registrar

S-Y. CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Dec. 31, 1940. E.W.

APR 24 1973
MAR 12 1974

133-112-207-712

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 4845

No. ____, ____ St.

Primary Registration District No. 2026

Registered No. 68

Hospital

FULL NAME OF CHILD Loyd Eugene Allred

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 12, 1913

FATHER	MOTHER
FULL NAME Emanuel A Allred	FULL MAIDEN NAME Nellie E. Jasson
RESIDENCE Hailey Ida	RESIDENCE Hailey Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Fairview Sandpt Ida	BIRTHPLACE Fairview Sandpt Ida
OCCUPATION Farming	OCCUPATION Milliner

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:06 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife

(Physician or Midwife)

Address Hailey Blaine Co Idaho

Given name added from a supplemental report

....., 19.....

Filed 3/20 19 13 P. Hutchison

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

789-210-007-669

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 4846

Registration District No. 21 File No. ____

Primary Registration District No. 2025 Registered No. 64

FULL NAME OF CHILD Ida Fern Phippen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			yes	Mar. (Month) 10 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Franklin W. Phippen	Sarah ~~Pearl~~ Hard
RESIDENCE	Hailey Ida	Hailey Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	39 (Years)
BIRTHPLACE	Salt Lake City	Georgia Gilmore Co
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. T. B. House

Midwife (Physician or midwife)

Address Hailey Ida.

Given names added from a supplemental report

....., 19.....

Filed 3/15 1912 [illegible] Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 161

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

DUP OF 12-338/61

DUP OF 1912-338/61

789-HC-007-669

338161

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 4

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home of Frank W. Phippen
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD Ida Fern Phippen

5. Date of Birth of Child (Month, day, year) March 10, 1912

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Warthington Phippen
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Renting Ranch
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Pearl Ford
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Elejay (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Phippen (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 30 years, and that Mrs. Josiah Howard (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Pearl Phippen Signature

Elgin, Oreg. P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942

(SEAL) Jesse Crum Notary Public, residing at Elgin, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dec. 6-1917-48416

497-115-297-945

Amended 2-25-71

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

Registration District No. 21

File No. 4847

No. ____ St.

Primary Registration District No. 2025

Registered No. 66

Hospital ____

FULL NAME OF CHILD Laurina Leslie Dixon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 15, 1912

FATHER		MOTHER	
FULL NAME	Alvin E. Dixon	FULL MAIDEN NAME	Millie Alice Adew
RESIDENCE	Picabo Ida.	RESIDENCE	Picabo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lynn Co Kansas	BIRTHPLACE	Smith Co Kansas
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. G. B. Howard

Midwife (Physician or midwife)

Address Carey Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 20 19 12 R. Scott Hailey Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 5-25-77

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4847

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Larence Lessie Dixon (Name on Original Certificate) who was born (Was Born or Died) on Mar. 15, 1912 (Date of Event)

in Picabo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Larence Lessie Dixon	Lawrence Leslie Dixon

Subscribed and sworn to before me this 23rd day of February, 1977

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Mrs. Laurence Dixon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 2-28-66. nm

Family Bible original record gives name as Lawrence Leslie Dixon born March 15, 1912. Family Bible obviouly old. Parents Alvin Emmert Dixon and Millie Alice Dixon.
Viewed by V.S.

Social Security Card gives name as Lawrence Leslie Dixon # 519 14 7990.
Issued by the Social Security Administration 1940.
Viewed by V.S.

28-127-007-284

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-13

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 4848

Primary Registration District No. 2026 Registered No. 65

FULL NAME OF CHILD Leonard John Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 27 1912

FATHER		MOTHER	
FULL NAME	William M. Bird	FULL MAIDEN NAME	Allison W. Simpson
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Heber City Utah	BIRTHPLACE	Heber City Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:03 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Carey Idaho

Filed Mar 30 19 12 R. [illegible] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

Form U. S. No. 10-C—Jan.-S-18-12

799-103-002-468

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 4-9-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21 File No. 4849

No. ____, ____ St.

Primary Registration District No. 2022 Registered No. 64

Hospital ____

FULL NAME OF CHILD* William Alva Price

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Mar 3 1917

FATHER		MOTHER	
FULL NAME	Ruby Price	FULL MAIDEN NAME	Mary Doyle
RESIDENCE	Ranch	RESIDENCE	Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Colorado
OCCUPATION	Stock Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 10 1917 Robert Higgins Registrar

S-Y CO., 16670

OCT 27 1970

255-128-007-915

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-5-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

Registration District No. 21

File No. 4850

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 63

Hospital ____

FULL NAME OF CHILD Carl Melvin Keep

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M	~~and~~	~~and~~	Yes.	March 28, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ernest C. Keep.	FULL MAIDEN NAME Bertha Lea Randall
RESIDENCE Arco	RESIDENCE Arco.
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Pa.
OCCUPATION Barber.	OCCUPATION Housewife.

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1, a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) D. O. Matthaei M.D.

Physician (Physician or Midwife)

Address Arco Idaho

____, 19____

Registrar

Filed Mar 31 1912

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 1942

[redacted]

STATE OF [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 1351

No. ____, ____ St.

Primary Registration District No. 1023

Registered No. 6

Hospital

FULL NAME OF CHILD John Ayer L. Lightfoot

Sex of Child	(Twin, Triplet, or other?) and (Number in order of birth) (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	3 20 1912

FATHER

FULL NAME Baxter D Lightfoot

RESIDENCE Soldier Idaho

COLOR White

AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Ky

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Grace Ralston

RESIDENCE Soldier

COLOR White

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Mass.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 3-20-1912, at 2 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed 3/25 1912

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

[redacted]

CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

[redacted]

AUG 14 19[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

1893-220-007-266

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4852

County of Blaine

City of Carol

Registration District No. 21

File No.

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 60

Hospital

FULL NAME OF CHILD Myrtle Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 20 1912

FATHER		MOTHER	
FULL NAME	F D Miller	FULL MAIDEN NAME	Millie Koonty
RESIDENCE	Carol Ida	RESIDENCE	Carol, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3-20-1912, at 9a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Scott Briggs

Physician
(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19....

Registrar

Filed 3/25 1912 [illegible] Registrar

s-y cb.. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 7 1942

DECEASED

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-1911

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 4853

No. ..... St.

Primary Registration District No. 1023

Registered No. 61

Hospital .....

FULL NAME OF CHILD Fay Spencer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	3 2 1912

FATHER	MOTHER
FULL NAME F C Spencer	FULL MAIDEN NAME Beulah Munk
RESIDENCE Soldier	RESIDENCE Soldier Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Va.
OCCUPATION Pool Hall Operator	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3-2-1912, at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt Griggs

Physician

(Physician or Midwife)

Address Soldier Ida.

Given names added from a supplemental report

....., 19.....

Filed 3/25 19 12

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 13 1969

JAN 16 1974

94e-105-207-847

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C (Rev. 1-1-07)

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 2

File No. 5 4854

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 59

Hospital ____

FULL NAME OF CHILD Roland Muffley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes	3 17 1912

FATHER	MOTHER
FULL NAME Fred C Muffley	FULL MAIDEN NAME Minnie Hopley
RESIDENCE Soldier Idaho	RESIDENCE Soldier Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 3-5-1912, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Soldier Idaho

Filed 3/10 19 12 [illegible] Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

547-231-007-843

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4855

County of Blaine

City of Goldin

No. ____, ____ St.

Hospital

Registration District No. 21

Primary Registration District No. 2013

File No. ____

Registered No. 58

FULL NAME OF CHILD Dorothy Edgerton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	3 31 1912

FATHER	MOTHER
FULL NAME J E Edgerton	FULL MAIDEN NAME Harriett Hutton
RESIDENCE Goldin Idaho	RESIDENCE Goldin Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Neb	BIRTHPLACE Iowa
OCCUPATION Editor	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 3-31-1912, at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Higgs

Physician (Physician or Midwife)

Address Goldin Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/5-1912 19.12

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

4555

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Soldier

Street and House No.

County Blaine

Registered Number 58

Registration District No. 21

Sex of Child Female

Date of Birth, 3 (Month) 31 (Day) 1917 (Year)

Full Name of Father J. E. Edgerton

Full Maiden Name of Mother Harriet Hurton

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Edgerton

(Given name in full) (Surname)

as reported by Mrs. J. E. Edgerton

(Father or Mother)

Robert Hughes

(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

FEB 28 1961

464-132-0027-681

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C-1m-9-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 4856

No. ..... St.

Primary Registration District No. 2029

Registered No. 57

Hospital

FULL NAME OF CHILD Raymon Maurice

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 22 1912

FATHER	MOTHER
FULL NAME Raymon Maurice	FULL MAIDEN NAME Lena Whalin
RESIDENCE Deceased	RESIDENCE Soldier Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3 22 1912, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert Briggs

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Soldier Idaho

Filed 3/30 19 12

..... Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MOUNCE

DUP OF 1912-34074/

793-102-007863

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C Rev. 1-28-17

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

Registration District No. 21

File No. 4857

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 56

Hospital

FULL NAME OF CHILD Verne Holm Pilgrim

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Mar 2, 1912

FATHER		MOTHER	
FULL NAME	William Henry Pilgrim	FULL MAIDEN NAME	Emma Augeline Holm
RESIDENCE	Moore.	RESIDENCE	Moore
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Foreman of Construction Work.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. O. Matthaei M. D.

(Physician or Midwife)

Address Arco - Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 10 19 12 R. Lewis Hughes

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

331-101-007-371

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21

File No. 4858

No. ____, ____ St.

Primary Registration District No. 2075

Registered No. 55

Hospital

FULL NAME OF CHILD Charles William Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	Mar. 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Clark	Alice Clark
RESIDENCE	Carey Ida	Carey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	28 (Years)
BIRTHPLACE	Tupton Moor Derbyshire Eng.	Walcote England
OCCUPATION	Farming	Home Ruling

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G. B. Howard

Midwife

(Physician or Midwife)

Address Carey Blaine Co. Idaho

Given names added from a supplemental report

....., 19.....

Registrar

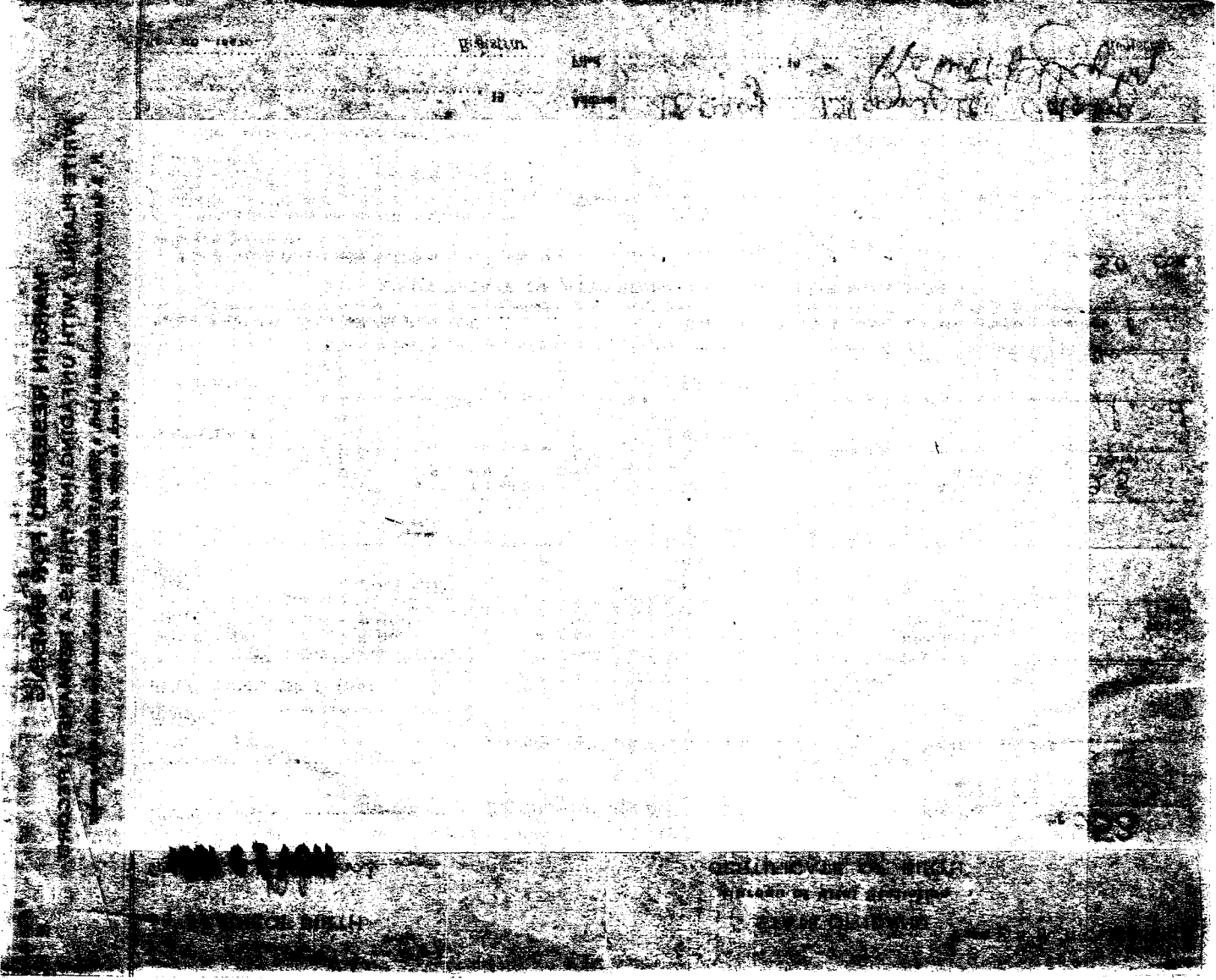
Filed Mar 5 19 12 Robert H. Leigh Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



636-162-007-793

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 4859

No. ____, ____ St.

Primary Registration District No. 2022

Registered No. 54

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Kenneth Clato Floyd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clato Floyd.	Sadie Gillihan
RESIDENCE	Hailey	Hailey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Missouri	Missouri
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raef M.D.

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 10 1912

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 8 1976

962-23[illegible]

PLACE OF BI[illegible]

County of Ada

City of New Meadows

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

Registration District No. 4

File No. 4860

Primary Registration District No. 2012

Registered No. 27

FULL NAME OF CHILD Edna Robb.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Mch. 31st 19[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward R. Robb.	FULL MAIDEN NAME	Ruth Nolan.
RESIDENCE	New Meadows, Ida.	RESIDENCE	New Meadows, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:05 p. M. on the date above stated.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address _____

Filed 4-1- 19[illegible] Frank E. Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF

FEB 24 19

819-127-002-415

PLACE OF BIRTH

County of Cabanya

City of New Meadows

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-6-16

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 4861

Primary Registration District No. 2012. Registered No. 20

FULL NAME OF CHILD Richard Edwin Harper.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Mch. 27, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Harper.	Nettie F. Martin
RESIDENCE	Kuna, Ida.	Kuna, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36.	23.
BIRTHPLACE	Colorado.	Iowa.
OCCUPATION	Mining Engineer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 1 1912 Frank E. Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

JUL 17 1943

993 - 209-002-261

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Meadows

No. ____, ____ St.

Hospital ____

Registration District No. 4 — File No. 4862

Primary Registration District No. 2012 — Registered No. 18

FULL NAME OF CHILD Gladys Ritzius

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Mch 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Noah Ritzius	Sarah Swank.
RESIDENCE	Meadows Ida.	Meadows Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	52	37
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address Meadows

Filed 3-13- 1912 Frank E. Brown

Registrar

* Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-224-002-468

PLACE OF BIRTH

[redacted]

STATE OF IDAHO — Form V. S. No. 11-C—Rpt. 4-30-11
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 4863

County of Adams

City of New Meadows Vicinity

No. ____ St. ____

Hospital ____

Registration District No. 41

Primary Registration District No. 2012

Registered No. ____

FULL NAME OF CHILD Anna Rosella Anna Rosella.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	May 21, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Allen Briggs	FULL MAIDEN NAME	Elizabeth Mable Myer.
RESIDENCE	New Meadows Vicinity	RESIDENCE	New Meadows Vicinity
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-26- 1912 Frank V. Burton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

790-222-003-653

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Idaho 4-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 4

File No. 4864

No. ____ St.

Primary Registration District No. 2011

Registered No. 22

Hospital ____

FULL NAME OF CHILD Gertha Gifford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	3 — 22 — 1912

FATHER		MOTHER	
FULL NAME	M. P. Gifford	FULL MAIDEN NAME	Candice Nicklund
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hawk E. Brown

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed 3-31-12 Hawk E. Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 5 1973

236-103-035

[redacted]

PLACE OF BIRTH

County of Nezperce

City of Myrtle

No. ____, ____ St.

Hospital

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 4865

Primary Registration District No. 2074

Registered No. 56

FULL NAME OF CHILD Not Named Sheron Storey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	2	yes	March 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James. Storey	Retta Clark.
RESIDENCE	Myrtle, Idaho.	Myrtle, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Was living (Born alive or stillborn) at 3-10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Harrington

Physician or Surgeon

(Physician or Midwife)

Address Gifford Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-4 1912

4-10-1912

E. E. Watts

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

818-105-035 961

PLACE OF BIRTH

County of Nez Perce

City of ____ Registration District No. 16 File No. 4866

No. ____, ____ St.

Primary Registration District No. 1009 Registered No. 57

Hospital ____

FULL NAME OF CHILD Infant Hays (Died in 3 hours)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	2 5 1912

FATHER		MOTHER	
FULL NAME	Oscar Rufus Hays	FULL MAIDEN NAME	Joyce Rwadrick
RESIDENCE	Nez Perce County	RESIDENCE	Nez Perce County
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Mgr Lewiston Valley Nursery	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive premature (Born alive or stillborn) at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Todd

Physician

(Physician or Midwife)

Address Lewiston, Idaho,

Given names added from a supplemental report

....., 19.....

Filed 4-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK. THIS IS A LEGAL RECORD

Telephone

To

Address

Telegram

Reply

Answer

256-207-035-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Leland

Registration District No. 16 File No. 4867

No. ....., ... St.

Primary Registration District No. 2076 Registered No. 68

Hospital .....

FULL NAME OF CHILD Elizabeth Ida Maria Koeppe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	one	11		Mar. 7, 1912

FATHER		MOTHER	
FULL NAME	Herman Koeppe	FULL MAIDEN NAME	Lena Walter
RESIDENCE	Leland	RESIDENCE	Leland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Stonebarner M.D.

(Physician or Midwife)

Address Leland

Given names added from a supplemental report

....., 19..

Filed 4-10 1912 R. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231 - 213-035-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Leland

Registration District No. 16 File No. 4868

No. ____, ____ St.

Primary Registration District No. 2076 Registered No. 59

Hospital ____

FULL NAME OF CHILD Helen Ora Slater

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Mar 13 1912

	FATHER	MOTHER
FULL NAME	Jake Henry Slater	FULL MAIDEN NAME Rosa Ouelina Rains.
RESIDENCE	Leland Ida.	RESIDENCE Leland Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	New York City N.Y.	BIRTHPLACE Branch Missouri
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X (Born alive or stillborn) at 2 o'clock am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas N. Hoskin.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 4-10 1912 R J Perkins Registrar

S-Y CO., 16670

314 ~~105~~ 035-314

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-S (Rev. 1-1-41)

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 4869

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 60

Hospital

FULL NAME OF CHILD Byron Edmond Camp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	single	6th	yes	March 5th, 1912

FATHER		MOTHER	
FULL NAME	Edmond R. Camp	FULL MAIDEN NAME	Georgia D. Camp
RESIDENCE	1603 - 11th Ave Lewiston Ida	RESIDENCE	1603-11th ave Lewiston Ida
COLOR	White	COLOR	wht
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	R.R. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 1/2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Carson MD.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-10 19.12 L. O. Perkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1942

APR 15 1942

247-212-085-152

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston — Registration District No. 16 — File No. 4872

No. 212 11th St. — Primary Registration District No. 1009 — Registered No. 63

Hospital

FULL NAME OF CHILD Leona Dorthy Poplinski

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	3rd	Yes	March 12, 1912

FATHER		MOTHER	
FULL NAME	Peter Paul Poplinski	FULL MAIDEN NAME	Emma Katty Anstatt
RESIDENCE	212 11th St. Lewiston Ida	RESIDENCE	212 11th St. Lewiston Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Brownville Minn	BIRTHPLACE	Germany.
OCCUPATION	Freight Train Conductor	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida.

Filed 4-10 1912 L.J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Adresse

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Bureau

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577-115-025-315

PLACE OF BIRTH

Form V. S. No. 11-C 10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai

Registration District No. 16

File No. 4874

No. ____, ____ St.

Primary Registration District No. 2117

Registered No. 65

Hospital

FULL NAME OF CHILD Hubbard Elliott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	Yes	3 15 1912

FATHER	MOTHER
FULL NAME Jack Elliott	FULL MAIDEN NAME Roy Land
RESIDENCE Lapwai	RESIDENCE Lapwai
COLOR W	AGE AT LAST BIRTHDAY 27 (Years)
COLOR W	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wash	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Howard Elliott (Born alive or stillborn) at 11 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley Jr.

(Physician or Midwife)

Address Lapwai Idaho

Given names added from a supplemental report

Jack Elliott 1912

John N Alley Registrar

Filed 4-10 1912 L. J. Parkinson Registrar

S-Y CO. 1567

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 1 1955

8

219-117-032-454

PLACE OF BIRTH

County of Nez Perce

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev. 1-20-41

CERTIFICATE OF BIRTH

City of ..... Registration District No. 16 File No. 4875

No. ....., ... St. Primary Registration District No. 1009 Registered No. 66

Hospital .....

FULL NAME OF CHILD Clifford Elis Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	4th	Yes	3-17 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford E Bailey	Jennie Anderson
RESIDENCE	Nez Perce Co Idaho	Nez Perce Co Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	24 (Years)
BIRTHPLACE	South Dakota	South Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) O. E. Canaan M.D.

(Physician or Midwife)

Address Lewiston Idaho

Filed 4-10 19 12 L J Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 15 1973

5/17/41. w.h.

862-117-035-693

PLACE OF BIRTH

Form U. S. No. 11 O—Rev. 1-20-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

Registration District No. 16

File No. 4876

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 17

Hospital ____

FULL NAME OF CHILD Buford Leroy Hobson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	1	Yes	3 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W Hobson	Lillia Wilcox
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	33
BIRTHPLACE	Ark	Cal
OCCUPATION	Salesman	house wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts M. D.

(Physician or Midwife)

Address Gifford Ida

Given names added from a supplemental report ____, 19____

Registrar

Filed 3-18-1912 E. E. Watts Registrar

4-10-1912 L. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

417-218-035-432

PLACE OF BIRTH

County of Key Pend

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5 4877

Registration District No. 16 File No. .....

Primary Registration District No. 1009 Registered No. 68

FULL NAME OF CHILD Dorothy Maxwell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth 6	Legitimate? Yes	Date of birth Mar 18 (Month) (Day) 191 2 (Year)
F				

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred L Maxwell	Nora M Kissick
RESIDENCE	Lewiston Ida.	Lewiston Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Oregon	Penn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 1 A.M. on the date above stated.

(Signature) C W Schaff

(Physician or Midwife)

Address .....

Filed 4-10 1912 L J Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

391-220-035-141

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of N. Lewiston

Registration District No. 16

File No. 4878

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 69

Hospital ____

FULL NAME OF CHILD Esther Ross Lorane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 30, 1912

FATHER		MOTHER	
FULL NAME	Frank Lorane	FULL MAIDEN NAME	Jessie Adams
RESIDENCE	North Lewiston	RESIDENCE	North Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Walla Walla Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. B. Morris

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

March 30, 1912

Filed 4-10 1912 L. J. Perkins

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 7 1966

687-221-225-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Reck

No ....., ... St.

Registration District No 16 File No. 4879

Primary Registration District No. 2075 Registered No. 70

Hospital .....

FULL NAME OF CHILD Ruby Whites

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 21 1912

FATHER		MOTHER	
FULL NAME	Dennis Norman Whites	FULL MAIDEN NAME	Ruth Mabel Knight
RESIDENCE	Reck	RESIDENCE	Reck
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	New Moscow Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Jones

Physician (Physician or Midwife)

Address Reck Idaho

Given names added from a supplemental report

....., 19....

Filed 4-10 1912 L J Perkins

SYMS - YORK CO., PTRS. & SDRS 17326

Registrar

Registrar

APR 17 1973

241 - 124-035-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-13

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Wey Perce

City of Summit

Registration District No. 14

File No. b 4880

No. ....., ... St.

Primary Registration District No. 2074

Registered No. 71

Hospital .....

FULL NAME OF CHILD John Calvin Smathers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S		yes	3 - 24 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Calvin Smathers	Ursula Walters
RESIDENCE	Summit	Summit
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	33
BIRTHPLACE	Oregon	Kans
OCCUPATION	Farmer	house wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Watts MD

(Physician or Midwife)

Address .....

Given name added from a supplemental report

....., 19.....

Filed 3-24 1913 E E Watts

4-10-1913 Registrar

.....

Registrar

S-Y CO., 16670

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of ... child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...GIN RESERVED FOR BINDING

DEC 27 1950

235-227-035-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford

Registration District No. 16 File No. 4881

No. ....., ... St.

Primary Registration District No. 2014 Registered No. 72

Hospital .....

FULL NAME OF CHILD Enid Iris Blewett

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single (To be answered only in event of plural births)	7	yes.	March 27th 1912

FATHER		MOTHER	
FULL NAME	Jacob L. Blewett	FULL MAIDEN NAME	Lilly Imay Pelt
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Kerrington

Physician or Surgeon

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 4-4 1912 E. E. Watts

Registrar

4-10-1912-2 Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

689-129-85-55-9

PLACE OF BIRTH

Form V. S. No. 11-Q-(Rev. 6-30-11)

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 4882

County of Nez Perce

City of Lapwai

Registration District No. 16

No. ____, ____ St.

Primary Registration District No. 2117

Registered No. 73

Hospital ____

FULL NAME OF CHILD Andy Emanuel White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	2 29 1912

FATHER		MOTHER	
FULL NAME	James White	FULL MAIDEN NAME	Bertha Versaw
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nez
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Andy Emanuel White at 2 P. M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N Alley

(Physician or Midwife)

Given names added from a supplemental report

Jas White 1912

John N Alley
Registrar

Address Lapwai Idaho

Filed 4-10- 1912 L J Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 8 1974

997-129-035-117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Rick

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 4883

Primary Registration District No. 2075

Registered No. 74

FULL NAME OF CHILD Gerald Edwin Riggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 29, 1912

FATHER		MOTHER	
FULL NAME	G. L. Riggs	FULL MAIDEN NAME	Ellen Jaggers
RESIDENCE	Rick	RESIDENCE	Rick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H. M. Jones

Physician

(Physician or Midwife)

Address Rick Ida

Filed 4-10 1912 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF OHIO

CERTIFICATE OF BIRTH

Registered No.

FULL NAME OF CHILD

SEX

DATE OF BIRTH

PLACE OF BIRTH

FATHER

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

396 - 131 - 035 - 955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—1000-6-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 4884

Primary Registration District No. 2073 Registered No. 76

FULL NAME OF CHILD Lewis Elmer Tiffany

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	V (To be answered only in event of plural births)	First	Yes	Mar 31 1912

FATHER		MOTHER	
FULL NAME	Albert C Tiffany	FULL MAIDEN NAME	Etta Reeves
RESIDENCE		RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale M.D.

(Physician or Midwife)

Address Culdesac Ida

Given names added from a supplemental report

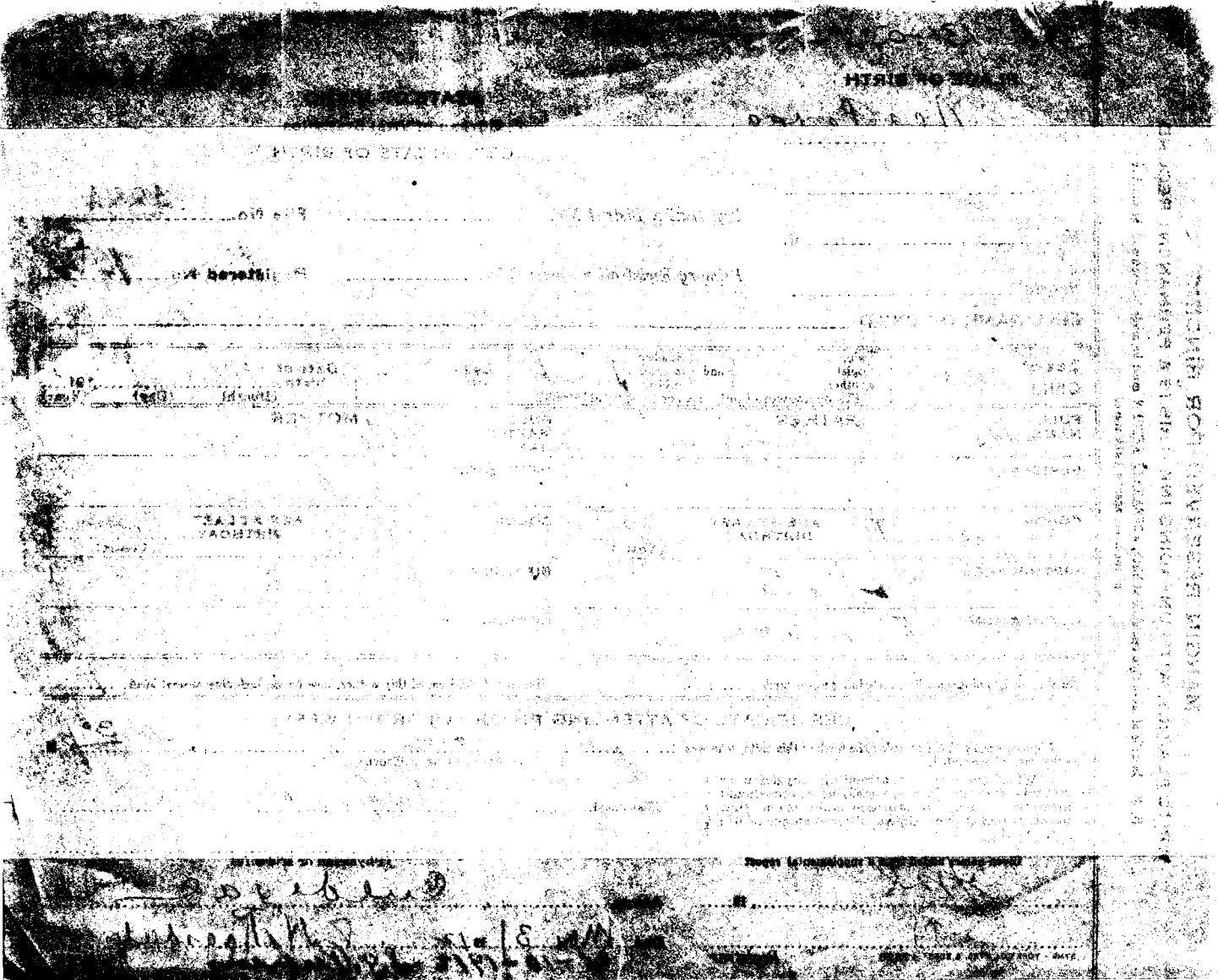
....., 19.....

Registrar

Filed Mar 31 1912

4-10-1912 J. H. Ragsdale Registrar

SYMS - YORK CO. STMP. & BDRS. 17326



City of Gifford — Registration District No. 16 — File No. 4885

No. ____, ____ St. — Primary Registration District No. 2074 — Registered No. 76

Hospital ____

FULL NAME OF CHILD ~~Not Named~~ LEWIS LEE KOLLENBORN

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	Two	yes	Feby 6th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles E. Kollenborn	Mary Swoft
RESIDENCE	Gifford Idaho	Gifford, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	41 (Y[illegible])
BIRTHPLACE	Ill.	Wisconsin
OCCUPATION	Farmer.	Home Wife

Number of child of this mother, including present birth 10 — Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 6½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Kennington

Physician Surgeon (Physician or Midwife)

Address Gifford, Idaho.

Given names added from a supplemental report

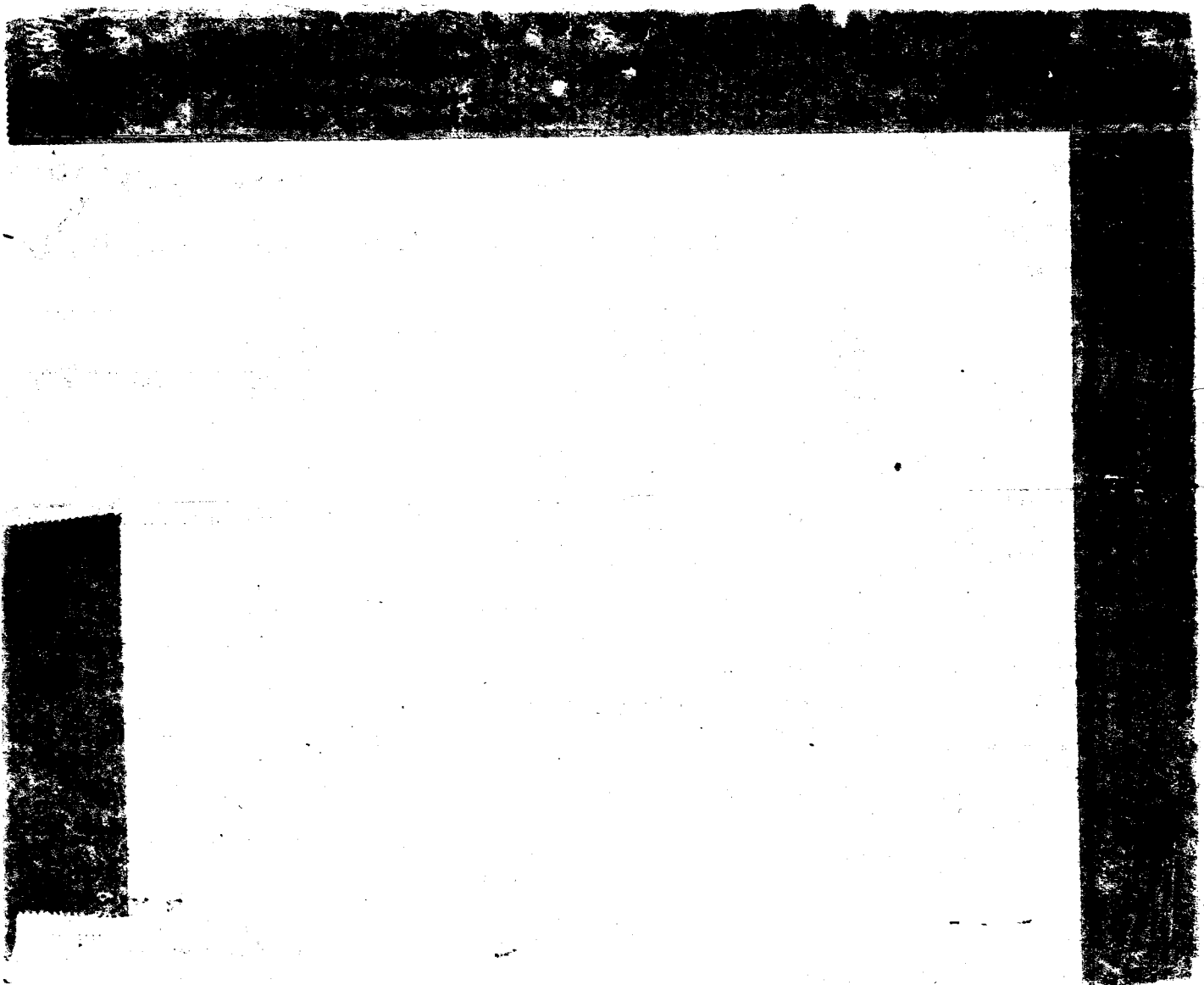
....., 19.....

Filed 4-4 1912 E. E. Watts Registrar

4-10-1912 L. Perkins

Registrar

S-Y CO., 16670



Form V. S. No. 27B—1M-8-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Gifford
Street and House No.
County Ray Peace

Registered Number 76
Registration District No. 16

Sex of Child Male

Date of Birth, Feb. 6 1912
(Month) (Day) (Year)

Full Name of Father Chas. E Kallenborn

Full Maiden Name of Mother Mary Swift

I HEREBY CERTIFY that the child described herein has been named:

Louis Lee Kallenborn
(Given name in full) (Surname)

as reported by Mary E Kallenborn
(Father or Mother)

L. P. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

818

PUBLIC HEALTH BIRTH — STATE OF IDAHO — Bureau of Vital Statistics

County of Fremont — CERTIFICATE OF BIRTH

City of Gifford, Ida — Registration District No. 16 — File No. 4886

No. ____ St. — Primary Registration District No. 2074 — Registered No. 77

Hospital ____

FULL NAME OF CHILD Not Named, Bessie Ellen Haydew

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth
Girl	Single (To be answered only in event of plural births)	4	yes	Feby 10th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Albert Haydew	FULL MAIDEN NAME	Jessie Mortimore
RESIDENCE	Gifford Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington
OCCUPATION	Rural Mail Carrier	OCCUPATION	House Wife.

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Herrington

Physician & Surgeon (Physician or Midwife)

Address Gifford, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-4 1912 E. E. Watts Registrar

4-10-1912 D. J. Herrington

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 28 1959
JUL 6 1973

493-28-025-983

PLACE OF BIRTH

Form V. S. No. 11-C-16m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ney Perces

City of Pelt

No. ____, ____ St.

Hospital ____

Registration District No. 16 File No. 4887

Primary Registration District No. 2075 Registered No. 98

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	2 - 18 - 19 1

FATHER	MOTHER
FULL NAME Clark McPherson	FULL MAIDEN NAME Laura May Ricketts
RESIDENCE	RESIDENCE Reek
COLOR	AGE AT LAST BIRTHDAY ____ (Years)	COLOR W	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	BIRTHPLACE Cotton Wood
OCCUPATION	OCCUPATION Housemaid

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyler

(Physician or Midwife)

Address Reek

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 4-7-0 19 12 R J Parkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

383-225-025-967

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev.-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Peck

Registration District No. 16

File No. 4888

No. ____, ____ St.

Primary Registration District No. 2075

Registered No. 79

Hospital ____

FULL NAME OF CHILD Elizabeth Louise Lyle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	Yes	2-25-1912

FATHER		MOTHER	
FULL NAME	James McCampbell Lyle	FULL MAIDEN NAME	Elizabeth P. Rogers
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Franklin N.C.	BIRTHPLACE	Jamison Nebr.
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

(Signature) J. M. Lyle

(Physician or Midwife)

Address Peck

Filed 4-10-1912 R J Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 14 1951

PLACE OF BIRTH

County of Bingham

City of Rich

No ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No 16 File No. 4889

Primary Registration District No 2075 Registered No. 80

FULL NAME OF CHILD George Andrew Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Feb 28 1912

FATHER		MOTHER	
FULL NAME	Harry Murray Jones	FULL MAIDEN NAME	Mildred Blanche Butler
RESIDENCE	Rich	RESIDENCE	Rich Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Franklin NC.	BIRTHPLACE	Butte Pa
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Jones

Physician

(Physician or Midwife)

Address Rich Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-10 1912 L J Parkinson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 28 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 3+4 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD George Andrew Jones

5. Date of Birth of Child (Month, day, year) Feb. 28 - 1942

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Murray Jones M.D.
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Franklin (City or town) North Carolina (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Blanche Butler
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Butler (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Solution of Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Connecticut } ss.
County of Fairfield }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 30 years, and that Dr. Harry Murray Jones (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred B. Jones Meeker Signature
130 East Ave Norwalk P. O. Address

Subscribed and sworn to before me this 18 day of May, 1942.

(SEAL) ..... Notary Public, residing at Reading Conn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by: ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 101, 1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 - 201-068

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise outside of limits

Registration District No. 1 File No. 4888

No. 1920, N. 15th St.

Primary Registration District No. 2004 Registered No. 448

Hospital

FULL NAME OF CHILD Grace Luellen Gillam

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female	—		—	yes	March 1, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Gillam	FULL MAIDEN NAME	Viola Hurt
RESIDENCE	Boise, Ida.	RESIDENCE	Boise, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Everette, Pa.	BIRTHPLACE	Boise Valley, Ida.
OCCUPATION	Dairyman	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shewhan

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Boise Ida

Filed Mar. 2, 1912 G. E. Shewhan

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

295-104-001-267

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Ada

City of Lower Dry Creek

No. 1 mile N. of Eagle St.

Registration District No. 1

File No. 4891

Primary Registration District No. 2002

Registered No. 52

Hospital

FULL NAME OF CHILD Floid Edwin Breshears

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	March 4th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe H Breshears	Annie Saylor
RESIDENCE	Ada Co.	Ada Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	42
BIRTHPLACE	Missouri	Michigan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M.D.

(Physician or Midwife)

Address Boise, Ida

Given names added from a supplemental report

....., 19.....

Filed Mar. 4, 1912 E. R. Sherman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

432-202-001-613

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Ft Hill Road

No. 3 Miles N.W. of Boise St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 4892

Primary Registration District No. 2004 Registered No. 53

FULL NAME OF CHILD Evelyn Albertina McBride

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	March 2, 1912

	FATHER	MOTHER
FULL NAME	John M. McBride	FULL MAIDEN NAME Sadie D. Walters
RESIDENCE	Ada Co.	RESIDENCE Ada Co.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Illinois
OCCUPATION	Plasterer	OCCUPATION Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Saylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar. 4, 1912 G. E. Newhan, M.D.

Registrar

S-Y CO., 16670

DECEASED

IDAHO DEPARTMENT OF HEALTH 11 20 75

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
1 48 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ..... }

Certificate No. 4892

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McBride (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1912 (Date of Event)
in Ft. Hill Road, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ada County (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Evelyn Albertina McBride

Subscribed and sworn to before me this 21st day of November, 1975

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Alta Edith McBride

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7924 Overland St Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Application for Social Security Account Number gives name as Evelyn Albertina McBride. S.S.#519-26-0091. Viewed by V.S. (Dated Feb.11,1943)

NOV 21 1975

Page from Family Bible which is obviously old gives name as Evelyn Albertina McBride. Viewed by V.S. Birth date March 2, 1912

989-106-001-4 AMENDED 11-2-55

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise R.D. 2, Registration District No. 1 File No. 4893

No. ——, ——St. Primary Registration District No. 2004 Registered No. 59

Hospital ——

FULL NAME OF CHILD ALBERT WARREN IHRIG

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 6, 1912

FATHER	MOTHER
FULL NAME: Albert Warren Ihrig	FULL MAIDEN NAME: Margaret M. Duncan
RESIDENCE: Ada Co.	RESIDENCE: Ada Co. Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Lancaster City Penn	BIRTHPLACE: Ireland
OCCUPATION: General Contractor	OCCUPATION: Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11-35 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roldin S. Gregory, M.D.

(Physician or ~~Midwife~~)

Address 204 Sonna Block

Given names added from a supplemental report

....., 19.....

Filed Mar. 11, 1912 G. E. Shaw

.....
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 4893

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "unnamed" (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by child's birth certificate STATE OF IDAHO #422158 child born 1912, are:
(Bible Record, Insurance Policy, Etc.)
insurance policy prepared on Aetna Life Insurance issued; Aug. 1946 (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Albert Ihrig
		Warren

Subscribed and sworn to before me this 2nd day of November, 1952.
E. M. McCarthy
Notary Public, residing at Boise Idaho
My commission expires May 26 1957
(Seal)

Signed Amy E. Ihrig
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2677 Hillroad Boise, Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November, 1952.
E. M. McCarthy
Notary Public, residing at Boise Idaho
My commission expires May 26 1957
(Seal)

Signed
(Signature of Any Credible Person)
901 Howe St Boise, Idaho
(Street Address, City, State)

FORM DPH 55. 155

NOV 3 1956

962-112-001-249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4894

County of Ada

City of Meridian

Registration District No. 1

File No.

No. ____, ____ St.

Primary Registration District No. 2003

Registered No. 60

Hospital

FULL NAME OF CHILD William J. Robins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	~~twin~~	2	yes	June 12, 1912

FATHER		MOTHER	
FULL NAME	Joseph Robins	FULL MAIDEN NAME	Bertha Berry
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orrovah Coyne M.D.

(Physician or Midwife)

Address Meridian, Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 15, 1912 G. E. Shawhan M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

363-122-001-224

PLACE OF BIRTH

County of Ada

City of Meridian

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1

File No. 4895

Primary Registration District No. 2003

Registered No. 61

FULL NAME OF CHILD Francis Dean Coleman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	4	yes	Jan 22, 1912

FATHER		MOTHER	
FULL NAME	James Coleman	FULL MAIDEN NAME	Eva Shum
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Texas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Capps M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar. 15, 1912 G. E. Shawhan, M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

491 - 105-001 - 454

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 4896

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 62

Hospital ____

FULL NAME OF CHILD Jose Lopez de Diaz

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	7	yes	Feb 5, 1912

FATHER		MOTHER	
FULL NAME	Sergio Lopez de Diaz	FULL MAIDEN NAME	Arboleta de Mugia
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Provoh Cuyn M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19....

Registrar

Filed Mar 15, 1912 G. F. Shewbam, M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

253-114-001-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridean Registration District No. 1 File No. 4897

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 63

Hospital ____

FULL NAME OF CHILD Richard H. Beck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	4	yes	Feb 14, 1912

FATHER		MOTHER	
FULL NAME	Luther C Beck	FULL MAIDEN NAME	Lillian Jones
RESIDENCE	Meridean	RESIDENCE	Meridean
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

(Signature) Francis Bayne M.D.

(Physician or Midwife)

Address ____

Filed Mar. 15, 1912 E. E. Shawhan M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

053-128-001

PLACE OF BIRTH

City Meridian Registration District No. 7 File No. 4898

No. ....., ... St. Primary Registration District No. 2003 Registered No. 64

Hospital .....

FULL NAME OF CHILD ~~Boy~~ not named Dortha Cleo

Sex of Child	Twin, Triplet, or other? ~~None~~ and Number in order of birth ~~1st~~ (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Feb. (Month) 28 (Day) 1912 (Year)
Male			

FATHER		MOTHER	
FULL NAME	James M Burn	FULL MAIDEN NAME	Mary Cable
RESIDENCE	Meridean	RESIDENCE	Meridean
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 ~~Yrs~~ (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Arvo L Cayce

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Mar 15, 1912 H E Strawhan MD

S-Y CO., 16670

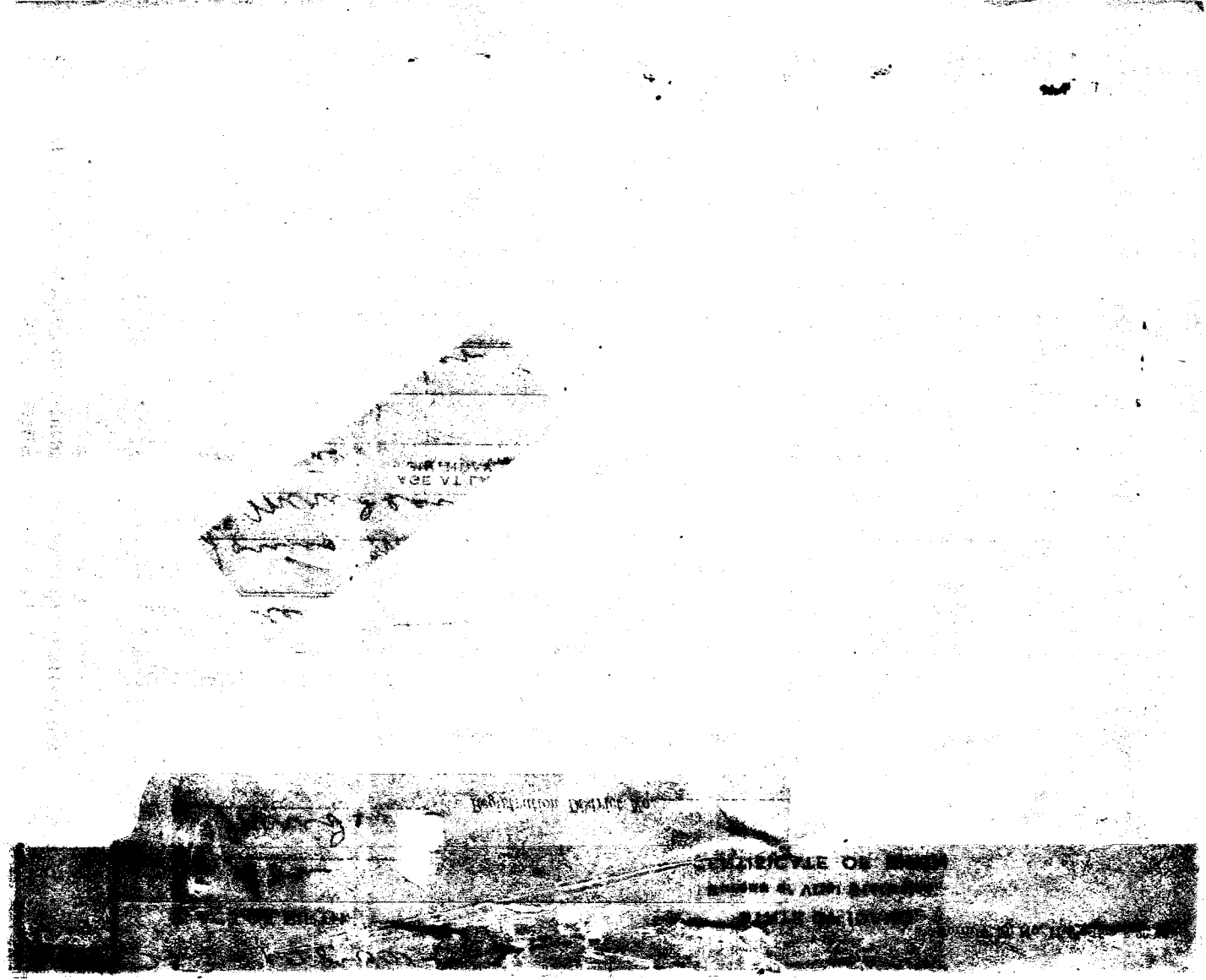
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Original report gave mother's name Mary Goble

STATE OF IDAHO

Board of Health—Bureau of Vital Statistics. 4898

I hereby certify that the child

of J. M. Beets.
(Name of Father)

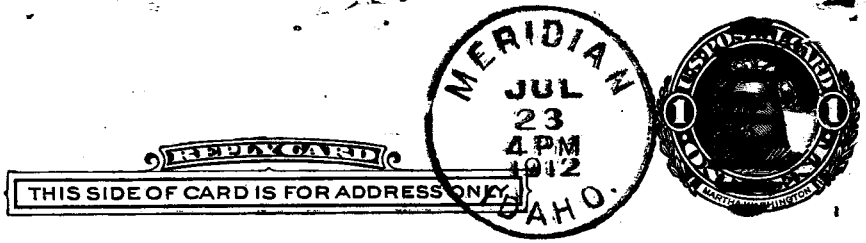
and Mamie Cable.
(Maiden Name of Mother)

Born on Feb. 28. 19 12

has been named Martha Clea

Mamie Beets.
(Signature of Father or Mother)

Filed July 25 1912
E. E. Sheldon



DR. G. E SHAWHAN

EMPIRE BUILDING

Boise,

Ida.

737-104-0[illegible]64

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 4899

No. ____, ____ St. — Primary Registration District No. 2063 — Registered No. 65

Hospital ____

FULL NAME OF CHILD Roy Kenneth Alger

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	(To be answered only in event of plural births)	5	yes	March 4, 1911

FATHER		MOTHER	
FULL NAME	Ogden W Alger	FULL MAIDEN NAME	Josephine Hauke
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	~~Died~~ Michigan	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Grover R. Cooper

(Physician or ~~Midwife~~)

Address Meridian, Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Mar 15, 1911 — E. E. Shawhan, MD Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

ED FOR BINDING

MARSH'S REGISTER

WHITE FAMILY, WITH UNREADING

INK—THIS IS A PERMANENT RECORD

239-215-001-783

Amended 2-20-64 (Be sure the information is complete and accurate)

State File No. 4900
Local Reg. No. 66
Reg. Dist. No. 1

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Boise
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Holyce
b. (Middle): M.
c. (Last): Scruggs

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 3 - 15 - 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): F.
c. (Last): Scruggs

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Georgia

11a. USUAL OCCUPATION: Lumberman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Allie
b. (Middle): Myrtle
c. (Last): Gilliam

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Tenn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Fred A. Pittenger

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Mode Bldg.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Mar. 15, 1912

20. REGISTRAR'S SIGNATURE: G.E. Shawhan, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No ____, ____ St.

Hospital ____

Registration District No 1

Primary Registration District No 2004

File No 4900

Registered No 66

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F. Scruggs	Alice Myrtle Gilliam
RESIDENCE	So Boise	So Boise
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38.	34
BIRTHPLACE	Georgia	Iowa
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pettengill

Mode Bldg.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Mar. 15 1912 E. E. Shawhan M.D.

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

FEB 20 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 20 1964
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 4900

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Scruggs (male child) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 15, 1912 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Holyce Margaret Scruggs
Child's Sex	Male	Female

Subscribed and sworn to before me this 15th day of January, 19 64

Notary Public, residing at Sparks, Nevada

My commission expires April 27, 1967

(Seal)

Signed D W Scruggs

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

346 - 11 St Sparks Nevada

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Washoe }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 19 64.

Notary Public, residing at Sparks, Nevada

My commission expires April 27, 1967

(Seal)

Signed H H Scruggs

(Signature of Any Credible Person)

1624 G St Sparks, Nev.

(Street Address, City, State)

FORM DH 60.155 CL 5-15-62. one copy pd. rec. #15775.

as requested in letter rec. Feb. 17, 1964 full name of child is to be added as Holyce M. Scruggs sufficient documents not submitted to add full name as Holyce Margaret Scruggs -

University of Nevada grade transcript, photo copy made Feb. 5, 1964 gives full name of student as Holyce M. Scruggs McNeil (McNeil is married name), born March 15, 1912 - date of entrance Aug. 26, 1930 - viewed by V.S.

Photo Copy of Hospital Birth Certificate, St. Mary's Hospital, Reno, Nevada, child born Oct. 24, 1938 at 5:50 A.M., Kathleen Susan McNeil, to Harold Rutherford McNeil, born June 10, 1909 at Virginia City, Nevada and Holyce Marguerite Scruggs, born March 15, 1912 at Boise, Idaho - viewed by V.S.

Statement from Rector, Wayne B. Williamson, Trinity Episcopal Church, Reno, Nevada written Oct. 26, 1962 states that The Canonical Parish Register, Vol. V, pages 266-267 gives full name as Holyce Margaret McNeil, female, born Mar. 15, 1912 at Boise, Idaho - baptized in 1921 at Eureka, California - confirmed June 12, 1949 - viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated

City of Boise Registration District No. 1

No. 1817 N. 17th St. Primary Registration District No. 2004 Registered No. 67

Hospital

FULL NAME OF CHILD HAROLD NORRIS WESTBY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 3 1912

FATHER	MOTHER
FULL NAME Nels Westby	FULL MAIDEN NAME Livia Olsen
RESIDENCE 1817 - 17th St.	RESIDENCE 1817 - N. 17th St.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Norway	BIRTHPLACE Norway.
OCCUPATION Baker	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lola Boise

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar. 15, 1912 E. E. Shawhan M.D. Registrar

S-Y CO., 15670

MAGNETIC RESERVED DISCLOSURE NOTICE

MAGNETIC MEDIA WITH CONFIDENTIAL INFORMATION IS A PERMANENT RECORD OF THE COMPANY

Property of [illegible]

Form V No: 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

4901

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Boise
Street and House No. 1817 N. 17th
County Ada

Registered Number
Registration District No.

Sex of Child Male

Date of Birth, March (Month) 3 (Day) 1912 (Year)

Full Name — Father: Nels Jakob Westley

Full Maiden Name — Mother: Livia Pinner

I HEREBY CERTIFY that the child described herein has been named:

Harold Norris Westley
(Given name in full) (Surname)

as reported by Nels Jakob Westley
(Father or Mother)

C. E. Shanham
(Local Registrar)
for Taylor

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise Registration District No. 1 File No. 4902

No. 2720, Idaho St.

Primary Registration District No. 2004 Registered No. 68

Hospital

FULL NAME OF CHILD Richard Francis Fleigle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	3 7 1912

FATHER	MOTHER
FULL NAME Charles Fleigle	FULL MAIDEN NAME Bernadette Brinkerhoff
RESIDENCE 2720 Idaho St.	RESIDENCE 2720 Idaho St.
COLOR W	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Pa	BIRTHPLACE Pa
OCCUPATION Carpenter	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burch

(Physician or ~~Midwife~~)

Address Boise Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar. 15, 1912 G. E. Slaughter M.D.

Registrar

S-Y CO., 18670

Registrar

Certified copy issued 2-5-1941. dp

794-205-001-799

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4905

County of Ada

City of Meridian — Registration District No. 1 — File No.

No. —, St. — Primary Registration District No. 2003 — Registered No. 71

Hospital —

FULL NAME OF CHILD James Albert PRUETT

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	—	Yes.	2 (Month) 5 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph James PRUETT	FULL MAIDEN NAME	Mary Ida Griffin
RESIDENCE	Meridian — 1 M. West	RESIDENCE	Meridian 1½ Mi. W.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or Midwife)

Address Meridian Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb 6 1912 C. L. Sutton Registrar

March 15, 1912 — G. E. Shawhan

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ..... }

Certificate No. 4905

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for James G. Pruett (NAME ON ORIGINAL CERTIFICATE) who 1912 (WAS BORN OR DIED) on February 5 (DATE OF EVENT)
in Meridian (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
~~Surname~~	Pruitt	Pruett
Date	Feb. 5th	Feb. 5th 1912

Subscribed and sworn to before me this 16
day of February 1943.
G. D. McIntosh.
~~Notary Public~~, residing at Bliss Ida.
My commission expires Postmaster.
(SEAL)

Signed Mary Ida Pruett
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Gooding Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of February, 1943.
G. D. McIntosh
~~Notary Public~~, residing at Bliss Ida.
~~My commission expires~~ Postmaster
(SEAL)

Signed Florence Potter
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Bliss Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1 9 1943

818-115-001-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4906

County of Ada

City of Meridian

Registration District No. 1

File No.

No. ——, ——— St.

Primary Registration District No. 2003,

Registered No. 73

Hospital ——,

FULL NAME OF CHILD Wilbur Dehs Hayes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	2 10 1912

FATHER		MOTHER	
FULL NAME	Howard James Hayes	FULL MAIDEN NAME	Lillie Lee Brown
RESIDENCE	½ Mi So - ½ Mi W.	RESIDENCE	½ Mi So. ½ Mi W.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.46 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Dutton

(Physician or Midwife)

Address Meridian Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-16th 19 12 O. L. Dutton Registrar

March 15, 1912 S. E. Showman

.....

Registrar

S-Y CO., 16670

OCT 1 8 1968

141-116-001-493

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 4907

County of Ada

City of Meridian Registration District No. 1 File No.

No. ....., ... St. Primary Registration District No. 2003 Registered No. 74

Hospital .....

FULL NAME OF CHILD Lars Adams

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	yes	2 — 16 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wayne M. Adams	Daisy Mulpin
RESIDENCE	2 Mi East - 1½ Mi So	2 Mi East 1½ Mi So
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Arkansas	Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

(Signature) C. L. Dutton

..... (Physician or ~~Midwife~~)

Address Meridian Idaho.

Filed Mar-5th 1912 C. L. Dutton Registrar

March 15, 1912 G. E. Sheehan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-103-001-275

PLACE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 4908

No. ____, ____ St.

Primary Registration District No. 2003 Registered No. 75

Hospital ____

FULL NAME OF CHILD Frank William Harrell

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	one	1st	yes	March 3 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: James W. Harrell	FULL MAIDEN NAME: Anna L. Speilman
RESIDENCE: Meridian Idaho	RESIDENCE: Meridian Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Idaho
OCCUPATION: Bank Cashier	OCCUPATION: House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Address Meridian, Idg.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 18 19 12 E. G. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 17 1961

366 - 206-061-613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 4909

No. ....., ... St.

Primary Registration District No. 2003

Registered No. 76

Hospital .....

FULL NAME OF CHILD Iris Christena Cooper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	~~twin~~	4th	yes	March 6, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Robert J. Cooper	FULL MAIDEN NAME: Cora Mae Walton
RESIDENCE: Ada Idaho	RESIDENCE: Ada Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mich
OCCUPATION: Rancher	OCCUPATION: House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician

(Physician or Midwife)

Address Meridian, Ida

Given names added from a supplemental report

....., 19.....

Filed Mar. 18, 1912 H. E. Hawkins M.D.

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY: WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MAR 30 1942

466-124-001-669

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of V

No. V, St.

Hospital V

Registration District No. 1 — File No. 4910

Primary Registration District No. 2003 — Registered No. 77

FULL NAME OF CHILD Aldrich Moore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 24, 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Clarence Moore	Daisy Viola Foreman
RESIDENCE	Ada (Meridian	Ada (Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	31
BIRTHPLACE	Missouri	Texas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank W Hawe

Phys. (Physician or Midwife)

Address Meridian Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed March 19, 1913 G. E. Shanahan M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

55-1-123-001-847

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ....., ... St.

Hospital

Registration District No. 1 File No. 4911

Primary Registration District No. 2002 Registered No. 78

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXX~~ WAYNE NEAL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~Twin~~	~~Twin~~	Yes.	Feb. 23 1912

FATHER		MOTHER	
FULL NAME	Clarence Neal.	FULL MAIDEN NAME	Rosa May Hughes.
RESIDENCE	Eagle Idaho.	RESIDENCE	Eagle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ottumwa, Iowa.	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Rancher.	OCCUPATION	Housewife.

[Number of child of this mother, including present birth 1 Twin

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert J. Whiteman

(Physician or Midwife)

Address Eagle Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 20 19 12 G. E. Shawhan, M.D.

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of New Mexico
County of Rio Arriba } ss.

Certificate No. 4911

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Frank Neal (Birth or Death) for (Name on Original Certificate) who Born (Was Born ~~or Died~~) on Feb 23 - 1912 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 2/9/42 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Frank Neal	Wayne Neal

Subscribed and sworn to before me this 9th day of Feb, 19 42

Notary Public, residing at Chama N M

My commission expires 3/7/45
(Seal)

Signed mal Neal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Chama N M
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Mexico
County of Rio Arriba } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of Feb, 19 42

Notary Public, residing at Chama N M

My commission expires 3/7/45
(Seal)

Signed Jessie E. Clark
(Signature of Any Credible Person Other Than Previous Year)

Chama N. M.
(Street Address, City, State)

383 - 219-001-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 5-7-11

PLACE OF BIRTH

County of Ada

City of So. Boise

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4912

Registration District No. 1 File No. .....

Primary Registration District No. 2004 Registered No. 79

FULL NAME OF CHILD Mildred Jessie Tyler

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	yes	March 19, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Chester Clark Tyler	FULL MAIDEN NAME Lethia Rachel Beckman
RESIDENCE So. Boise, Ida.	RESIDENCE So. Boise, Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Derrick, Neb.	BIRTHPLACE Clark Co., So. Dakota
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

(Physician or ~~Midwife~~)

Address Boise, Idaho

Filed March 20 1912 G. E. Shawhan, M.D.

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JUL 14 1955

JUN 20 1975

219-001-582

PLACE OF BIRTH

No. of Ada

City of Le Boise

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-11

Registration District No. 1 File No. 4913

Primary Registration District No. 2004 Registered No. 80

FULL NAME OF CHILD LOUISA BEATRICE WILSON

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 / 19 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt J Wilson	Bertha Christensen
RESIDENCE	So Boise	So Boise
COLOR	W	W
AGE AT LAST BIRTHDAY	39 (Years)	27 (Years)
BIRTHPLACE	Canada	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Fullweiler

(Physician or midwife)

Address Meade Bldg

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 20 1912 G. E. Shivvon M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated

NAME ADDED PER 10/14/1912 AFFIDAVIT
6/23/16 LY

4-1-3

STATE OF IDAHO

Board of Health---Bureau of Vital Statistics.

I hereby certify that the child

of Robert J Wilson
(Name of Father)

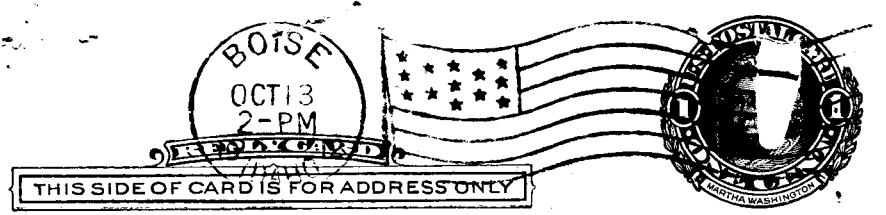
and Bertha E Chatterson
(Maiden Name of Mother)

Born on January 17th 19 12

has been named Louise Beatrice

Bertha E. Wilson
(Signature of Father or Mother)

Twin-Infant Died
6-1-1912
Stillborn



DR. G. E. SHAWHAN

Boise,

Ida.

249-120-001-5.5

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C Rev. 4-25-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4914

County of Ada

City of

Registration District No. 1

File No.

No. Morris Hill St.

Primary Registration District No. 2004

Registered No. 81

Hospital

FULL NAME OF CHILD Hugh Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	March 20, 191-

FATHER		MOTHER	
FULL NAME	Cyrus Smith	FULL MAIDEN NAME	Laura Vanderford
RESIDENCE	Morris Hill	RESIDENCE	Morris Hill
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 0

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Peters

(Physician or ~~Midwife~~)

Address Boise Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 23 1912 G. E. Sheridan MD

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

685-121-001-219

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—Rev. 6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 1915

No. N. 2nd & 16th St. Primary Registration District No. 2004 Registered No. 82

Boise

Hospital _____

FULL NAME OF CHILD Unnamed White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed White	Ella Parker
RESIDENCE	Ada Co	Ada Co
COLOR	White	White
AGE AT LAST BIRTHDAY	49 (Years)	36 (Years)
BIRTHPLACE	Boise	Mo.
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Fall M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 25, 1912 E. E. Shawhan M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

MARRIAGE RECORD | FOR BINDING

WRITE PLAINLY WITH PENCIL OR INK. THIS IS A PERMANENT RECORD

CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

263-119-001-612

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 4916

No. ____, ____ St. — Primary Registration District No. 2003 — Registered No. 23

Hospital ____

FULL NAME OF CHILD Albert Morris Wolfskill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Feb. 19, 1912

	FATHER	MOTHER
FULL NAME	Albert M Wolfskill	FULL MAIDEN NAME Clara Washam
RESIDENCE	Meridian	RESIDENCE Meridian
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Penn	BIRTHPLACE Wyoming
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mangle M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Star

Filed Feb 19 1912 — J. E. Mangle Registrar

Mar. 26, 1912 E. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child born at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PER-
MANENT RECORD AND MUST BE FILLED OUT COMPLETELY.

168-243-001-155

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 15-C Rev. 6-20-11

31

County of Ada

City of Meridian Registration District No. 1 File No. 4917

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 84

Hospital ____

FULL NAME OF CHILD Esther Johns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	0	Yes	3 13 1912

FATHER	MOTHER
FULL NAME William H. Johns	FULL MAIDEN NAME Ada C. Jensen
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 64 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Denmar
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or Midwife)

Address Meridian, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 3-13-1912 C. L. Dutton Registrar

S-Y CO., 16670 Registrar

april 10-1912. G. E. Shawhan, MD

Amended 8-14-58

PLACE OF BIRTH
432-114-001-863

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 4918

Primary Registration District No. 2003 Registered No. 85

FULL NAME OF CHILD Chester Kale McKinnis
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	3-14-1912

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: James W. McKinnis	FULL MAIDEN NAME: Minnie Myrtle Hollinger
RESIDENCE: 3 Mi. So. 1 Mi. E.	RESIDENCE: 3 Mi. So. 1 Mi. East
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) C. L. Dutton

Physician
(Physician or midwife)

Address Meridian, Ida.

Filed 3-15-1912 C.L. Dutton Registrar.
4-10-1912 G.E. Shanhan, M.D.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Ton-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

32

County of Ada

City of Meridian Registration District No. 1 File No. 4918

No. \ St. Primary Registration District No. 2003 Registered No. 85

Hospital \

FULL NAME OF CHILD Chester Philip McKinnis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	\	\	Yes	3—14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James W. McKinnis	Minnie Myrtle Hollinger
RESIDENCE	2½ mi So & 1 mi E.	3 mi So 1 mi East
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	37 (Years)
BIRTHPLACE	Iowa	Penn
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7. a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or ~~Midwife~~)

Address Meridian Ada

Filed 3—15— 1912 C. L. Sutton Registrar

Given names added from a supplemental report

, 19....

Registrar

S-Y CO., 16670

4—10—1912 C. E. Thornburg M.D.

AUG 15 1956

Washington Certificate of Marriage; Jan. 16, 1937, Cert. No. 11405 and Application for Life Insurance Policy, July 25, 1952 gives correct information-viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 4918

State of Idaho
County of Ada } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Chester Philip McKinnis (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1912 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by B I B/C (Bible Record, Insurance Policy, Etc.) prepared on 3/24/1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Chester Philip McKinnis	Chester Kale McKinnis

Subscribed and sworn to before me this 9th day of August, 19 58

Notary Public, residing at Longmont, Colo.
My commission expires May 5, 1962
(Seal) Franklin F. Clark

Signed Minnie Myrtle McKinnis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2125 Olympia Way
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colo.
County of Boulder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

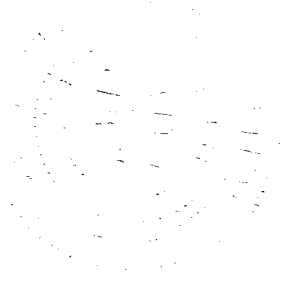
Subscribed and sworn to before me this 9th day of August, 19 58

Notary Public, residing at Longmont, Colo.
My commission expires May 5, 1962
(Seal) Franklin F. Clark

Signed Mary McKinnis
(Signature of Any Credible Person)

270 21st Longmont, Colo.
(Street Address, City, State)

FORM DPH 55.155



93-114-001-014

PLACE OF BIRTH

County of Ada

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11

33

City of Meridian Registration District No. 1 File No. 4919

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 86

Hospital ____

FULL NAME OF CHILD Arthur — Nichols

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	3 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Lee Nichols	Cassey Estrilla Fawcett
RESIDENCE	3 Mi East,	3 Mi. East
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33.	28
BIRTHPLACE	Mo	Colorado
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
(Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19....

Filed 3-15- 1912 C. L. Dutton
Registrar

....., Registrar

4-10-1912 F. E. Stevenson, M.D.

S-Y CO., 16670

413 - 221001 - 281

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

34

4920

County of Ada

City of Meridian Registration District No. 1 File No.

No. , St.

Primary Registration District No. 2003 Registered No. 87

Hospital

FULL NAME OF CHILD Doris Ruth Matcham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	\	\	yes	[illegible] 21 1912

FATHER	MOTHER
FULL NAME Alfred James Matcham	FULL MAIDEN NAME Jessie Vashti Shaw
RESIDENCE 3½ mi 20 ½ mi W.	RESIDENCE 3½ mi ½ mi West.
COLOR White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Canada.	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 50 P. M. on the date above stated.

(Signature) C. E. Dunbar M.D.

(Physician or Midwife)

Address Meridian Ida.

Filed 3-23- 1912 C. E. Sutton Registrar

4-10-1912 C. E. Shawhan, M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MAR 2

269-131-004-6J-1

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ____, ____ St.

Registration District No. 24 File No. 4921

Primary Registration District No. 2099 Registered No. 74

Hospital ____

FULL NAME OF CHILD Edwin Christ-Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	May 31, 1912

FATHER		MOTHER	
FULL NAME	Andrew Sorensen	FULL MAIDEN NAME	Sara Jane Weaver
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~G. E. Ashley~~ Nettie Sorensen

(Physician or Midwife)

Address Dingle Idaho

Given names added from a supplemental report

....., 19.....

Filed Dingle, Ida. 8 1912 J. W. Hayward

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

Sex of Child

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

ATTENDING

266 - 217-004-566

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-1-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Registration District No. 24 File No. 4922

Primary Registration District No. 2099 Registered No. 77

Hospital .....

FULL NAME OF CHILD Sarah Ellen Bowcutt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar. 17, 1912

FATHER		MOTHER	
FULL NAME	Jerome Bowcutt	FULL MAIDEN NAME	Myrtle Rowland
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Dingle
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Ida.

Given names added from a supplemental report

....., 19.....

Filed Apr. 8, 1912 J. W. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

255-121-004-318

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. II-C—10m-8-7-11

Registration District No. 24

File No. 4923

Primary Registration District No. 2098

Registered No. 76

FULL NAME OF CHILD THOMAS TAYLOR SNEDDON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 21st 1912

FATHER	MOTHER
FULL NAME Robert Newton Sneddon	FULL MAIDEN NAME Flora Taylor
RESIDENCE Montpelier	RESIDENCE Montpelier
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Scotland	BIRTHPLACE Missouri
OCCUPATION Lumberman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec. 8, 1912 Jill Howard

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form A [illegible]-C--10m-2-31

STATE OF [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 4925

State of Utah } ss.
County of Salt Lake }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for male Sneddon (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 23, 1912 (DATE OF EVENT) in Montpelier (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 22, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not given	Thomas Taylor
birth date	March 23, 1912	March 21, 1912
father name	Robert	Robert Newton

Subscribed and sworn to before me this 21st day of January, 19 42.

Alton H. Savage
Notary Public, residing at Salt Lake City
My commission expires 7/11/42
(SEAL)

Signed R. Newton Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1906 Yale, Salt Lake City, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 19 42.

Alton H. Savage
Notary Public, residing at Salt Lake City
My commission expires 7/11/42
(SEAL)

Signed Flora Taylor Sneddon Mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1906 Yale, Salt Lake City.
(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] 1942 By
(REGISTRAR'S SIGNATURE)

JUN 11 1974

299 - 223-004-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4924

Primary Registration District No. 2098 Registered No. 80

FULL NAME OF CHILD Virginia La Von Bridges

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	Feb. 23, 1912.

FATHER		MOTHER	
FULL NAME	Thomas Pearson Bridges	FULL MAIDEN NAME	Edora Pilate Kent Bridges
RESIDENCE	Montpelier, Idaho	RESIDENCE	Montpelier, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Montpelier.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. T. E. Bridges

(Physician or Midwife)

Address Montpelier, Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 8 1912 Jas Haycock

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 26 1962

559-123-004-143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4925

Primary Registration District No. 2098 Registered No. 70

FULL NAME OF CHILD Theresa Christina Enzinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 23 1912

FATHER		MOTHER	
FULL NAME	Samuel Enzinger	FULL MAIDEN NAME	Tracy Adlergruber
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris Ida.

Given names added from a supplemental report

....., 19.....

Filed Dec 9 1912 J. H. Hayward

Registrar

.....

Registrar

SYMS-YORK CO., PTRS. & BDRS. 17326

413-108-004-413

PLACE OF BIRTH

County of Bear Lake

City of Montpelier No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD ~~Baby Macdonald~~ William Henry WILLIAM HENRY

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24 File No. 4926

Primary Registration District No. 2098 Registered No. 47

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar 8th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Macdonald	Alice C. Macdonald
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Nova Scotia	Nova Scotia
OCCUPATION	Loco. Fireman	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Kelly M.D.

Physician

(Physician or Midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

Filed Mar 16 1912 J. A. Hayward

Registrar

.....

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 10 1951

695-108-004-397

MARGIN RESERVED FOR BINDING · WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

Registration District No. 24 — File No. 4927

Primary Registration District No. 2098 — Registered No. 63

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.			Yes.	Mar 8, 1912.

FATHER		MOTHER	
FULL NAME	Francis Martin Hinton	FULL MAIDEN NAME	Chloe Tippets
RESIDENCE	Montpelier.	RESIDENCE	Montpelier.
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Montpelier.	BIRTHPLACE	Brigham City, Utah.
OCCUPATION	Postmaster.	OCCUPATION	

Number of child of this mother, including present birth: eighth.

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Francis E. Bridges

Midwife
(Physician or Midwife)

Address Montpelier, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar 8 19 12 J. W. Hayward
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO.
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

4927

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Montpelier
Street and House No.
County Bear Lake

Registered Number 63
Registration District No. 24

Sex of Child Male

Date of Birth, Mar. (Month) 8 (Day) 1912 (Year)

Full Name — Father: Francis Martin Winters

Full Maiden Name — Mother: Chloe Tippits

I HEREBY CERTIFY that the child described herein has been named:

Francis Lee Mart Winters
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. W. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

123-212-004-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No 24 File No 4928

No ____, ____ St.

Primary Registration District No 2098 Registered No 62

Hospital ____

FULL NAME OF CHILD Francis Matilda Castle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and	eleventh	Yes	Mar 12 1912

	FATHER	MOTHER
FULL NAME	Joseph Charles Castle	Matilda Jane Danks
RESIDENCE	Montpelier	Montpelier
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	44	36
BIRTHPLACE	Montpelier, Ida.	Homewood, Penn.
OCCUPATION		

Number of child of this mother, including present birth eleventh. Number of children, of this mother, now living, including present birth eleven.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis A. Bridges

Nurse Wife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed Mar 8 1912 J W Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 10 1982

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bear Lake — Amended 2/23/12 — Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Montpelier — Registration District No. 24 — File No. 4929

No. ____ St. — Primary Registration District No. 2098 — Registered No. 60

Hospital ____

FULL NAME OF CHILD Not Named Wayne Morris French

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Other	3	Yes	March 15, 1912

	FATHER	MOTHER
FULL NAME	Louis French	FULL MAIDEN NAME Louie Morris
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	26 (Years)
BIRTHPLACE	Logan, Ut.	Logan, Ut.
OCCUPATION	Farm agent	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Poyle M D

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr. 5 1912 J. M. Hayward Registrar

S-Y CO., 16670

MAR 8 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED SUPERVISOR VITAL STATISTICS JAN 31 11 46 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4929

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Wayne Morris French (Name on Original Certificate) who was born (Was Born or Died) on March 15, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] prepared on [illegible], are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's ~~name~~ sex	Female	Male

Subscribed and sworn to before me this 26 day of January, 1973

Notary Public, residing at McCall

My commission expires 8-8-73

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Valley }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of January, 1973

Notary Public, residing at McCall

My commission expires 8-8-73

(Seal)

Signed [signature]
(Signature of Any Credible Person)

McCall Idaho [illegible]
(Street Address, City, State)

FORM DH 60-155 CL 12/11/72 lcc pd. rec. # 6692 Rush!

Certif. of Baptism and Confirmation from LDS Church gives name as Wayne Morris French son of Lewis French and Hannah L. Morris. Born March 15, 1912. Was Baptized Oct. 2, 1921. Viewed by V. S.

FEB 23 1973
DEC 12 1973

Honorable Discharge from U.S. ARMY gives name as Wayne M. French. Dated Feb.27, 1946. Viewed by V. S.

243 - 106-004-219

PLACE OF BIRTH

County of Bear Lake.

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. H. C.—16m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 — File No. 4930

Primary Registration District No. 2098 — Registered No. 58

FULL NAME OF CHILD Franklin Thomas Buck

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other (To be answered only in event of plural births)	1	Yes	March 6, 1912

FATHER		MOTHER	
FULL NAME	Charles Buck	FULL MAIDEN NAME	Florence Burnett
RESIDENCE	Montpelier, Ida	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Baltimore, Md.	BIRTHPLACE	Montpelier, Ida
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M D

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr. 5 1912 J. W. Hayward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 15 1968

845-206-004-35

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

[redacted] OF IDAHO

[redacted] of Vital Statistics

[redacted] CATE OF BIRTH

Registration District No. 24 File No. 4931

Primary Registration District No. 2098 Registered No. 57

FULL NAME OF CHILD Geneva Viola Hunzaker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Hunzaker	Emily Stuller
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Paris Idaho	Paris Idaho
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Joyner M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 5 1912 J. L. Hayward Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 0 1974

155-110-004-844

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF [redacted] Form V. S. No 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4932

Primary Registration District No. 2098 Registered No. 56

FULL NAME OF CHILD Earl Samuel Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 10, 1912

	FATHER	MOTHER
FULL NAME	J. C. Jensen	FULL MAIDEN NAME Minnie Humphreys
RESIDENCE	Montpelier Idaho	Montpelier Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Montpelier Idaho	Lingle
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M D (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 5 1912 [signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Bear Lake)

AFFIDAVITS FOR CORRECTION OF A RECORD

Jacob C. Jensen of Montpelier, Idaho

Being first duly sworn, deposes and says that he is Father (if related, specify degree, if friend or otherwise, so state) and was present at time of birth of Earl S. Jensen

who was born (was born, died) in the city of Montpelier, County of Bear Lake

on the 10th day of March, 19 12, as stated in a certificate of Birth (birth or death) filed by D. Wm. Poynter (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Montpelier, County of Bear Lake Idaho, on the 5th day of April 19 12.

That the following facts set forth in said certificate are not correctly stated therein, to wit: DATE OF BIRTH---- March 7, 1912.

That affiant upon his (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:-

DATE OF BIRTH ---- March 10, 1912.

(Seal)

Affiant Jacob C. Jensen
Address Montpelier Idaho

Subscribed and sworn to before me this 6 day of April 1940

Lori Allred
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Bear Lake)

Jacob C. Jensen of Montpelier Idaho

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Jacob C. Jensen
Address Montpelier Idaho

Subscribed and sworn to before me this 6 day of April 1940

(Seal)

Lori Allred
Notary Public

VS 44

FEB 20 1943

693 - 208 004 - 685

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 24

File No. 4933

No. ____, ____ St.

Primary Registration District No. 2098

Registered No. [redacted] 55

Hospital

FULL NAME OF CHILD Helen Witmer

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Otte (To be answered only in event of plural births)	4	Yes	March 8 (Month) (Day) 191 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Rudolph Witmer	Mary Ringger
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	29 (Years)
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

E. E. Poyner M.D. (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed April 5 1911 J. M. Hayward Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

615-15-[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH [redacted] HO

County of [redacted] istics

City of Montpelier Registration District No. 24 BIRTH

File No. 4934

No. ____, ____ St.

Primary Registration District No. 2098 Registered No. 5

Hospital [redacted]

FULL NAME OF CHILD [redacted] Lawrence Donald Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank L. Lawrence	Bess Williams
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Kansas.	Montana
OCCUPATION	Electrical Engineer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. King M.D.

Physician

(Physician or Midwife)

Address H. H. Haywood Montpelier

Given names added from a supplemental report

....., 19.....

Filed Mar 24 19 13 J. H. Haywood

Registrar

.....

Registrar

5-Y CO., 16670

DEC 22 1958

JAN 5 1959

719-121004-259

PLACE OF BIRTH

Form V. S. No. H-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 24 - File No. 4935

No. ____, ____ St.

Primary Registration District No. 2097. Registered No. 52

Hospital ____

FULL NAME OF CHILD Baby Parker. David Ralph Parker

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)			Yes.	Mar 21st, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Jno. Parker	Ellen Perkins
RESIDENCE	Bennington	Bennington
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Bennington	Bennington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:57 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King M.D.

Physician (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 29 19 12 J. W. Hayward Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

329-218-004-465.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Mounard

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~20~~ 96 24 File No. 4937

Primary Registration District No. 2096 Registered No. 50

FULL NAME OF CHILD Golda Arillia Skinner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David P. H. Skinner	Elizabeth Orilla Monroe
RESIDENCE	Eight Mile, Idaho	Eight Mile, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	26
BIRTHPLACE	Mounan, Idaho	Portneuf, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Mar 20 19 12 J. W. Howard

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

AUG 21 1952

155-101-004-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4939

Primary Registration District No. 2094 Registered No. 73

FULL NAME OF CHILD Clifford Ray Jenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 1, 1912

FATHER		MOTHER	
FULL NAME	Asa Jensen	FULL MAIDEN NAME	Venice Johnson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. L. Ashley

(Physician or Midwife)

Address Paris, Idaho

Given names added from a supplemental report ____, 19__

Filed ____ Geo. L. Shepard Registrar

Registrar

245-214-004-523

(Be sure the information is complete and accurate)

Amended 12-20-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4940
Local Reg. No. 65
Reg. Dist. No. 24

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bern

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bern

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elna b. (Middle): c. (Last): Kunz

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	March 19, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Seth b. (Middle): c. (Last): Kunz

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Bern, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emma b. (Middle): c. (Last): Eschler

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Wardboro, Idaho	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. F. Ashley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Paris, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 8, 1912

22. REGISTRAR'S SIGNATURE: J.W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4940

Primary Registration District No. 2094 Registered No. 65

FULL NAME OF CHILD Leone Kunz (Elma)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 18 1912

FATHER		MOTHER	
FULL NAME	Seth Kunz	FULL MAIDEN NAME	Emma Eshler
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bern	BIRTHPLACE	Woodbora
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris, Ida.

Given names added from a supplemental report

5-7-12, 19..

J. M. S.

Registrar

Filed Dec 6 1912 J. M. Stevenson

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
DEC 20 1966
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake

Certificate No. 4940

Date Filed April 8, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leone Kunz (Elma) (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1912 (Date of Event)
in Bern, Bear Lake County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by 1church certif., 2ins. appl. prepared on 1before 1957, 2Nov. 28, 1961 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

3voters reg. 1EMPL. APP. 31958 1959

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Leone Kunz (Elma)	Elna Kunz
date of birth	March 18, 1912	March 19, 1912
mother's name	Emma Eshler	Emma Eschler

Subscribed and sworn to before me this 31 day of December 19 66

Edward C. McCarl

Notary Public, residing at Montpelier, Idaho

My commission expires 9-16-69

(Seal)

Signed Seth N. Kunz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

824 Grant Montpelier, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of December 1966

Edward C. McCarl

Notary Public, residing at Montpelier, Idaho

My commission expires 9-16-69

(Seal)

Signed Emma Eschler
(Signature of Any Credible Person)

760 Grant, Montpelier, Ida
(Street Address, City, State)

FORM DH 60-155

Mr. Benson requested this be sent to you.

L.D.S. Church Certificate of Membership, photo copy, signed by James E. Sabine, Bishop of the Berkeley Ward - gives full name as Elna Kunz Pulley, born March 19, 1912 at Bern, Idaho to Seth N. Kunz and Emma Eschler, blessed May 5, 1912 gives full name of husband as Hamlet Claudio Pulley - viewed by V.S.

Application for Employment, Cowell Memorial Hospital, University of California, Berkeley, California gives full name as Elna Kunz (maiden) Pulley, born March 19, 1912 in Idaho - application dated Feb. 2, 1959 - viewed by V.S.

Another child's birth cert. on file gives full maiden name of mother as Emma Eschler - Idaho Birth #70740 - viewed by V.S.

997-220-005-245

Amended 1/2/79

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2094 File No. 4941

Primary Registration District No. ..... Registered No. 67

FULL NAME OF CHILD Londa Rigby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar. 20 1912

FATHER		MOTHER	
FULL NAME	John Rigby	FULL MAIDEN NAME	Lizzie Kunz
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bern
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or [redacted])

Given names added from a supplemental report

....., 19.....

Address Paris, Ida.

Filed Nov 8 1912 Jill Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

[redacted]

APR 12 [redacted]

APR 12 1955

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. NOV 27 11 01 AM '78

Certificate No. 4941

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Fonda Rigby (Name on Original Certificate) who was born (Was Born or Died) on March 22, 1912 (Date of Event)
in Bern, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Baby Book & Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on May 5, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	March 22, 1912	March 20, 1912

Subscribed and sworn to before me this 22 day of November, 19 78.

Lewis McMurdie
Notary Public, residing at Logan Utah
My commission expires 3/6/81
(Seal)

Signed Mary R. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

445 E 6th N. Logan Utah 84321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Nov, 19 78.

Notary Public, residing at Montpelier Idaho
My commission expires Life time
(Seal)

Signed Truman W. Rigby
(Signature of Any Credible Person)

Box 158, Montpelier, Idaho 83254
(Street Address, City, State)

FORM DH 60-155

CL 8/18/78 nm

Certif of Blessing from the LDS Church gives name as Fonda Rigby daughter of John F. Rigby and Lizzie R. Kunz. born March 20, 1912 at Bern, Idaho. Blessed May 5 1912. viewed by V. S.

JAN 4 1979.

Family Bible record gives nameas Fonda Rigby born March 20, 1912 in Bem, Idaho. viewed by V/ S.

249 - 217-004-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4942

Primary Registration District No. 2093 Registered No. 69

FULL NAME OF CHILD Mary Margaret Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	May 17 1912

FATHER		MOTHER	
FULL NAME	Thomas Smith	FULL MAIDEN NAME	Lucy Crawford
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah		Liberty
OCCUPATION	Farmer		Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Ashley

(Physician or ~~Midwife~~)

Given names added from a supplemental report

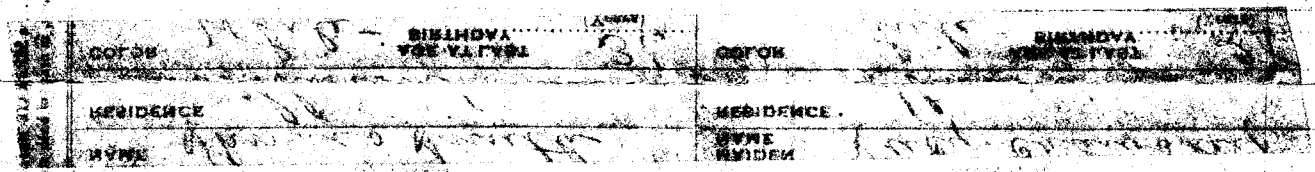
....., 19.....

Address Paris, Ida.

Filed May 8 1912 Jill Hayward

SYMS - YORK CO., PTRS. & SDRS. 17826 Registrar

Registrar



386-225-004-559

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child born, a SEPARATE RETURN must be made for each of the number of such, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-3-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4943

Primary Registration District No. 2093 Registered No. 3554

FULL NAME OF CHILD Maud Lyon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	Sixth	Yes	March 25, 1912

FATHER		MOTHER	
FULL NAME	John W. Lyon	FULL MAIDEN NAME	Ellen E. Neibaur
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hydepark Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Clark

Midwife (Physician or Midwife)

Address Liberty Idaho Not in use

Filed Apr 2 1912 J. E. Hayward Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

STAR - YORK CO., PTRS. & BDRS. 17826

284-114-004-884

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth added

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ——, —— St.

Hospital ——

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4944

Primary Registration District No. 2093 Registered No. 64

FULL NAME OF CHILD George Hellmann Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	6th	yes	May 14 1912

	FATHER	MOTHER
FULL NAME	James H Simmons	Mary E Heyman
RESIDENCE	Liberty	Liberty
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	33 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer & Blacksmith	Housekeeper

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary Heyman

Midwife
(Physician or Midwife)

Address Liberty Idaho

Filed May 8 1912 Ella Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

244-127-004-962
Amended 4-10-79

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4945

Primary Registration District No. 2092 Registered No. 81

FULL NAME OF CHILD SETH Elliot Budge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Mar 27 1912

	FATHER	MOTHER
FULL NAME	Seth Budge	Mary Roberts
RESIDENCE	Paris	Paris
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 6 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
HEAD OF
VITAL STATISTICS
APR 10 7 41 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 4945
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Claud Elliot Budge (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 27, 1912 (Date of Event)

in Paris (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Claud	~~Seth~~

Subscribed and sworn to before me this 5th day of April, 19 79

Notary Public, K. Wright

Residing at Provo, Utah

My commission expires 4-11-82

(Seal)

Seth Elliott Budge
Signature of Applicant

4632 E Cliff Ave. Provo, Utah 84601
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Blessing gives name as Seth Elliott Budge son of Seth Budge and Mary Reberts born March 27, 1912 at Paris, Idaho. Blessed May 1, 1912 in L.D.S.Church.
Viewed by V.S.

Own child's birth certificate on file with the Bureau of Vital statistics gives father's name as Seth Elliott Budge and mother as Helen Helms. Child born April 27, 1946, certificate # 419979.
Viewed by V.S.

Hulme

546-127-004-386

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris (Precinct)

Registration District No. 24

File No. 4946

No. ——, ——— St.

Primary Registration District No. 2092

Registered No. 61

Hospital ———

FULL NAME OF CHILD Charles Crowther Edwards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Mar 27th 1912

FATHER		MOTHER	
FULL NAME	Thos. Edwin Edwards	FULL MAIDEN NAME	Clara Crowthers
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. King M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

———, 19——

Address ———

Filed Apr 5 1912 J. W. Hayward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

114-125-004-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4947

Primary Registration District No. 2092 Registered No. 69

FULL NAME OF CHILD John William Jausoe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 25 1912

FATHER		MOTHER	
FULL NAME	John Jausoe	FULL MAIDEN NAME	Stella Shepherd
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Paris
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4. a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Apr. 8 1912 J. H. Howard

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DEC 1 1942

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

5-73-227-004-967 (Be sure the information is complete and accurate)

Amended 8-21-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 4948
Local Reg. No. 71
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Paris
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mildred
b. (Middle): Aletha
c. (Last): Egli

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 27, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Earnest
b. (Middle):
c. (Last): Egli

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Germany

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maggie
b. (Middle):
c. (Last): Rosen

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ashley & Covley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Paris, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 8, 1912

22. REGISTRAR'S SIGNATURE: J.W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

No _____, _____ St.

Hospital _____

Registration District No. 24 File No. 4948

Primary Registration District No. 2092 Registered No. 71

FULL NAME OF CHILD Mildred Cletha Egli

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Mar. 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earnest Egli	Maggie Rasen
RESIDENCE	Paris	Paris
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 38	White / 28
BIRTHPLACE	Germany	Switzerland
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or ~~Midwife~~)

Address Paris Idaho.

Given names added from a supplemental report

_____, 19____

Registrar

Filed Dec 8 1917 J. H. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17220

AUG 21 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 4948

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mildred Cletha Egli (Name on Original Certificate) who was born (Was Born or Died) on March 30, 1912 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mildred Cletha Egli	Mildred Aletha Egli
Child's Date of Birth	Mar. 30, 1912	March 27, 1912

Subscribed and sworn to before me this 25th day of April, 1966

Notary Public, residing at Montpelier, Ida.
My commission expires Feb 15, 1970
(Seal)

Signed Mildred Aletha Egli
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1106 Monroe Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of April, 1966

Notary Public, residing at Montpelier, Ida
My commission expires Aug 28, 1966
(Seal)

Signed Vernon Nelson
(Signature of Any Credible Person)

624 Way St
(Street Address, City, State)
Montpelier, Idaho

FORM DH 60-155

CL 2-11-65. one copy pd. rec. #9022.

L.D.S. Church Cert. of Baptism and Confirmation, May 30, 1920 gives full name as Mildred A. Egli, daughter of Ernest Egli and Margareth Rosen, born March 27, 1912 at Paris, Idaho - viewed by V.S.

Application for Membership, Beneficial Protective Ass., Inc. Pocatello, Idaho - dated Jan. 13, 1939 gives full nameas Mildred Hayes, born March 27, 1912 at Paris, Idaho - beneficiary is given as Lyle Hayes, husband -~~dvie~~ viewed by V.S. No. 1-13-13243

Marriage Sealing Record, dated Oct. 1, 1931 at Salt Lake City, Utah gives full name of groom as Lyle Hayes and full name of bride as Mildred Aletha Egli - viewed by V.S.

L.D S. Church Sealing Record, of Children, gives full names as Lyle Hayes and Mildred Aletha Egli - record dated Oct. 1, 1931 - viewed by V.S.

244 - 105-004-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 4949

Primary Registration District No. 2092 Registered No. 43

FULL NAME OF CHILD Donald Morgan Budge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
Male	and Number in order of birth	yes	Mar. (Month) 5 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Budge	Fannie Morgan
RESIDENCE	Paris Idaho	Paris Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	49 (Years)	34 (Years)
BIRTHPLACE	Utah	Ga.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.W. Hayward M.D. (Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

5-7-12, 19..

J.M.S. Registrar

Filed Mar. 6 1912 J.W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

JUN 5 1942

799 - 204-004-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 4950

Primary Registration District No. 2092 Registered No. 42

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Mar. 4, 1912

FATHER		MOTHER	
FULL NAME	Fred Price	FULL MAIDEN NAME	Gertude Rich
RESIDENCE	Paris Idaho	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M. D. (Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 10 19 12 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

316-205-004-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No ....., ... St.

Registration District No 24 File No 4951

Primary Registration District No 2092 Registered No 46

Hospital .....

FULL NAME OF CHILD Audrey Mae Law

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Mar. 8. 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jessie Law	Audrey Holden
RESIDENCE	Paris	Paris
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Paris	Montpelier
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn.), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 12 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

JUN 29 1966

55-2=231-004-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 4952

Primary Registration District No. 2092 Registered No. 78

FULL NAME OF CHILD IDA RUBADON NEBEKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	May 31 1912

FATHER		MOTHER	
FULL NAME	Jessie Nebeker	FULL MAIDEN NAME	Gertrude Sorenson
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jr. Oakley

(Physician or Midwife)

Address Paris Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug. 8 1912 Jill Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

ADD CHILDS NAME PER 1912 CORRECTION-AFFIDAVIT PER LO 6/24/16 LY

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

4952

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Paris
Street and House No.
County Bear Lake

Registered Number 78
Registration District No. 24

Sex of Child Female

Date of Birth, Mar. (Month) 31 (Day) 1912 (Year)

Full Name of Father Jessie Mcbeth

Full Maiden Name of Mother Gertrude Sorenson

I HEREBY CERTIFY that the child described herein has been named:

Ida Rebudon Mcbeth
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

J W Hargward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

718-123-004-386

Amended 3-15-62

(Be sure the information is complete and accurate)

State File No. 4953
Local Reg. No. 53
Reg. Dist. No. 24

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Samuel
b. (Middle): Truman
c. (Last): Payne

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Mar. (Day) 23, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Samuel
b. (Middle): Francis
c. (Last): Payne

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Bloomington, Ida.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Ann
c. (Last): Thornock

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Bloomington, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: L.T.A. Hottendorf

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Bloomington, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Mar. 24. 1912

20. REGISTRAR'S SIGNATURE:

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

In the district where the birth occurred, keep this certificate until requested by the DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner c the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

STATE OF IDAHO

County of [illegible]

City of Bloomington

No. ——, ——— St.

Hospital ———

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4953

Primary Registration District No. 2091 Registered No. 53

FULL NAME OF CHILD Samuel Herman Payne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Mar 23 1912

FATHER		MOTHER	
FULL NAME	Samuel Francis Payne	FULL MAIDEN NAME	Mary Ann Thomock
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	w.	COLOR	w
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 805 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Dr B Hottendorf

obstetrician

(Physician or Midwife)

Address Bloomington Idaho

Filed Mar 24 1912

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 16 1962

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 4953

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Samuel Nurnan Payne (Name on Original Certificate) who was born (Was Born or Died) on Mar. 23, 1912 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Samuel Nurnan Payne	Samuel Truman Payne

Subscribed and sworn to before me this 14th day of March, 1962

L Neigh Stephens

Notary Public, residing at Paris Idaho

My commission expires Oct 10-1962

(Seal)

Signed Ernest Payne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rt. Bloomington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1962

L Neigh Stephens

Notary Public, residing at Paris Idaho

My commission expires Oct 10-1962

(Seal)

Signed Mildred Clara Payne
(Signature of Any Credible Person)

Bloomington, Idaho
(Street Address, City, State)

Star Rt

FORM DH 60-155

CL 3-7-62. one copy pd. rec. #7611.

Own Child's Birth Cert. on file: (Idaho Birth) #403574 gives full name of father as Samuel Truman Payne - viewed by V.S.

L.D.S. Church Certificate of Ordination to the Holy Priesthood, ordained a Deacon, April 6, 1924 gives full name as Samuel Truman Payne, born March 23, 1912 at Bloomington, Idaho to Samuel F. Payne and Mary A. Thornock - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—40m-8-11

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4954

Primary Registration District No. 2091 Registered No. 72

FULL NAME OF CHILD MABEL LEONA PRICE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 29, 1912

FATHER		MOTHER	
FULL NAME	Joseph Price	FULL MAIDEN NAME	Elizabeth Reese
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Paris	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley & A. A. Corley

(Physician or ~~Attendant~~)

Given names added from a supplemental report

Address Paris, Ida.

....., 19.....

Filed Dec 18 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

CHILDS NAME ADDED PER 1912 CORRECTION AFFIDAVIT PER LO 6/24/16 LY

Form V. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

4954

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Bloomington
Street and House No.
County Bear Lake

Registered Number 72
Registration District No. 24

Sex of Child Female

Date of Birth, Mar. (Month) 29 (Day) 1912 (Year)

Full Name of Father: Joseph Price

Full Maiden Name of Mother: Elizabeth Reese

I HEREBY CERTIFY that the child described herein has been named:

Mabel Leona Price
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. W. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

785-108-004-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

*No*_____, _____ *St.*

Hospital _____

Registration District No. 84 **File No.** 1955

Primary Registration District No. 2091 **Registered No.** 45

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Greenhalgh	Francis Thomas
RESIDENCE	Bloomington Idaho	Bloomington, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	42
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Haywood M. D.

(Physician or Midwife)

Address Paris Idaho

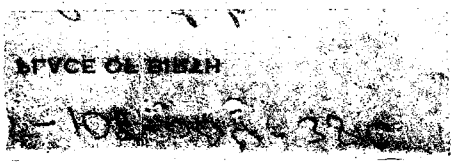
Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed Mar 15 1912 J. W. Haywood *Registrar*

SYMS - YORK CO., PTRS. & BORS. 17326



636-122-004-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 4956

Primary Registration District No. 2090 Registered No. 76

FULL NAME OF CHILD Veal James Floyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 22 1912

FATHER		MOTHER	
FULL NAME	Lenard Floyd	FULL MAIDEN NAME	Mary Trennelling
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	St. Charles	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10.a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

Filed Apr. 8 1912 Jill Harwood

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

331 - 106-004-831

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 4957

Primary Registration District No. 2040 Registered No. 44

FULL NAME OF CHILD Lester Eugene Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	Mar. 6 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eugene Clark	Ruth Howe
RESIDENCE	St Charles	St Charles
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	19 (Years)
BIRTHPLACE	Idaho	So Carolina
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M. D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19....

Filed Mar 16 1912 J. M. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS 17826 Registrar

12-15-94

266-12-004-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 4958

Primary Registration District No. 2090 Registered No. 48

FULL NAME OF CHILD Newell Wayne Booth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Mar. 12 1912

FATHER		MOTHER	
FULL NAME	Newell Booth	FULL MAIDEN NAME	Minnie Finley
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M. D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

5-7-12, 19

J.M.S. Registrar

Filed Mar 15 1912 J. M. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 25 1949

66 [redacted] 035-132

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

[redacted] BIRTH

County Perce

City or near Reubens

Registration District No. 32 File, No. 4959

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 49

Hospital ____

FULL NAME OF CHILD Edna May Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Tom R Wood	Nettie Obert
RESIDENCE	near Reubens	near Reubens
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Oregon	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard M.D. Per dl. (Physician or Midwife)

Address Reubens

Given names added from a supplemental report

....., 19.....

Filed 3-14 1912 Elton B. Rogers Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 4 1970

28/74

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of near Reubens Registration District No. 32 File No. 4960

No. ____, ____ St. Primary Registration District No. 2127 Registered No. 40

Hospital ____

FULL NAME OF CHILD Adelia Alene Chambers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eudores Chambers	Laura Panky
RESIDENCE	near Reubens	near Reubens
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	38
BIRTHPLACE	Indiana	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive at 9.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard M.D. Per H.
(Physician or Midwife)

Address Reubens

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-14- 1912 Edna B. Rogers Registrar

S-Y CO., 16970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 24 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 14 10 14 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.

County of ..... }

Certificate No. 4960

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Cahmber (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 14, 1912 (Date of Event)

in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Chamber	Adelia Alene Chambers
father's last name	Chamber	Chambers

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Idaho }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 1974.

Notary Public, residing at White Bird

My commission expires January 23, 1976

(Seal)

Signed Gertrude B. Wilson

(Signature of Any Credible Person)

White Bird Ida

(Street Address, City, State)

FORM DH $0-155

CL 1/24/74 XXXXXX

Birth Certificate from The White Hospital, Lewiston, Idaho gives X child's name as Gerald Wayne Crow. born May 27, 1945. father's name given as Earl Franklin Crown and the mother's name as Adelia Alene Chambers(born Feb. 14, 1912.

FEB 28 1974

XXX

School Census Marshal's Reptor fro School District no. 26, County of Nez Perce gives child' x name as Adelia Chamber. father's name as E. Chambers. for Sept. 1925. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 4961

County [redacted] Ada

City of [redacted] Woodland

No. ..... St.

Hospital .....

Registration District No. 32 File No. 12

Primary Registration District No. 2128 Registered No. [redacted]

FULL NAME OF CHILD Gussy Sanford Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	April 23, 1912

FATHER	MOTHER
FULL NAME Ezekiel Lee	FULL MAIDEN NAME Mary M Robbs
RESIDENCE Woodland Idaho	RESIDENCE Woodland Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION House Wife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah George

Midwife (Physician or Midwife)

Address Woodland

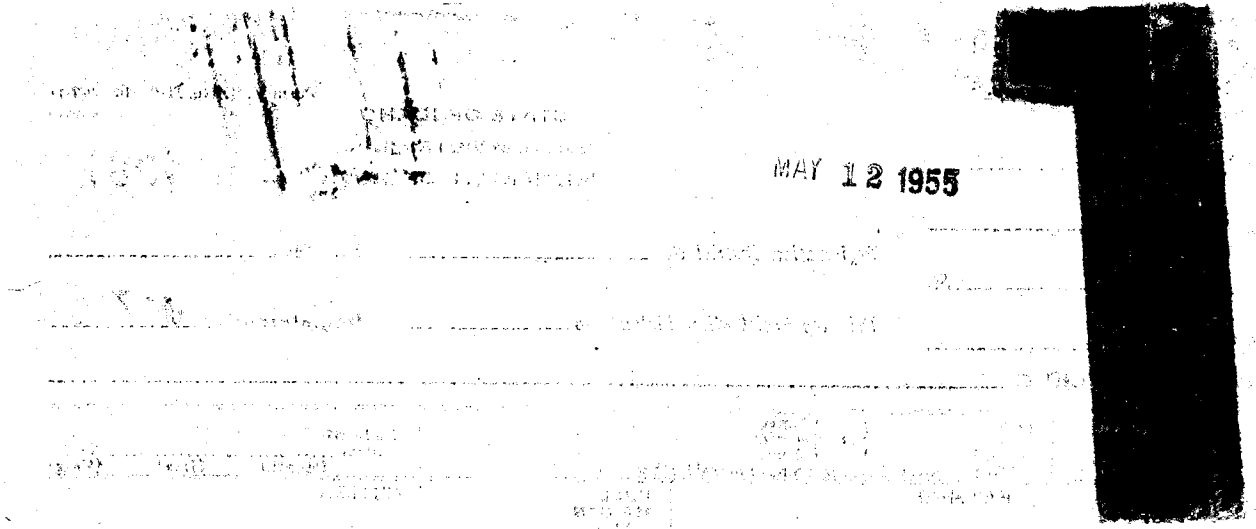
Given names added from a supplemental report

....., 19.....

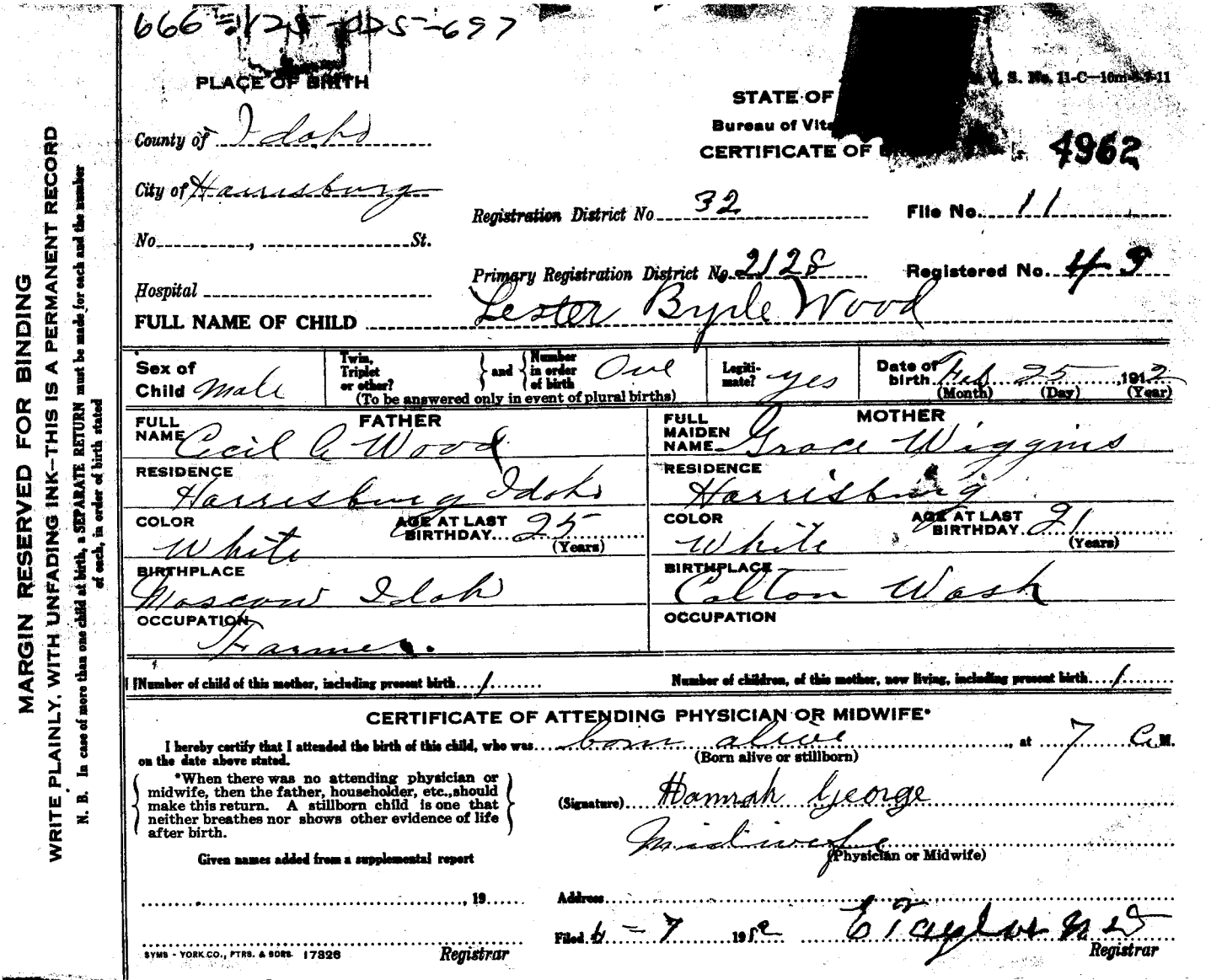
Filed 3-30 1912 W D Taylor

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar



MAY 12 1955



666 [illegible] 697

PLACE OF BIRTH

STATE OF [redacted] S. No. 11-C—10m-8-11

Bureau of Vit[illegible]

CERTIFICATE OF [illegible] 4962

County of Idaho

City of Harrisburg

Registration District No. 32 File No. 11

No. ____, ____ St.

Primary Registration District No. 212 Registered No. 49

Hospital ____

FULL NAME OF CHILD Lester Byrle Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	yes	Feb 25 1912

FATHER	MOTHER
FULL NAME Cecil C Wood	FULL MAIDEN NAME Grace Wiggins
RESIDENCE Harrisburg Idaho	RESIDENCE Harrisburg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Moscow Idaho	BIRTHPLACE Colton Wash
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Hannah George

(Physician or Midwife)

....., 19.....

Registrar

Address .....

Filed Feb 7 1912 E C [illegible]

Registrar

SYMS - YORK CO., PTRS. & BOOKS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Dec. 2, 1940. E.W.

396-204-025-317

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form U.S. No. 15-C-10m-5-21.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH No. 4963

County of Idaho

City of Harrisburg

No ....., ... St.

Registration District No. 32 File No. 5

Primary Registration District No. 2112 Registered No. 9

Hospital .....

FULL NAME OF CHILD Cyprus Crocker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	Feb 4 1912

FATHER	MOTHER
FULL NAME Claud M. Crocker	FULL MAIDEN NAME Janett Capwell
RESIDENCE Harrisburg Idaho	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Pennsylvania
OCCUPATION Farmer	OCCUPATION Home Wife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Hannah George

Midwife
(Physician or Midwife)

Address Woodland

Filed 2-12 1912 E. T. Taylor M.D.
Registrar

SYMS - YORK CO., PTRS. & SORS. 17826

344-120-019-653

PLACE OF BIRTH

AMENDED SEPT. 16, 1954

County of Custer

City of Mackay

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 4964

Primary Registration District No. 2054 Registered No. 38

FULL NAME OF CHILD Frank Raymond Cummins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 20, 1942

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Daniel Cummins	FULL MAIDEN NAME: Lula May Wells
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Washington
OCCUPATION: Laundryman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Baker
(Physician or midwife)

Address Mackay, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed April 11, 1942 C. L. Kirtky Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BI[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Hospital Res

Registration District No. 14

Primary Registration District No. 2034

File No. 4964

Registered No. 38

FULL NAME OF CHILD Frank Cummings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 20, 1912

FATHER

FULL NAME: Dan Cummings

RESIDENCE: Mackay

COLOR: White

AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Utah

OCCUPATION: Laundryman

MOTHER

FULL MAIDEN NAME: Lulu Wells

RESIDENCE: Mackay

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed April 19 13 C. L. Kirtley Registrar

S-Y CO., 16670

[redacted]

SEP 17 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Union

Certificate No. 4964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Frank Raymond Cummins (Birth or Death) for Frank Cummings (Name on Original Certificate) who Born (Was Born or Died) on March 20, 1912 (Date of Event) in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Draft Register Card (Bible Record, Insurance Policy, Etc.) prepared on October 3rd 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Frank Cummings	Frank Raymond Cummins
Father's name.	Dan Cummings	Daniel Cummins
Mother's name.	Lulu Wells	Lula May Wells

Subscribed and sworn to before me this 12th day of September, 1954

C. L. Graham, County Clerk

Notary Public, residing at

My commission expires By Delores C. Hicks Deputy

(Seal)

Signed Lula May Cummins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

212-216-019-313

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 14

File No. 4966

No. ____, ____ St.

Primary Registration District No. 2061

Registered No. 31

Hospital ____

FULL NAME OF CHILD Hazel Elisabeth Bassett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	March 16th, 1912

FATHER	MOTHER
FULL NAME: J. C. Bassett	FULL MAIDEN NAME: Josephene LaCafe
RESIDENCE: Challis	RESIDENCE: Challis
COLOR: White.	COLOR: White
AGE AT LAST BIRTHDAY: 58 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Mass.	BIRTHPLACE: Montana
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth 15

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Challis, Ida.

Filed March 25th 19 12 C. L. Kirtley

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 17 1966

255-203-019-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ....., ... St.

Registration District No. 14

File No. 4967

Primary Registration District No. 2061

Registered No. 28

Hospital .....

FULL NAME OF CHILD Edna Gertrude Kelley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 3, 191[illegible]

FATHER		MOTHER	
FULL NAME	A D Kelley	FULL MAIDEN NAME	Phoebe Thomas
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	AGE AT LAST BIRTHDAY (Years)	43
COLOR	white	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wis.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L W Kelley M D

(Physician or Midwife)

Address Challis, Ida.

Filed 3/13 1912 C. S. Kirtley Registrar

S-Y CO., 16670

DECLASSIFIED

JUL 10 1957

964-110-019-765

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Custer

City of Dickey

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 4968

Primary Registration District No. 2057 Registered No. 29

FULL NAME OF CHILD Leon Verner Romine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	Feb. 10th, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude V. Romine	Olga E. Gordon
RESIDENCE	Dickey	Dickey
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 20	White / 19
BIRTHPLACE		Maine
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Gilbert M.D.

(Physician or Midwife)

Address 617 Newhouse Bld Salt Lake Utah

Given names added from a supplemental report

....., 19.....

Filed 3/13 1917 C. D. Kirtley Registrar

.....
Registrar

S-Y CO., 16670

632-116-019-534

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Curtis

City of Darlington

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. Houston 14 File No. 4969

Primary Registration District No. 2884 Registered No. 30

FULL NAME OF CHILD Calmar Josef Olson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	march 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charly H Olson	Hannah E. Elm.
RESIDENCE	Darlington	Darlington
COLOR / AGE AT LAST BIRTHDAY (Years)	White 38	Whit 32
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer.	Farmers wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mrs matilda Hooper was Present (Physician or Midwife)

Address Onaro. idaho

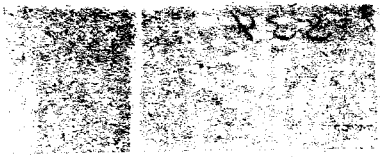
Given names added from a supplemental report

____, 19____

Filed March 1st 1913. L. L. Kirtley Registrar

____ Registrar

S-Y CO., 16670



217 - 23-09-65

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 14

File No. 4970

No. ____, ____ St.

Primary Registration District No. 2061

Registered No. 33

Hospital ____

FULL NAME OF CHILD Thelma Nadine Baxter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 23 1917

FATHER		MOTHER	
FULL NAME	Frank E. Baxter	FULL MAIDEN NAME	Sally A. Wells
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ida.	BIRTHPLACE	Ark.
OCCUPATION	Rancher.	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelly M.D.

(Physician or Midwife)

Address Challis Ida

Given names added from a supplemental report

....., 19.....

Filed March 31 1917 C. E. Whitby

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

364-224-019-75-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Custer

City of Clayton

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14

File No. 4973

Primary Registration District No. 2060

Registered No. 36

FULL NAME OF CHILD Lena Commonettie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 24, 1912

FATHER	MOTHER
FULL NAME: Antone Commonettie	FULL MAIDEN NAME: Johanne Pedrini.
RESIDENCE: Clayton	RESIDENCE: Clayton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2.

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ? M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs. Joe Pedrini

Sisterinlaw (Physician or Midwife)

Address Clayton, Ida.

Filed April 9th. 1912 C.S. Kirby Registrar

S-Y CO., 16670

DUP OF 12-168051

365-228-017-178

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer.

City of Challis. Registration District No. 14 File No. 4974

No. ____, ____ St. Primary Registration District No. 2061 Registered No. 32

Hospital ____

FULL NAME OF CHILD Lovell Loveland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
F.				Yes	March 28 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Geo. E. Loveland	FULL MAIDEN NAME: Emma Johnson
RESIDENCE: Challis.	RESIDENCE: Challis.
COLOR: W. AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:40 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kuth M.D.

(Physician or Midwife)

Address Challis, Idaho.

Given names added from a supplemental report

6-7-12, 19..... Registrar

Filed March 30th 1912 C. L. Kuth Registrar

S-V CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

445 - 112
040 - 695

PLACE OF BIRTH

Form V. S. No. 15-C—Rev. 5-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Registration District No. 28 File No. 4975

Hospital Providence Primary Registration District No. 1011 Registered No. 12

FULL NAME OF CHILD Wm Joseph Murphy

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	6 (To be answered only in event of plural births)	Yes.	Mar. 12, 1911

FATHER		MOTHER	
FULL NAME	Wm Murphy	FULL MAIDEN NAME	Helen Nier
RESIDENCE	Wallace, Ida.	RESIDENCE	Wallace, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Germany
OCCUPATION	Warehouseman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo Snyder

Physician

(Physician or Midwife)

Address Wallace, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Mar. 22 1911

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

[redacted]

JUL 1 6 1968

256-221
040-319

Form V. S. No. 11-C-10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28 File No. 4976

No. St.

Hospital Providence Primary Registration District No. 10 Registered No. 11

FULL NAME OF CHILD Katherine Snow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	2	Yes	May 21 1912

	FATHER	MOTHER
FULL NAME	George Snow	FULL MAIDEN NAME Anna Egeson
RESIDENCE	Mullan	RESIDENCE Mullan
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Colorado
OCCUPATION	Civil Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar. 28 1912 F. Leo Quigley

Registrar

.....

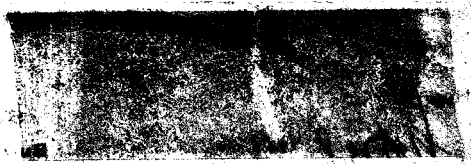
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



119-121-040-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 4977

Primary Registration District No. 1011 Registered No. 10

FULL NAME OF CHILD Leo Halbert Jarvis

Sex of Child: M	Twin, Triplet or other? (To be answered only in event of plural births): one	Number in order of birth: 2nd	Legitimate? Yes	Date of birth: (Month) Mar (Day) 21 (Year) 1912	

FATHER		MOTHER	
FULL NAME	Sylvester Jarvis	FULL MAIDEN NAME	Pinki Lindquist
RESIDENCE	Prichard	RESIDENCE	Prichard Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Timberman	OCCUPATION	Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) D. B. Mowry

Physician

(Physician or Midwife)

Address Wallace Ida

Filed Mar 28, 1912 H. Leo Langley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

5-7-12, 19..

J.M.S.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

291-118-040-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital Providence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 4978

Primary Registration District No. 1011 Registered No. 9

FULL NAME OF CHILD Wm Henry Kramer

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One (To be answered only in event of plural births)	1st	Yes	May 16, 1912

FATHER		MOTHER	
FULL NAME	Albert Kramer	FULL MAIDEN NAME	Susan Ward
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Restaurant Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

April 6, 1912

L. Leo Lemley Registrar

Filed Mar. 28, 1912 L. Leo Lemley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

434-111-040-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4979

County of Shoshone

City of Wallace

No. Monarch St.

Registration District No. 28

Primary Registration District No. 1011

Registered No. 8

Hospital

FULL NAME OF CHILD Joseph Colin McDonald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 11, 1912

FATHER		MOTHER	
FULL NAME	Alexander McDonald	FULL MAIDEN NAME	Flora Thomas
RESIDENCE	Wardner Idaho	RESIDENCE	Monarch Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Prince Edward Island	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 11th 1912, at 3 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M.D.

Physician

(Physician or Midwife)

Address Wallace, Idaho.

Given names added from a supplemental report

Apr. 1, 1912

H. Leo Langley Registrar

Filed Mar. 21, 1912 H. Leo Langley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 3 1942

262 - 207-040-599

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, Cedar St.

Registration District No. 28 File No. 4980

Primary Registration District No. 1011 Registered No. 7

Hospital ____

FULL NAME OF CHILD Mary Elizabeth Bohon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female Male	One	5th	Yes	March 7, 1912

	FATHER	MOTHER
FULL NAME	Sherman Clay Bohon	FULL MAIDEN NAME Anna Erickson
RESIDENCE	Wallace, Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	24
BIRTHPLACE	Mo.	Finnland
OCCUPATION	Saloon keeper	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) D.S. Mowery

Physician (Physician or Midwife)

Address ____

April 7, 1912

F. Leo Lumley Registrar

Filed Mar. 13, 1912 F. Leo Lumley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex _____ Color or Race _____ Single, Twin or Triplet _____ Number in order of birth _____

Date of Birth _____ Hour _____ Day _____ Month _____ Year _____

I hereby certify that I attended the birth of this child who was born alive at the hour and on the date stated above.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

FATHER

Name _____

Color or Race _____

Age at last birthday _____ Years

Birthplace _____

MOTHER

Name _____

Color or Race _____

Age at last birthday _____ Years

Birthplace _____

Number of children born alive to this mother, including present birth _____

Number of children of this mother now living, including present birth _____

Number of children born alive to this mother, including present birth, who are now dead _____

I hereby certify that the child above described was born alive at the place and time and on the date stated above.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF PERSON IN CHARGE OF BIRTH

I hereby certify that I was present at the birth of the child above described, which occurred at the time and on the date above stated.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at the hour and on the date stated above.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF PERSON IN CHARGE OF BIRTH

I hereby certify that I was present at the birth of the child above described, which occurred at the time and on the date above stated.

Signature _____

Address _____

Date signed _____

PLACE OF BIRTH

City or Town _____

County _____

Street _____

Number _____

Name of Hospital or Institution _____

If not in hospital or institution, give street address or location _____

Name of Informant _____

Address _____

Date signed _____

CERTIFICATE OF PERSON IN CHARGE OF BIRTH

I hereby certify that I was present at the birth of the child above described, which occurred at the time and on the date above stated.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at the hour and on the date stated above.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF PERSON IN CHARGE OF BIRTH

I hereby certify that I was present at the birth of the child above described, which occurred at the time and on the date above stated.

Signature _____

Address _____

Date signed _____

PLACE OF BIRTH

City or Town _____

County _____

Street _____

Number _____

Name of Hospital or Institution _____

If not in hospital or institution, give street address or location _____

Name of Informant _____

Address _____

Date signed _____

CERTIFICATE OF PERSON IN CHARGE OF BIRTH

I hereby certify that I was present at the birth of the child above described, which occurred at the time and on the date above stated.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at the hour and on the date stated above.

Signature _____

Address _____

Date signed _____

CERTIFICATE OF PERSON IN CHARGE OF BIRTH

I hereby certify that I was present at the birth of the child above described, which occurred at the time and on the date above stated.

Signature _____

Address _____

Date signed _____

318- 210-040-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No 923, Pine St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 28 File No. 4981

Primary Registration District No. 2011 Registered No. 12

FULL NAME OF CHILD Anna Dorothy Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one		yes	May 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Taylor	Ruth E Cooney
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Penn	Ireland
OCCUPATION	Foundry workes	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians

(Physician or Midwife)

Address Wallace, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 11, 1912 H. Les Lumley

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Form V-3 No. 1146—Rev. 6-51

STATE OF IDAHO

Department of Vital Statistics

CERTIFICATE OF BIRTH

File No. .....

Registrar's Serial No. .....

Local Registration District No. .....

Primary Registration District No. .....

(Type or print in ink)

PARENTS

USE AT LAST BIRTHDAY

USE AT LAST BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

393 - 105-040-897

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital Hope Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 28 File No. 4982

Primary Registration District No. 10 11 Registered No. 5

FULL NAME OF CHILD Jack Wallace Littler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	March 5 1912

	FATHER	MOTHER
FULL NAME	William Milford Littler	Grace May Lightner
RESIDENCE	Wallace	Wallace
COLOR	W.	W.
AGE AT LAST BIRTHDAY	31 (Years)	32 (Years)
BIRTHPLACE	Arkansas	Wisconsin
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Thomson M.D.

(Physician or Midwife)

Address Wallace, Idaho

Given names added from a supplemental report

Sept. 3, 1912

H. Leo Langley Registrar

Filed Mar. 12, 1912 H. Leo Langley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

638-123-040-343

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-5-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 4983

No. ____ St.

Primary Registration District No. 1911

Registered No. 4

Hospital Providence

FULL NAME OF CHILD Eugene Michael Flynn

Sex of Child: M	Twin, Triplet or other? One (To be answered only in event of plural births)	and Number in order of birth 1st	Legitimate? Yes	Date of birth: Feb. (Month) 23 (Day) 1912 (Year)

FATHER

FULL NAME: Dennis Joseph Flynn

RESIDENCE: Burke

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Montana

OCCUPATION: Miner

MOTHER

FULL MAIDEN NAME: Catherine Lucy

RESIDENCE: Burke

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. Mowry

Physician
(Physician or Midwife)

Address Wallace Idaho

Filed Mar. 4, 1912 F. Geo Lindley
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

1973

CERTIFICATE OF BIRTH

City of Payette Registration District No. 22 File No. 4984

No. 6 (or Front) St. Primary Registration District No. 2008 Registered No. 30

Hospital

FULL NAME OF CHILD Clifford Treba Johnson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/		1	yes	Nov 25, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Curtis W Johnson	FULL MAIDEN NAME	Marguerite Treba
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Norton Kansas	BIRTHPLACE	Vale Oregon
OCCUPATION	farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 15 A.M. on the date above stated.

(Born alive or stillborn)

(Signature) C C Barton MD

(Physician or Midwife)

Address Payette Idaho

Filed Mar 28 1913 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

APR 18 196

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

221-014-7

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Payette — Registration District No. 22 — File No. 4985

No. ____, Third Ave. South. — Primary Registration District No. 2008 — Registered No. 31

Hospital ____

FULL NAME OF CHILD ~~Not Named~~ Nellie Opal Kenward 5/28/12

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		7	Yes	3-21-, 1912

FATHER	MOTHER
FULL NAME: L. W. Kenward	FULL MAIDEN NAME: Alice Graham
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 51 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Illinois
OCCUPATION: Attorney At Law	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7th

Number of children, of this mother, now living, including present birth: 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch M.D.
(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 28 1912 J. C. Woodward
Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARRIED WOMEN MAY REGISTER BOTH BIRTH AND MARRIED NAMES

WHITE BLANK WITH UNIFORM STATUS

STATE BOARD OF HEALTH

284-118-014-528

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of FRUITLAND, IDAHO,

No. ____, ____ St.

Hospital ____

Form V. S. No. 21-C—10m-5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 4986

Primary Registration District No. 2008 Registered No. 32

FULL NAME OF CHILD ~~Unnamed~~ Gerald G. Schubert (Name Card, Form V. S. mailed)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar 18 1912

FATHER	MOTHER
FULL NAME T. D. Schubert	FULL MAIDEN NAME Edna Eby
RESIDENCE Near Fruitland, Idaho	RESIDENCE with husband
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette Idaho

Filed March 29 1912 J. C. Woodward

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida. } ss.
County of Payette }

Certificate No. 4986

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gerald G. Schubert (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar 18, 1912 (DATE OF EVENT)
in Fruitland Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Gerald G. Schubert
Surname	Schubert	Schubert

Subscribed and sworn to before me this 4th
day of May, 1942

Notary Public, residing at Payette, Idaho
My commission expires Sept 10, 1945
(SEAL)

Signed Mrs. Edna Schubert
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Fruitland, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 5 1942 By
(REGISTRAR'S SIGNATURE)

MAY 7 1942

264-119-014-613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of FRUITLAND, IDAHO,

Registration District No. 22

File No. 4987

No. ..... St.

Primary Registration District No. 2008

Registered No. 33

Hospital .....

Name Card, Form V. S. 27A mailed

FULL NAME OF CHILD Eulem Blanch

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	Single		1	yes	March 19th, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Don Boughton	FULL MAIDEN NAME	Ethyl May Watson
RESIDENCE	Fruitland, Idaho	RESIDENCE	Fruitland, Idaho
COLOR	White	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bellevue, Idaho	BIRTHPLACE	Albion, Washington
OCCUPATION	Ploughman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M. D.

Fruitland, Idaho.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address FRUITLAND, IDAHO,

Filed March 29 1912 J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-123-014-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of FRUITLAND, IDAHO,

Registration District No. 22 File No. 4988

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 34

Hospital .....

Name Card, Form V. S. 27A mailed

FULL NAME OF CHILD Francis Warren Carnefix

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	yes	Mar. 23rd, 1912

	FATHER	MOTHER
FULL NAME	Joseph Foreman Carnefix	FULL MAIDEN NAME Ida Marie Cook
RESIDENCE	Fruitland, Idaho.	RESIDENCE Fruitland, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	38. (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Montgomery Co. Mo.	BIRTHPLACE Walworth, Wisconsin
OCCUPATION	Horticulture	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M. D.

Fruitland Idaho

(Physician or Midwife)

Address FRUITLAND, IDAHO.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed March 29 1912 J. C. Woodward
Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 18 1949
MAR 1 1973

712-205-014-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. [illegible]22 File No. 4989

No. ____, ____ St.

Primary Registration District No. 2010 Registered No. 35

Hospital ____

FULL NAME OF CHILD Helen Marie Pass

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	---		---	Yes	5 5. 192

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R.L.Pass	FULL MAIDEN NAME	Daisy Rickolt
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.20A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark, MD

Emmett Ida

(Physician or Midwife)

Address R L Reynolds

Given names added from a supplemental report

....., 19.....

Filed 5-29- 192 Emmett Ida

S-Y CO., 16670 Registrar

Registrar

JUL 24 1973

819-111-014-386

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

Emmett

City of _____

Registration District No. 022

File No. 4990

No. _____, _____ St.

Primary Registration District No. 2011

Registered No. 36

Hospital _____

Name Card Form V. S. 22-1 mailed

FULL NAME OF CHILD WILLIAM ROGER HARRIS

Not known to me

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	---- (To be answered only in event of plural births)		----	yes	May 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A.M.Harris	Ellen M. Thoamson
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	45
BIRTHPLACE	Oreg.	Nev.
OCCUPATION	Rancher	H.W

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7. A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark MD

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

_____, 19____

Filed 5-29-12 19 J L Reynolds Registrar

_____ Registrar

Emmett

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 7 1942

355-107-014-292

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. [redacted]22 / File No. 4991

Primary Registration District No. 2010 Registered No. 37

FULL NAME OF CHILD Allen Henry Tennyson not known to me

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	____	____	yes	3. 7. 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elliot Tennyson	Mary Bischoff
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	24
BIRTHPLACE	Mo.	Germany
OCCUPATION	Sheepman	H.W

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.O. Clark M.D.

(Physician or Midwife)

Address Emmett, Ida.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 3-29 1912 J. L. Reynolds Registrar

Emmett

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

498-108-014-491

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4992

County of Canyon

City of New Plymouth Registration District No. 22

No. ____, ____ St. Primary Registration District No. 2009 Registered No. 38

Hospital ____

FULL NAME OF CHILD Harold Frasier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Mar. 8, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Wm J Drysdale	FULL MAIDEN NAME Ruth A Drake
RESIDENCE New Plymouth	RESIDENCE New Plymouth
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE India	BIRTHPLACE Massachusetts
OCCUPATION Physician	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette Idaho

Filed Apr 3 1912 J. C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

866 - 106 - 014 - 389

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22 File No. 4993

No. ....., ... St.

Primary Registration District No. 2010 Registered No. 39

Hospital .....

Name Card, F. & W. S.

FULL NAME OF CHILD ..... 274 No. of

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	March 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M. Hoopa	Cloe Urinda Child
RESIDENCE	Emmett Ida	Emmett Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Arizona	Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 30 1912 J. C. Woodward Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 2 1971

291 - 228-014-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 4994

County of Canyon

City of New Plymouth Registration District No. 22

No. ____, ____ St. Primary Registration District No. 2009 Registered No. 40

Hospital ____

FULL NAME OF CHILD Lila Caroline Kramp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			yes	March 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Kramp	Ella Jane Mc Leod
RESIDENCE	New Plymouth Idaho	New Plymouth
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Michigan	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-46 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale

Physician

(Physician or Midwife)

Address New Plymouth, Ida.

Given names added from a supplemental report

..... 19....

Filed April 3 1912 J. C. Woodward

Registrar

..... Registrar

SPY CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 4 1942

793-118-014-114

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 022 File No. 4995

No. ....., ... St. Primary Registration District No. 2010 Registered No. 41

Hospital .....

FULL NAME OF CHILD Frank Gilkerson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	3 18 1912

FATHER		MOTHER	
FULL NAME	Ray Blain Gilkerson	FULL MAIDEN NAME	Catherine James
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	W Va
OCCUPATION	Grocery Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-24 1912 J. L. P.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-27-11

849 - 129-014-214

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Near Payette

Registration District No. 22 File No. 4997

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 43

Hospital .....

FULL NAME OF CHILD Roland Harold Hurd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 29, 1912

FATHER		MOTHER	
FULL NAME	Glen T Hurd	FULL MAIDEN NAME	Emma Saunders
RESIDENCE	Near Payette, Ida.	RESIDENCE	Payette Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9-40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward M.D.

Phys

(Physician or Midwife)

Address Payette Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 3 1912 J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

399-223-020-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

District No. 20 File No. 4998

Registration District No. 2021 Registered No. 21

FULL NAME OF CHILD Clotilde Marie Antonette Crispino

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	5	yes	March 23, 1912

FATHER		MOTHER	
FULL NAME	Charley Crispino	FULL MAIDEN NAME	Erminia Carlotta Maccarato
RESIDENCE	Melbury	RESIDENCE	Melbury.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy.
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. March 23rd 1912, at 11:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. W. Davis M. D.

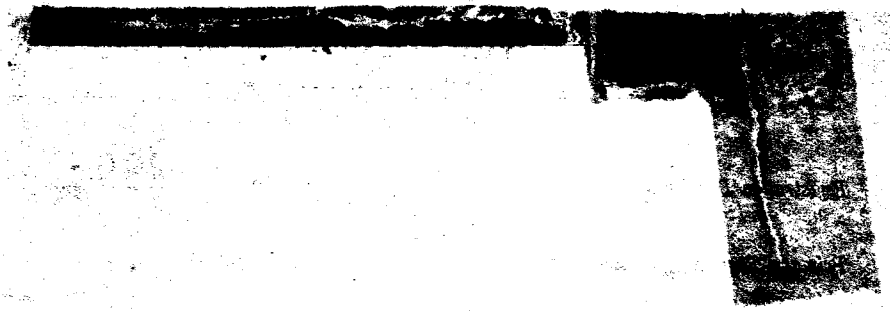
Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Filed March 24th 1912 J. W. Davis M.D. Registrar

Filed 4-10-1912. W. L. Frazer

S-Y CO., 16670



864-131-020-229

PLACE OF BIRTH

STATE OF IDAHO — Form P. S. No. 91-Q—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20 File No. 4999

No. ____, ____ St.

Primary Registration District No. 2020 Registered No. 22

Hospital ____

FULL NAME OF CHILD Donald Wilbur Howser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			yes	3 31 1912

FATHER

FULL NAME B C Howser

RESIDENCE Mt Home

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Michigan

OCCUPATION Steam engineer

MOTHER

FULL MAIDEN NAME Doris Skillings

RESIDENCE Gaston Hornbeck

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Maine

OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

(Physician or Midwife)

Address Mt Home

Given names added from a supplemental report

....., 19.....

Filed 4-9 1912 W. L. Frazier

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

869-131-020-128

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 5000

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 23

Hospital ____

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			yes	3 (Month) / 1 (Day), 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	John Horgan	FULL MAIDEN NAME	Margaret M Ash
RESIDENCE	Mt Home	RESIDENCE	Mt Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Canada
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

(Physician ~~or Midwife~~)

Address Mtn Home, Ida

Given names added from a supplemental report

....., 19....

Filed 4-9 1912 W. L. Frazier

Registrar

Registrar

B-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

753-114-031-414

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5002

County of Lewis

City of Reubens

Registration District No. 32

File No.

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 36

Hospital

FULL NAME OF CHILD Maurice Eugene Persons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Jan. 14— 1912

FATHER		MOTHER	
FULL NAME	Willard O. Persons	FULL MAIDEN NAME	Phoebe Maddern
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Bank-Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard Jr. D
Per. H.
(Physician or Midwife)

Address Reubens Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3-14- 1912 Elton B. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 6 1976

FEB

755-131-031-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Russell

No. ____, ____ St.

Hospital ____

Form B. 3. No. 11-C—10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5003

Registration District No. 32 File No. 10

Primary Registration District No. 2125 Registered No. 37

FULL NAME OF CHILD VERN LUTHER GENTRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		16	yes	January 31, 1912

	FATHER	MOTHER
FULL NAME	J. M. Gentry	Della Crockett
RESIDENCE	Russell	Russell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	41
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gentry

Physician

(Physician or Midwife)

Address Genesee, Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-15 1912 E. Taylor M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

Dr Fairley was the Dr at the time of birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Alameda } ss.

Certificate No. 5003

Date Filed Jan. 15-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Vern Luther Gentry (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 3rd 1912 (DATE OF EVENT)
in Russell Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 9 12 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Vern Luther Gentry	Unnamed Gentry	Vern Luther Gentry
Jan. 31th 1912		Born Jan 12-1912
Russell Idaho		Russell Idaho

Subscribed and sworn to before me this 20th day of Jan, 19 42.

Notary Public, residing at Klamath Falls Ore.

My commission expires May 29 1945
(SEAL)

Signed Bessie Zirak Gentry
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 19 42.

Notary Public, residing at Oakland Calif.

My commission expires Dec 6th 1943
(SEAL)

Signed [illegible]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

5543 Claremont Ave.
(STREET ADDRESS, CITY, STATE)
Oakland. California

JAN 26 1942

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 31 1942

APR 10 1942

231-102-031-713

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-

County of Lewis

City of Peck

Registration District No. [redacted]

File No. 5004

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 38

Hospital ____

FULL NAME OF CHILD Kenneth Carr Black

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Single	1	Yes	2 2, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Aaron Orlando Black Jr	Marguerite Gallop Carr
RESIDENCE	near Peck	near Peck
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	N. Y.	Conn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-a-M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hyde M.D.

(Physician or Midwife)

Address Peck, Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-6-1912 Elmer B. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249 - 215-031-693

Amended March 1, 1968

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5005
Local Reg. No.
Reg. Dist. No. 41

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Reubens
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Reubens
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Iola
b. (Middle): Agnes
c. (Last): Surplus

4. SEX: Female
5a. THIS BIRTH SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): February 15, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Harvey
b. (Middle):
c. (Last): Surplus

8. AGE (At time of this birth): 26 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Missouri
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lois
b. (Middle):
c. (Last): Wilcox

13. AGE (At time of this birth): 25 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Iowa
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: George Gaignard, M.D.
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Reubens
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 3-14-1912
22. REGISTRAR'S SIGNATURE: Ellan B. Rogers
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lucas

City of Reubens Registration District No. 32 File No. 5005

No. ....., ... St. Primary Registration District No. 2127 Registered No. 41

Hospital .....

FULL NAME OF CHILD Lola Agnes Wilcox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 15, 1912

FATHER		MOTHER	
FULL NAME	Harvey Surples	FULL MAIDEN NAME	Lois Wilcox
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) George Gaugnard M.D. Per dl.
(Physician or Midwife)

Address Reubens

Filed 3-14- 1912 Ellen B. Rogers
Registrar

S-Y CO., 16670

JAN 30 1968

MAR 6 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 27 1968
Bureau of Vital Statistics

State of [illegible] } ss.
County of [illegible]

Certificate No. 5005

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Iola Agnes Wilcox (Name on Original Certificate) who was born (Was Born or Died) on Feb 15, 1912 (Date of Event)
in Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Iola Agnes Wilcox	Iola Agnes Surplus
Father's Name	Harvey Surples	Harvey Surplus

Subscribed and sworn to before me this 24th day of Feb, 19 68.

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit must also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of Feb, 19 68.

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Photocopy of school records from Charles Francis Adams High School, Clarkston, Washington give name as Iola Surplus and mother as Lois Surplus. Entered school Sept 6, 1926. viewed by V.S.

photocopy of application for Equitable Life Assurance Society dated Nov 1933 at Clarkston, Washington gives name as Iola Surplus Pease born Feb 15, 1912 at Reuben, Lewis co., Idaho. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

652-223-001-2814

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens Registration District No. 32 File No. 5006

No. ____, ____ St. Primary Registration District No. 2127 Registered No. 42

Hospital

FULL NAME OF CHILD Virginia Webb

Sex of Child: Female | Twin, Triplet, or other? | and | Number in order of birth | Legitimate? Yes | Date of birth Feb. 23 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Webb	FULL MAIDEN NAME	Anna Shaull
RESIDENCE	near Cheney	RESIDENCE	near Cheney
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY	25 (Years)
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was for alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard M. D. Per H.

(Physician or Midwife)

Address Reubens

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3-14- 1912 Elton A. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNDERLINING IN RED—THIS IS A PERMANENT RECORD

N. B. In case of more than one blank or blurb, a SEPARATE RETURN must be made for each and the reason stated.

of each, in order of their needed

OCT 7 1936

395-327-231-238

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Lewis

City of Reubens — Registration District No. 32 — File No. 5007

No. ____, ____ St. — Primary Registration District No. 2127 — Registered No. 44

Hospital ____

FULL NAME OF CHILD: Edna May Linville

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 27, 1912

FATHER		MOTHER	
FULL NAME	Dick Linville	FULL MAIDEN NAME	Goldie Schuyler
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard M. D. Per H.
(Physician or Midwife)

Address Reubens

Given names added from a supplemental report

..... 19.....

Filed 3-14 1912 Elton B. Rogers
Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child as a single return may be made for each

of each, in order of birth

PLACE OF B

County of

Form V. S No. 11-C—Mar.—20-11

DEC 17 1900

692-128-081-375

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

5008

County of Lewis

City of Reubens

Registration District No. 32 File No.

No. , St.

Primary Registration District No. 2127 Registered No. 45

Hospital

FULL NAME OF CHILD Mary Elmore Fisher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 28, 1912

FATHER	MOTHER
FULL NAME Arthur Lee Fisher	FULL MAIDEN NAME Pearl Cannon
RESIDENCE Reubens	RESIDENCE Reubens
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard Jr. M. D. Per ll

(Physician or Midwife)

Address Reubens

Given names added from a supplemental report

....., 19.....

Filed 3-14 1912 Elbert B. Rogers
Registrar

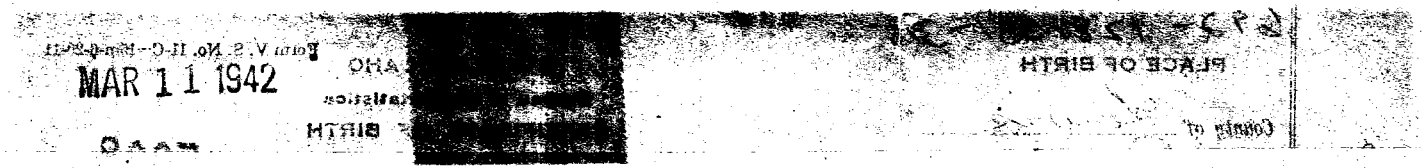
.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAY 2 0 1971

431-104-031-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5009

County of Lewis

City of Reubins

Registration District No. 32

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 46

Hospital ____

FULL NAME OF CHILD — Victor Keith McAlpine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	3 - 4 - 1912

FATHER		MOTHER	
FULL NAME	K. N. McAlpine	FULL MAIDEN NAME	Myrtle Scott
RESIDENCE	Reubins Idaho	RESIDENCE	Reubins, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Penna	BIRTHPLACE	Wash.
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-5- 1912 Elton B. Rogers

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

284-206-031-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-2-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No. ....., ... St.

Hospital .....

Registration District No. 32 File No. 5010

Primary Registration District No. 2127 Registered No. 47

FULL NAME OF CHILD unnamed Alice Elizabeth Shuss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Mch 6 191[illegible]

FATHER	MOTHER
FULL NAME Daniel H. S. Shuss	FULL MAIDEN NAME Mary Elizabeth Westfall
RESIDENCE Flo	RESIDENCE Flo
COLOR white	AGE AT LAST BIRTHDAY 46 (Years)
COLOR white	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Penn	BIRTHPLACE Iowa
OCCUPATION Carpenter	OCCUPATION housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish

Physician (Physician or Midwife)

Address Flo Idaho

Given names added from a supplemental report

March 22, 1912

Filed 3-18-1912

Elton B. Rogers Registrar

Elton B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17928

K

APR 11 1945

284-110-031-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 **File No.** 5011

No. ____, ____ *St.*

Primary Registration District No. 2127 **Registered No.** 48

Hospital ____

FULL NAME OF CHILD John Harrold Ahuss

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 – 10 – 1912

FATHER	MOTHER
FULL NAME John F. Ahuss	FULL MAIDEN NAME Elizabeth Hilderbrand
RESIDENCE Winchester Idaho	RESIDENCE Winchester Idaho
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Nebr	BIRTHPLACE Iowa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Filed 3-12- 1912 Elton B. Rogers Registrar

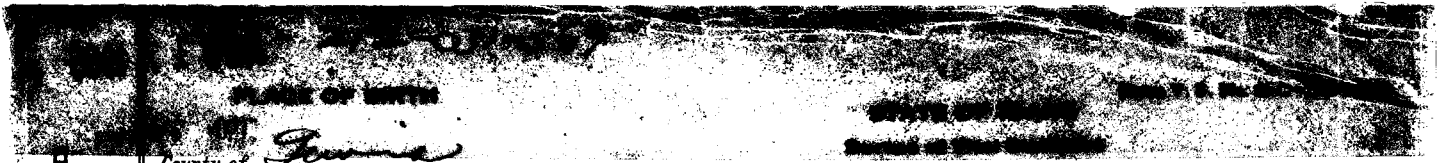
Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

AUG 2 0 1975



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Fremont

City of Ward Station

No. ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No. 32 — File No. 5012

Primary Registration District No. 2127 — Registered No. 5-0

FULL NAME OF CHILD unnamed Ellen Effie Davidson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 12, 1912

	FATHER	MOTHER
FULL NAME	John H. Davidson	Rosie Ellen Norton
RESIDENCE	Westlake	Westlake
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Colorado	Wyoming Co. Idaho
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician

(Physician or Midwife)

Address Mo Idaho.

Given names added from a supplemental report

3-30-, 1912

Filed 3-19- 1912

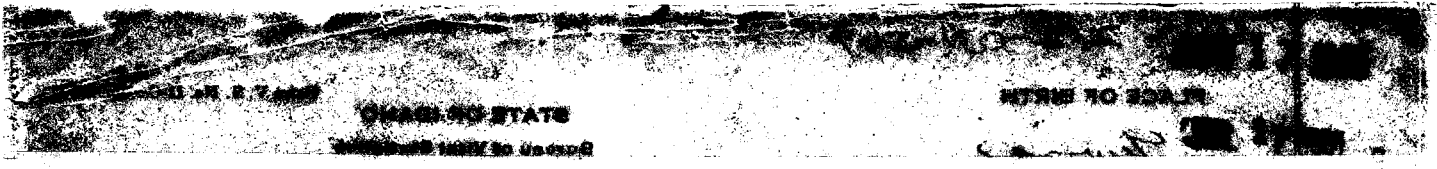
Elton B. Rogers

Registrar

Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



238-112-037-396

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 5013

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 37

Hospital ____

FULL NAME OF CHILD George William Schneberger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 - 12, 1917

FATHER		MOTHER	
FULL NAME	George A. Schneberger	FULL MAIDEN NAME	Margaret Cornwell
RESIDENCE	Winchester, Idaho	RESIDENCE	Winchester Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb.
OCCUPATION	Manager Pool Hall	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-13-1917 Elbert B. Rogers Registrar

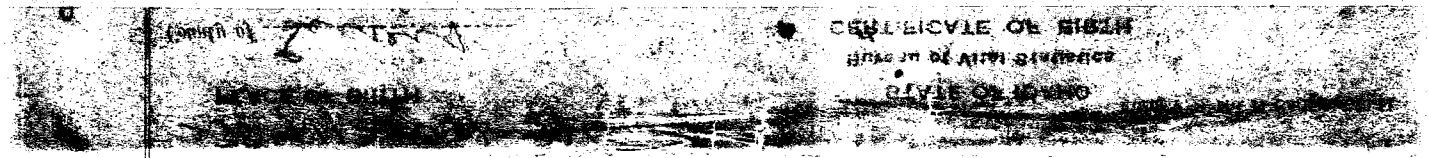
.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



819 – 2-18-031-483

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 32 File No. 5014

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 5-2

Hospital ____

FULL NAME OF CHILD Marie Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 18th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Edward Harris	Cora Miller
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Colfax, Wash.	Colfax, Wash.
OCCUPATION	Prop. Pool Hall	Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6⁰⁰ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Edward Laughlin

Physician (Physician or Midwife)

Address Winchester, Ida.

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 3-27-1912. Elbert A. Rogers

Registrar

S-Y CO., 16670

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING—TYPE OR PRINT IN BLACK INK—DO NOT WRITE ON LINES

WHITE PAPER WITH LIGHTWEIGHT BLACK INK

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-11

PLACE OF [redacted] No. 32

County [redacted]

City of Wsin [redacted] File No. 5[redacted]

No. ____, ____ St. Primary Registration District No. 2127 Registered No. [redacted]

Hospital ____

FULL NAME OF CHILD Jennie May Dunham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	3-22-1912

FATHER		MOTHER	
FULL NAME	Arthur A. Dunham	FULL MAIDEN NAME	Minerva Carr
RESIDENCE	Grangeville, Idaho	RESIDENCE	Winchester, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Salem, Oregon	COLOR	White
OCCUPATION	Stage-driver	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

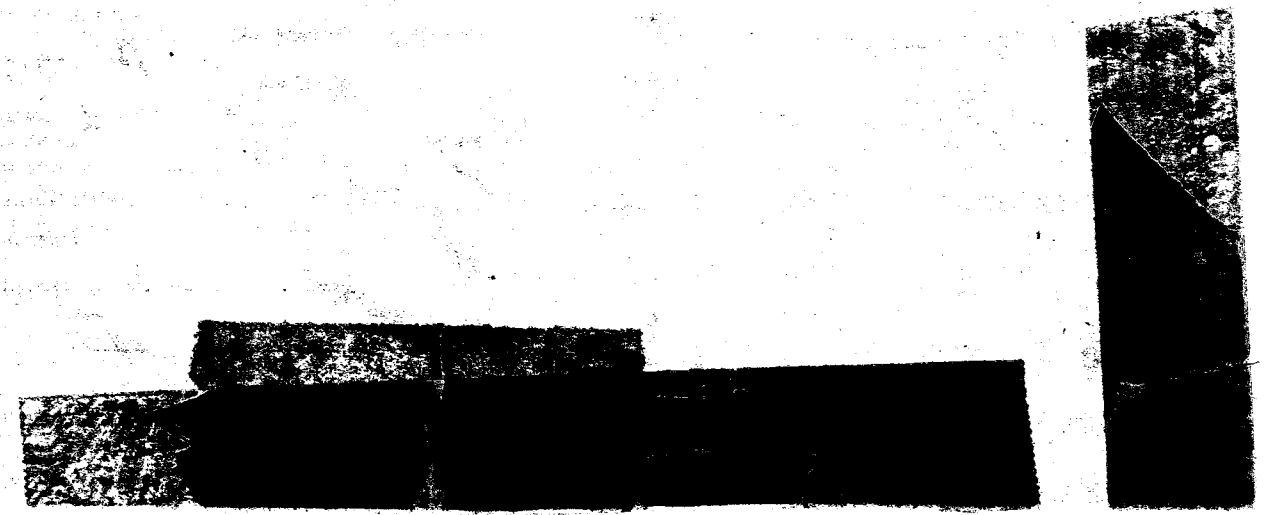
Registrar

Filed 3-22 1912 Elton B. Rogers Registrar

S-Y CO., 16670

Certified Copy issued October 31, 1940. E.W.

Nov. 7, 1940 L.B.



243-126-031-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

Registration District No. 32 File No. 5017

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 45

Hospital ____

FULL NAME OF CHILD unnamed Harry Edward Sullivan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	March 26 1912

FATHER		MOTHER	
FULL NAME	Henry Sullivan	FULL MAIDEN NAME	Myrtle Proctor
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Decatur, Ill.	BIRTHPLACE	Kansas City Mo.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish

Physician (Physician or Midwife)

Address Mo. Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-1-1912 Elbert B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 5 1944

353-230-27-25

Form V. S. No. 11-C—15m-6-30-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 5018

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 56

Hospital ____

FULL NAME OF CHILD Ruth Evelyn Bell Kelsay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3-30-1912

FATHER		MOTHER	
FULL NAME	Albert C. Kelsay	FULL MAIDEN NAME	Alice Bell
RESIDENCE	Winchester, Idaho	RESIDENCE	Winchester, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-30 1912 Elton B. Rogers Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

265-229-031-793

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-18m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH No. 5019

County of Lewis

City of Kamiah

Registration District No. 32 File No. 13

No. ____, ____ St.

Primary Registration District No. 2128 Registered No. 18

Hospital ____

FULL NAME OF CHILD Edna Pearl Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	3-29 1912

FATHER		MOTHER	
FULL NAME	Alonzo Bennett	FULL MAIDEN NAME	Della Gilmore
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	New Mexico	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed 8-30 1912 E Taylor CO

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

5019

AUG 24 1966

512-127-031-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Vollmer

*No*_____, _____ *St.*

Hospital —

Registration District No. 32 **File No.** 5020

Primary Registration District No. 2127 **Registered No.** 69

FULL NAME OF CHILD [redacted] D. Elmore Lawrence East

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	3 27 1912

	FATHER	MOTHER
FULL NAME	John M. East	Viva E. Swan
RESIDENCE	Vollmer, Ida.	Vollmer, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Dallas, Or.	Mason, Mich.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burton

(Physician or Midwife)

Address

Given names added from a supplemental report

_____, 19____

Filed 4-9-1912 Ellen B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

FEB 19 1954

165 - 103-031-415

PLACE OF BIRTH

County of Lewis

City of Reubens

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 5021

Primary Registration District No. 2127 Registered No. 61

FULL NAME OF CHILD not named Robert William Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	3 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. L. Jones	Mattie Mann
RESIDENCE	Reubens, Ida.	Reubens, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	40
BIRTHPLACE	Butler Co. Iowa.	Granite Co. Mont.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) E. L. Burke M.D.

(Physician or Midwife)

Address ____

Filed 4-9-1912 Elton R. Rogers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Dear Sir:

Please send me a copy of your latest catalog.

Yours truly,

Name

Address

City and State

666 - 125 - 31 - 625 (Be sure the information is complete and accurate)
Amended 9-9-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5022
Local Reg. No. 62
Reg. Dist. No. 32

1. PLACE OF BIRTH

a. COUNTY: Lewis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Vollmer

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lewis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Vollmer

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Joseph b. (Middle): Harry c. (Last): Wood

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 25, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): G. b. (Middle): U. c. (Last): Wood

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Umatilla Co., Oregon

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Cora b. (Middle): c. (Last): Obert

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. L. Burke, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Vollmer, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 4-9-1912

22. REGISTRAR'S SIGNATURE: Elton B. Rogers

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 5022

Primary Registration District No. 2127 Registered No. 62

FULL NAME OF CHILD ~~Not named~~ Joseph Harry Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	B 24 1912

FATHER		MOTHER	
FULL NAME	G. U. Wood	FULL MAIDEN NAME	Cora Obert
RESIDENCE	Vollmer, Ida	RESIDENCE	Vollmer, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Umatilla Co. Or.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke M.D.

(Physician or ~~midwife~~)

Address Vollmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-8-1912 Ellen B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
Bureau of Vital Statistics

JUN 24 1942

SS

SEP 10 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 19 1968
Bureau of Vital Statistics

State of OREGON
County of Lincoln } ss.

Certificate No. 5022

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Harry Wood (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1912 (Date of Event)
in Vollmer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	March 24, 1912	March 25, 1912

Subscribed and sworn to before me this 16th day of August, 19 68

Notary Public, residing at Waldport, Ore.

My commission expires My Commission Expires Aug. 8, 1972
(Seal)

Signed Agnes E. Clark (Elder sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of August, 19 68

Notary Public, residing at Waldport, Ore.

My commission expires My Commission Expires Aug. 8, 1972
(Seal)

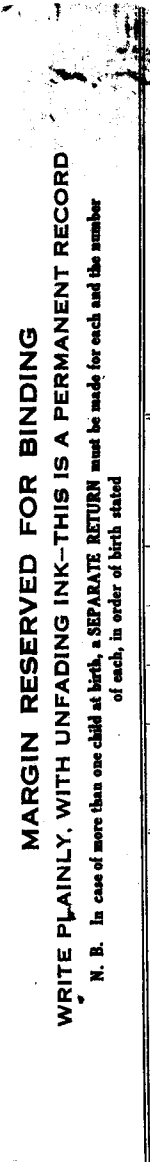
Signed P. A. Merton
(Signature of Any Credible Person)

Rt 1 Box 501 Florence Ore
(Street Address, City, State)

FORM DH 60-155 CL 2-7-68. nm

Photo copy of Family Bible Record, appears old and unaltered, gives name as Joseph Harry Wood, born March 25, 1912 - viewed by VS.

Photo copy of Insurance Application, Business Men's Assurance Company of America, gives date of birth as March 25, 1912 - viewed by VS, dated June 23, 1944 and gives full name as Joseph Harry Wood, gives beneficiaries as Mary G. Wood, wife, Peggy C., Joan C. and Donald C. Wood (Contingent) - viewed by VS.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2894 226-022-815

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Chapin

No ____, ____ St.

Hospital ____

Registration District No 9 File No. 5024

Primary Registration District No 2037 Registered No. 202

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Feb 26, 1912

FATHER		MOTHER	
FULL NAME	Michael Byrnes	FULL MAIDEN NAME	Hattie Hansen
RESIDENCE	Chapin	RESIDENCE	Chapin
COLOR	W	AGE AT LAST BIRTHDAY (Years)	50
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer & Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:20 A. M. on the date above stated.

(Signature) Dr Ora D Keith

(Physician or Midwife)

Address Driggs Idaho

Filed Apr 1 1912 Roy H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Jan. 1921

DUP OF 1912 318998

619-118-022-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

*No*_____, _____ *St.*

Hospital _____

Registration District No. 9 **File No.** 5025

Primary Registration District No. 2037 **Registered No.** 201

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Mch 18, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm T. Wardle	Annie S. Wardle
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	41
BIRTHPLACE	Utah	Utah
OCCUPATION	Shepherman	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A. B. Curtis

Midwife

(Physician or Midwife)

Address Victor Idaho

Given names added from a supplemental report

_____, 19____

Filed Apr 10 19 12 Roy H. Fisher

Registrar

_____

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

3. If case of more than one child, list in order of birth.

493-129-022-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5027

County of Fremont

City of Cache

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. ____

Primary Registration District No. 2037 Registered No. 199

FULL NAME OF CHILD Talmage McGee Mickelsen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—	—	—	Yes	Feb 29, 1912

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Mickelsen	FULL MAIDEN NAME	Millie Harris
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs Idaho

Given names added from a supplemental report

....., 19....

Filed Apr 1 1912 Roy N. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

RESERVED FOR E

LAPINE INK—HIS 12

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 5 4 09 PM '72

State of ..... } ss.
County of ..... }

Certificate No. 5027

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mickleson (Male) who was born on Feb. 29, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Cache, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Talmage McGee Mickelsen
Father's name	Theodore Mickleson	Theodore Mickelsen

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of
September, 1972.
Dorothy C. Douglass

Signed Stella M. Douglass
(Signature of Any Credible Person)

Notary Public, residing at Driggs, Idaho
My commission expires 9-20-75
(Seal)

R#1 Tetonia Idaho 83452
(Street Address, City, State)

FORM DH 60-155 CL 8/10/72 nm

SEP 8 1972

Record of Blessing and Baptism from LDS Church gives name as Talmage McGee Mickelsen born Feb. 29, 1912. Blessed: July 8, 1912 and Baptized: July 3, 1920. Father's name: Theodore Mickelsen and mother's name as Millie Emeline Harris. Viewed by V. S.

Insurance Policy from Pacific National Life Assurance Co. No. 85513.gives name as Talmage M. Mickelsen, dated Oct. 13, 1952. Viewed by V. S.

493-221-022-128

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Haden

No ____, ____ St.

Hospital ____

Registration District No. 9 File No. 5028

Primary Registration District No. 2037 Registered No. 198

FULL NAME OF CHILD LILLIE LEONA MILLER

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)		—	yes	3 - 21 , 1912

FATHER		MOTHER	
FULL NAME	Theodore Miller	FULL MAIDEN NAME	Leona Rehmead
RESIDENCE	Haden	RESIDENCE	Haden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ora D. Keith

(Physician or Midwife)

Address Driggs Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 12 Ray B Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C-10m-6-50

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MAR 21 1952

154-214-022-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Bates

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5029

Primary Registration District No. 2037 Registered No. 197

FULL NAME OF CHILD Mary Lois Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	March 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alonzo Andrews	Lucy Wooder
RESIDENCE	Bates	Bates
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 12 Ray H. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SORS. 17826

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 20 1965
Bureau of Vital Statistics

State of Idaho } ss.
County of Teton

Certificate No. 5029

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Andrews (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1912 (Date of Event)
in Bates, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Lois Andrews

Subscribed and sworn to before me this 7th day of July, 1965

Notary Public, residing at Idaho Falls

My commission expires

(Seal)

Signed Larry Ward Griggs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 1965

Notary Public, residing at Idaho Falls

My commission expires October 21, 1966

(Seal)

Signed LaVern A. Driggs
(Signature of Any Credible Person)

1125 - 10th St Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-1-65. one copy pd. rec. #14569.

Marriage Certificate, State of Utah, County of Salt Lake, married Oct. 1, 1940 gives full name of groom as William Ferrel Thomas and full name of bride as Mary Lois Andrews - viewed by V.S

OCT 27 1965

L.D.S. Church Certificate of Release, East Central States Mission, dated May 15, 1939 gives full name as Mary Lois Andrews - viewed by V.S.

683-212-022-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5030

County of Fremont

City of Driggs

*No*_____, _____ *St.*

Hospital _____

Registration District No. 9 **File No.** _____

Primary Registration District No. 2037 **Registered No.** 196

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Al Wilson	Violet Southam
RESIDENCE	Ogden Utah	Ogden Utah
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Ill	Utah
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs, Idaho

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed Apr 10 1912 Roy N. Fisher *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

JAN 4 1974

544-210-022-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No ____, ____ St.

Hospital ____

Registration District No. 9 File No. 5031

Primary Registration District No. 2037 Registered No. 195

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elijah Eddington	Effie Hall
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Driggs Idaho

Given names added from a supplemental report

....., 19....

Filed Apr. 10, 1912 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this
of each, in order of birth stated

Given names added from a supplemental report

19

Filed 19

Registrar

Address

Registrar

853-115-02-451

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Marysville

No ____, ____ *St.*

Hospital ____

Registration District No. 9 **File No.** 5032

Primary Registration District No. 2036 **Registered No.** 228

FULL NAME OF CHILD ~~____~~ Helm, Alton Claudius

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____	____	Yes	3-15-1912

FATHER		MOTHER	
FULL NAME	Robt. Helm	FULL MAIDEN NAME	Cloa McArthur
RESIDENCE	Marysville	RESIDENCE	Marysville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Prin. of Schools	OCCUPATION	Housewife

[Number of child of this mother, including present birth.... 2

Number of children, of this mother, now living, including present birth.... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11-45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Hummell

(Physician or Midwife)

Address Marysville Idaho

Filed Apr. 10 1912 Ray N. Frisher

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-4-55

STATE OF IDAHO

PLACE OF BIRTH

JUN 23 1955

795-115-022-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Marysville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2038

File No. 5033

Registered No. 227

FULL NAME OF CHILD RICHARD WALTER Green

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	3-15-192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester Green	Edith Strong
RESIDENCE	Marysville	Marysville
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Utah	Neb.
OCCUPATION	Farm laborer	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Hummell

(Physician or Midwife)

Address Marysville - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 19 0 Roy H. Tasker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 5058
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Richard Walter Green (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 15, 1912 (DATE OF EVENT)
in Marysville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Green	xxxxxxxxxxxxx Richard Walter Green

Subscribed and sworn to before me this 30th
day of March, 19 42

[illegible] Deputy

Notary Public, residing at Idaho Falls, Idaho

My commission expires .....
(SEAL)

Signed Mrs Edith Green.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

699 North Holmes Ave., Idaho Falls, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of March, 19 42

[illegible] Deputy

Notary Public, residing at Idaho Falls, Idaho

My commission expires .....
(SEAL)

Signed Mrs. Rich Knoblock
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route #2, Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 8 1942

MAR 6 1974

Amended 4/12/73

159-22-4023-699

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5034
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Verla b. (Middle): c. (Last): Jergensen

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) 3 (Day) 24 (Year) 12

FATHER OF CHILD

7. FULL NAME

a. (First): ELI b. (Middle): MORONI c. (Last): JERGENSEN

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): Alberta c. (Last): Orme

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. D. Louis

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Apr. 10, 1912

22. REGISTRAR'S SIGNATURE: Roy H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony Registration District No. 9 File No. 5034

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 226

Hospital ____

FULL NAME OF CHILD Verda Jorgenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes,	3-24-12

FATHER		MOTHER	
FULL NAME	Moroni Jorgenson	FULL MAIDEN NAME	Birdie Dame
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Louis

(Physician or Midwife)

Address St. Anthony - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Roy W. Fraker

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 10 1967

APR 18 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

APR 11 2 27 PM '73

Certificate No. 5034

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Verla Jorgenson (Name on Original Certificate) who was born (Was Born or Died) on 3-24-12 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on December 30, 1947 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Verla Jorgenson	~~Verla~~ Jergensen
Father's name	Moroni Jorgenson	Eli Moroni Jergensen
mother's maiden name	Birdie Orme	Mary Alberta Orme

Subscribed ~~and~~ sworn to before me this 6th day of April, 1973

Notary Public, residing at St. Anthony, Idaho
My commission expires 9-11-1975
(Seal)

Signed Elva A. Swensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed ~~and~~ sworn to before me this 6th day of April, 1973

Notary Public, residing at St. Anthony, Idaho
My commission expires 9-11-1975
(Seal)

Signed X 22 E 32
(Signature of Any Credible Person)

E Hardcastle
(Street Address, City, State)
St Anthony Idaho

FORM DH 60-155

Check? 100 page # 1427

Patriarchial Blessing from LDS Church gives name as Verla Jergensen Chapman daughter of Eli Moroni Jergensen and Mary Alberta Orme, born Mar. 24, 1912. Blessing dated Dec. 30, 1947. Viewed by V. S.

School Census Marshal's report gives father's name E. M. Jergensen and daughter's name as Verla Jergensen. Viewed by V. S.

Transcript form High school dated 9/7/26 gives name as Veral Jergensen. Viewed by V. S.

391-229-022-367

PLACE OF BIRTH

Form V. S. No. 11-C—15m-9-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 5035

No. ....., ... St.

Primary Registration District No. 2038

Registered No. 172

Hospital .....

FULL NAME OF CHILD Clara Lydia [redacted] Crabb

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas W. Crabb	Nellie Cox
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Montana	Ohio
OCCUPATION	Transfer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Malotte M.D.

(Physician or Midwife)

Address St Anthony

Given names added from a supplemental report

....., 19.....

Filed April 10 19 12 Roy H Fisher

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

614-219-22-681

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-4-40-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 9 File No. 5036

No. ____, ____ St.

Primary Registration District No. 2038 Registered No. 171

Hospital ____

FULL NAME OF CHILD Verra Mildred Wadsworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred C Wadsworth	Tilly Whaley
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Malotte M.D.
(Physician or Midwife)

Address St Anthony Ida

Given names added from a supplemental report

....., 19.....

Filed April 10 1912 Ray N Tisdale
Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-37

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

1036

Registered No. 171

113-230-022-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No ____, ____ St.

Hospital ____

Registration District No. 9 — File No. 5037

Primary Registration District No. 2038 — Registered No. 194

FULL NAME OF CHILD Effie Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Mch 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin S. Jackson	Effie Maugrum
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. B. West

(Physician or Midwife)

Address St Anthony Ida

Filed Apr 10 19 12 Ray H. Faulkner
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

458-227-022-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 5038

Primary Registration District No. 2038 Registered No. 193

FULL NAME OF CHILD Juanita Meyers

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	yes	Mch 27, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Meyers	FULL MAIDEN NAME	Edna Werner
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	Indian half breed
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M.D.

(Physician or Midwife)

Address St Anthony Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 10 1912 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

County of Fremont

CERTIFICATE OF BIRTH

City of St Anthony

Registration District No. 9 File

No. , St.

Primary Registration District No. 2038 Registered No.

Hospital

FULL NAME OF CHILD Cleo Day

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)		—	yes	Mch 22

FATHER		MOTHER	
FULL NAME	Earl Day	FULL MAIDEN NAME	Annie L. Hull
RESIDENCE	Farnum Idaho	RESIDENCE	Farnum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or ~~Midwife~~)

Address St Anthony Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 2 Ray H. Fisher Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

AUG 8 1975

AUG 2 8 1975

THIS IS A PERMANENT RECORD
BIN BINDING CO.

PLACE OF BIRTH

County of Fremont

City of Chester

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5041

Primary Registration District No. 2038 Registered No. 1

FULL NAME OF CHILD Agnes Margaret Potter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
F	—	—	yes	Mar 13

FATHER		MOTHER	
FULL NAME	Earl Potter	FULL MAIDEN NAME	Margaret Curry
RESIDENCE	Chester.	RESIDENCE	Chester
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or ~~midwife~~)

Address St Anthony Idaho

Filed Apr 10 19 12 Roy A. Fisher

Given names added from a supplemental report

....., 19.....

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 25 1961

133-113-022-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5042

County of Fremont

City of St Anthony

Registration District No. 9

File No.

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 189

Hospital

FULL NAME OF CHILD Kenneth Allred

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	—	—	yes	Mch 12 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac Allred	Janey Campbell
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	47	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or Midwife)

Address St Anthony Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 10 1912 Ray H. Fisher

Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. II-C—Jan. 6-40-1

042

(Year)

(Physician or Midwife)

Given names added from a supplemental report

19

Address

Filed

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated

469-101-022-783

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Hibbard

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5043

Primary Registration District No. 2039 Registered No. 224

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	May 1 1912

FATHER		MOTHER	
FULL NAME	Elias Morris	FULL MAIDEN NAME	Mary Tyler
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Roy H. Tasker

Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-536024

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

619-220-022-113

Form V. S. No. 11-C—10m-8-9-41

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5044

Primary Registration District No. 2039 — Registered No. 223

FULL NAME OF CHILD ~~VERLA~~ Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	Jan. 20, 1912

FATHER		MOTHER	
FULL NAME	Wilford Ward	FULL MAIDEN NAME	Ethel Jacobs
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts (Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 Reg. W. Fisher Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

5/12/41 L. B.

State of Idaho,

County of Madison, ss.

Ethel Jacobs Ward, being first duly sworn deposes and says that she is the mother of Verla Ward, who married a Mr. John Bratsman, and that said daughter, Verla, wasborn at Salem. Idaho on the 20th day of January, A. D. 1912, and that a midwife Mrs. Ada Watts waited on me at the time of her birth, and that said Ada Watts is now deceased.

Affiant further sayeth not.

Ethel Jacobs Ward

Subscribed and sworn to before me the undersigned, a Notary Public in for the State of Idaho, this 6th day of May, A. D. 1941.

MY COMMISSION EXPIRES
MARCH 27, 1943

NOTARY PUBLIC
RESIDING AT REXBURG, IDAHO

271-101-022-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5045

Primary Registration District No. 2039 — Registered No. 222

FULL NAME OF CHILD Lynn Lloyd Spalding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	Mar. 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jules Spalding	Ellen McCulloch
RESIDENCE	Rexburg	Rexburg
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10, 19 12 Roy N. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

DEC 18 19

249 - 214-022-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-7-11

PLACE OF BIRTH

County of Fremont

City of Burton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5046

Primary Registration District No. 2039 — Registered No. 221

FULL NAME OF CHILD ~~—~~ Burdall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— and —	—	Yes	Feb. 14, 1912

FATHER		MOTHER	
FULL NAME	John Burdall	FULL MAIDEN NAME	Margaret Hill
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg - Idaho

Given names added from a supplemental report

....., 19....

Filed Apr. 10 1912 Roby N. Fisher

Registrar

....., Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

(Give Name and Address of Applicant)

Address .....

Filed ..... 19 .....

Signature .....

249-215-022-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5047

Primary Registration District No. 2039 Registered No. 220

FULL NAME OF CHILD LEONA Smith

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	Feb. 15, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Robert Smith	FULL MAIDEN NAME Drucilla Blanchard
RESIDENCE Hibbard	RESIDENCE Hibbard
COLOR W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Redfburg - Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr. 11, 1912 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Address

Filed 19

Defendant

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 5047

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Name on Original Certificate) who born (Was Born or Died) on February 15, 1912 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on March 10, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Leona Smith

Subscribed and sworn to before me this 10th
day of March, 19 43.

Mary Smith
Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1943.
(Seal)

Signed Drucella B Smith (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

113 So. First East, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of March, 19 43.

Mary Smith
Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1943.
(Seal)

Signed W Lloyd Adams
(Signature of Any Credible Person Other Than Previous Year)

Rexburg, Idaho.
(Street Address, City, State)

MAR 1 3 1943

MAR 1 9 1973

Amended 4-20-71

263-125-022-4/9

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5048

Primary Registration District No. 2039 Registered No. 217

FULL NAME OF CHILD Joseph LaMar Bolin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	——	——	Yes.	2-25-191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert BOLIN	Eva Harris
RESIDENCE	Rexburg	Rexburg
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	South Carolina	Utah
OCCUPATION	Collector	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. S Thupe

(Physician or Midwife)

Address Sugar City, Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 11 19 71 Roy W. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
APR 12 1971
Bureau of Vital Statistics

Certificate No. 5048

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Boland (Name on Original Certificate) who was born (Was Born or Died) on Feb. 25, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Joseph LaMar Bolin
Father's name	Boland	Bolin

Subscribed and sworn to before me this 23 day of February 19 71

Evelyn C. Jay

Notary Public, residing at Ogden, Utah

My commission expires March 20, 1974

(Seal)

Signed Anita B. Gaskill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1513-29th St. Ogden, Utah 84403
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of April 19 71

Robert L. Gibbens

Notary Public, residing at ROBERT L. GIBBENS Notary Public residing at Shelley, Idaho

My commission expires My Commission expires August 8, 1973

(Seal)

Signed Lee Grant Bolin
(Signature of Any Credible Person)

1 Park Lane Shelley Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/2/70 nm

Church Certificate of Birth gives name as Joseph LaMar Bolin born Feb/ 25, 1912 in Rexburg, Idaho. Father - Robert A. Bolin Mother Etta Morris. Entered on record Sept. 11, 1920
Viewed by V.S.

APR 21 19[illegible]

High School Transcript issued by Idaho Falls High School gives name as Joseph LaMar Bolin born Feb. 25, 1912. Entered Aug. 30, 1926. Age 14.
Viewed by V.S. Parents name R. E. Bolin

859-228-022-983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Lyman

*No*_____, _____ *St.*

Hospital _____

Registration District No 9 **File No.** 5049

Primary Registration District No. 2039 **Registered No.** 215

FULL NAME OF CHILD Fern Heileson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	1 — 28 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Neal O. Heileson	Emily Rytting
RESIDENCE	Lyman	Lyman
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. Walker

(Physician or Midwife)

Address Replogle, Idaho

Given names added from a supplemental report

_____, 19____

Filed Apr. 10 1912 Roy N. Fisher

_____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 16 10 15 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 5049

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Heileson (Female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1912 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on May 5, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Fern Heileson

Subscribed and sworn to before me this 8 day of August, 19 72

Notary Public, residing at Idaho Falls, Ida.
My commission expires 4/6/76
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

419 - 6th Street, Idaho Falls, Idaho 83401 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of August, 19 72

Notary Public, residing at Rexburg, Idaho
My commission expires June 24, 1976
(Seal)

Signed [signature] (Signature of Any Credible Person)

329 West Main (Street Address, City, State)
Rexburg, Idaho 83440

FORM DH 60-155 CL 7/26/72 nm

AUG 2 8 1979

Certificate of Blessing from LDS Church gives name as Fern Heileson daughter of Olsen Heileson and Emily Rutting. Born Jan. 28, 1912 Blessed May 5, 1912.Viewed By V. S.

Certificate of Baptism and Confirmation dated Nov. 5, 1951 gives name as Julie Ann Colborn daughter of George Marshall Colborn and Fern Heilson. Born Jan 3, 1942. Was Baptized Nov. 3, 1951 and Confmd. Nov. 4, 1951. Viewed by V. S.

693- 129-022-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5050

Primary Registration District No. 2039 Registered No. 214

FULL NAME OF CHILD ____ Williams

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	— (To be answered only in event of plural births)		—	Yes.	3-29, 1912

FATHER		MOTHER	
FULL NAME	Frank Williams	FULL MAIDEN NAME	Stella Jensen
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth... 1

Number of children, of this mother, now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or Midwife)

Address Rexburg — Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Reg H. Fricke

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

713 - 205-022-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Lyman

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5051

Registration District No 9 File No. ____

Primary Registration District No. 2039 Registered No. 213

FULL NAME OF CHILD Nellie Galbraith

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	— (To be answered only in event of plural births)	—	Yes	Apr. 5, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. E. Galbraith	Rebecca M. Simmons
RESIDENCE	Lyman	Lyman
COLOR	W.	W.
AGE AT LAST BIRTHDAY	23 (Years)	19 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth.... 1 ....

Number of children, of this mother, now living, including present birth.... 1 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or Midwife)

Address Rexburg - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10, 1912 Roy H. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah

Certificate No. 5051

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Galbraith (Female) (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1912 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Nellie Galbraith

Subscribed and sworn to before me this 30th day of April, 1973

Notary Public, residing at Multnomah County, Oregon

My commission expires June 25, 1975

(Seal)

Signed Betty L Crawford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4-1273 nm

MAY 25 1973

Certificate of Award from School District No. 30, Madison County, Idaho. for Neither Tardy nor Absent. Dated Jan. 1923. Viewed by V. S.

Marriage License from Montana gives groom's name as Robert Lee Crouch and the bride's name as Nellie Simmons. (maiden name given as Rebecca Galbraith. Dated July 18, 1951. Viewed vby V. S.

381-214-022-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rexburg

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5052

Primary Registration District No. 2039 — Registered No. 212

FULL NAME OF CHILD Myrtle M. Chandler

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	——	——	Yes	Mar. 14, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. H. Chandler	FULL MAIDEN NAME	Sarah Sweife
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Roy N. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

FEB 2 [illegible]

STATE OF IDAHO

Form V. S. No. 11-(1)-100-5-5-37

294-111-022-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-1-11

PLACE OF BIRTH

County of Fremont

City of Refburg

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5053

Primary Registration District No. 2039 Registered No. 211

FULL NAME OF CHILD Oliver Edward Simmons

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	— (To be answered only in event of plural births)	—	Yes.	Mar. 11, 1912

FATHER		MOTHER	
FULL NAME	James B. Simmons	FULL MAIDEN NAME	Emma E. Batterson
RESIDENCE	Refburg	RESIDENCE	Refburg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or Midwife)

Address Refburg - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10, 1912 Roy D. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 1 8 1974

249-216-032-249

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5054

County of Fremont

City of Archer

Registration District No. 9 File No.

No. ....., ... St.

Primary Registration District No. 2039 Registered No. 210

Hospital .....

FULL NAME OF CHILD EDNA Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—— and ——	——	Yes	Mar. 16, 1912

FATHER		MOTHER	
FULL NAME	Wm. J. Smith	FULL MAIDEN NAME	Emma Smith
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7-30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah L. Briggs

(Physician or Midwife)

Address Archer Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Ray H. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 5054

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Smith (Name on Original Certificate) who Born (Was Born or Died) on 16th March 1912 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Knowledge of Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edna Smith

Subscribed and sworn to before me this 16th
day of June 1942
Daniel Ricks
Notary Public, residing at Rexburg
My commission expires August 15th 1942
(Seal)

Signed Emma Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Thornton Idaho R.F.D. No.1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of June 1942
Daniel Ricks
Notary Public, residing at Rexburg
My commission expires August 15th 1942.
(Seal)

Signed Orval Smith
(Signature of Any Credible Person Other Than Previous Year)
Thornton Idaho Route 1.
(Street Address, City, State)

JUN 19 1942

JUN 2 4 1949

719-117-022-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5055

Primary Registration District No. 2039 Registered No. 209

FULL NAME OF CHILD Claude V. Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	3-17-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Parker	Flora C. Stratton
RESIDENCE	Hibbard	Hibbard
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	25
BIRTHPLACE	Idaho	Kentucky
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M. Nelson

(Physician or Midwife)

Address Burton - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Ray H. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF

236-113-022-433

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rexburg

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5056

Primary Registration District No. 2039 — Registered No. 208

FULL NAME OF CHILD Samuel Stowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	2-13-12

FATHER		MOTHER	
FULL NAME	Saml. N. Stowell	FULL MAIDEN NAME	Pearl McCoy
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Machinist	OCCUPATION	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. G. Espe

(Physician or Midwife)

Address Rexburg - Idaho

Filed Apr 10 1912 Ray N. Fisher
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 1 5 1952

MARRIAGE REGISTRAR'S RECORD

WHITE PLAINS, WITH UNDERLINING—THIS IS A CERTIFIED COPY

Registrar's District No. ..... Certificate No. .....

Registered No. .....

1. Name and surname ..... 2. Sex .....

3. Condition ..... 4. Rank or profession .....

5. Age last birthday ..... 6. Birthplace .....

7. Residence at the time of marriage .....

8. Name and surname of father .....

9. Rank or profession of father .....

10. Name and surname of mother .....

11. Maiden name of mother .....

12. Informant .....

13. Residence of informant .....

14. Date of marriage .....

15. Witness .....

16. Witness .....

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385-103-022-144

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev. 8-30-11

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5057

Primary Registration District No. 2039 Registered No. 178

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	1st ~~Not~~	yes	2 - 3 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alonzo Cherry	Jemima Judy
RESIDENCE	Salem	Utah
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

Physician

(Physician or Midwife)

Address Sugar City, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 10 19 12 Roy H. Fisher

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-50-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

963-103-022-577

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

Registration District No. 9

File No. 5058

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 177

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	2 — 3 — 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Rocke	FULL MAIDEN NAME	Elizabeth Eggute
RESIDENCE	Sugar	RESIDENCE	Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-55 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Schenke

Physician

(Physician or Midwife)

Address Sugar City Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Roy H. Fisher

Registrar

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Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-204-022-913

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-39-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 5059

Primary Registration District No. 2039 Registered No. 176

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	3 — 4 — 1912

FATHER		MOTHER	
FULL NAME	Wm McKinley	FULL MAIDEN NAME	Florence Racrim
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

Physician (Physician or Midwife)

Address Sugar City Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 10 19 12 Ray H. Fisher Registrar

S-Y CO., 16670

253-104-022-154

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem Registration District No. 9 File No. 5060

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 175

Hospital ____

FULL NAME OF CHILD Oscar Newel Belnap

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	3 - 4 - 1912

	FATHER	MOTHER
FULL NAME	Augustus Belnap	
FULL MAIDEN NAME		Netta Anderson
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shute

Physician (Physician or Midwife)

Address Sugar City, Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 10 1912 Roy N. Fisher

Registrar

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Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

219-106-022-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—16m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

Registration District No. 9

File No. 5061

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 174

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 6, 1912

FATHER		MOTHER	
FULL NAME	O. M. Barnes	FULL MAIDEN NAME	Mary Wilcocks
RESIDENCE	McGill Nevada	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Freight Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 8 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Schupe, M. D.

(Physician or Midwife)

Address Sugar City, Ida.

Given names added from a supplemental report

....., 19.....

Filed April 10, 1912 Ray N. Fisher

Registrar

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Address ..... 19 .....

Filed ..... Registrar

Registrar

359-106-022-419

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-26-11

County of Fremont

City of Sugar

Registration District No. 9

File No. 5062

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 173

Hospital

FULL NAME OF CHILD Rinichi Terazawa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	3 6 1942

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. Terazawa	Chiyo Maruyama
RESIDENCE	Sugar City	Sugar City
COLOR	Brown	Brown
AGE AT LAST BIRTHDAY (Years)	42	23
BIRTHPLACE	Japan	Japan
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Schukis

Physician

(Physician or Midwife)

Address Sugar City, Ida

Given names added from a supplemental report
1 Photostat copy 12/17/41
....., 19....

Filed April 1 19 42 Roy H. Fisher

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 17 1941

Dup of 912-118972

553-222-022-577

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Sugar

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2039

File No. 5063

Registered No. 204

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nick Nelson	Annie Eggerts
RESIDENCE	Sugar City	Sugar City
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	40	40
BIRTHPLACE	Denmark	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sharpe

(Physician or Midwife)

Address Sugar City Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 10 1912 Roy H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

STATE OF IDAHO

PLACE OF BIRTH

964-226-022-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

*No*_____, _____ *St.*

Hospital _____

Registration District No. 9 **File No.** 5064

Primary Registration District No. 2039 **Registered No.** 203

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— and —	—	yes	Feb 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Rouch	Millie Henderson
RESIDENCE	Wilford	Wilford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Struike

(Physician or ~~Midwife~~)

Address Sugar City Ida

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed April 6 1912 Roy W. Fisher *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 3 1975

157-202-022-297

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

*No*_____, _____ *St.*

Hospital _____

Registration District No. 9 **File No.** 5065

Primary Registration District No. 2039 **Registered No.** 188

FULL NAME OF CHILD Jeffrsin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F.	—	—	Yes	Feb. 2 (Month) (Day) 191 2 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Laurance Jeffrsin	FULL MAIDEN NAME	Aline Sipes
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City - Idaho

Given names added from a supplemental report

_____, 19____

Filed Apr. 10 1912 Ray K. Fisher

_____ *Registrar*

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

231-228-022-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-7-11

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5066

Primary Registration District No. 2039 — Registered No. 187

FULL NAME OF CHILD ____ Scalley

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	____ (To be answered only in event of plural births)	____	Yes.	Feb. 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Douglass Scalley	Ethel Taylor
RESIDENCE	Sugar City	Sugar City
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Machinest	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Shupe

(Physician or Midwife)

Address Sugar City - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10, 1912 Reg. N. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

214-102-022-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5068

Primary Registration District No. 2039 Registered No. 185

FULL NAME OF CHILD ____ Saurey

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____ (To be answered only in event of plural births)		____	Yes.	Mar. 2, 1912

FATHER		MOTHER	
FULL NAME	Geo. Saurey	FULL MAIDEN NAME	Florence Smith
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City - Idaho

Given names added from a supplemental report

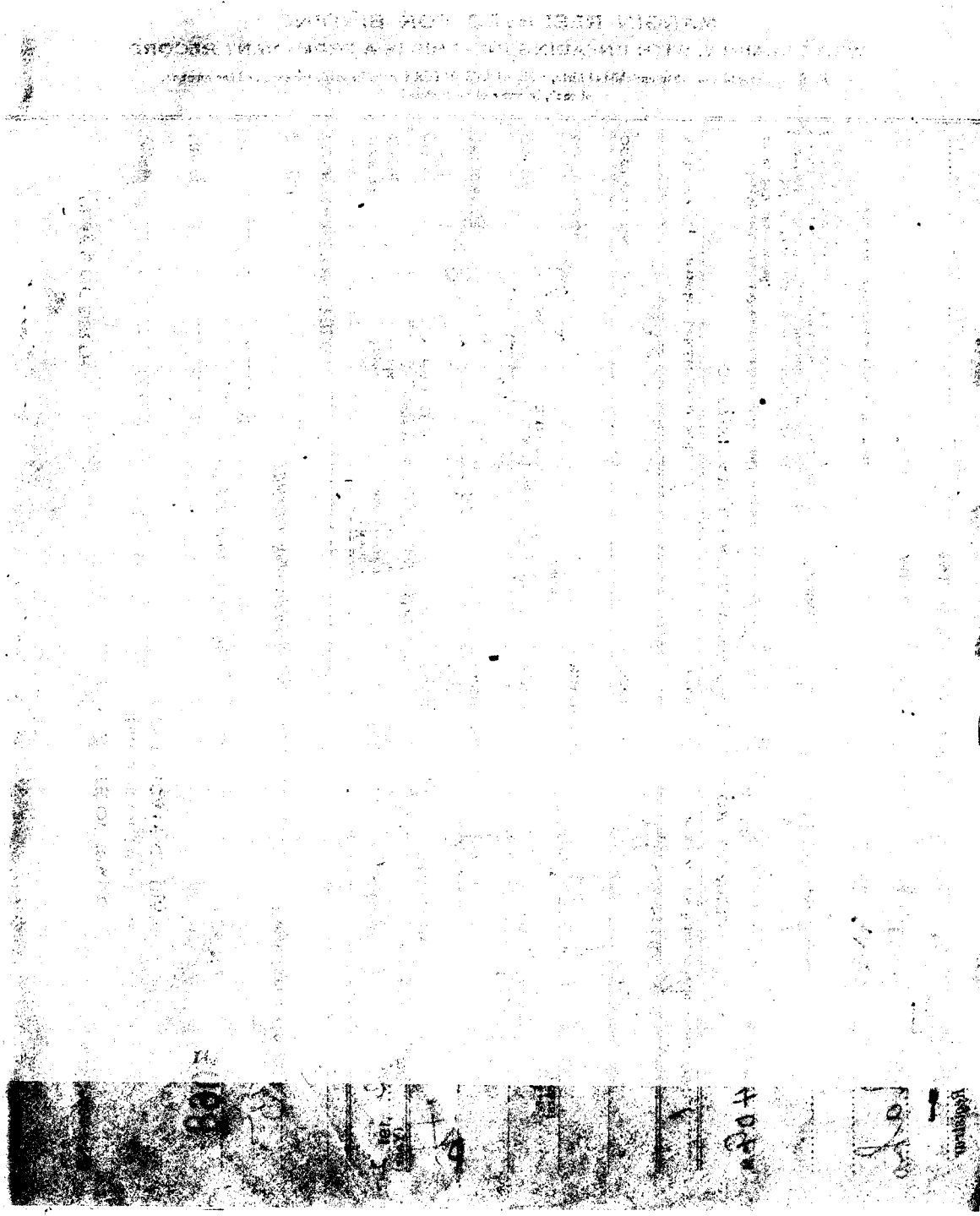
....., 19.....

Filed Apr. 10 1912 Roy N. Fisher

Registrar

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826



643-210-022-962

ADDED CHILD'S NAME 4-25-2000 MS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No ____, ____ St.

Hospital ____

Registration District No. 9 File No. 5069

Primary Registration District No. 2039 Registered No. 179

FULL NAME OF CHILD LAURA FULLMER

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F1	—		—	yes	2-10-1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Fullmer	FULL MAIDEN NAME	Katie Roberts
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Stubbs

Physician

(Physician or Midwife)

Address Sugar City Ida

Given names added from a supplemental report

..... 19....

Registrar

Filed Apr 10 1912 Roy H. Fisher

Registrar

SYMS - YORK CO., PTRS. & SDRS 17826

JAN 5 1972

APR 0 2 2009

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

4-7-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 1912-5069
Date Filed APR. 10, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED FULLMER (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on FEB. 10, 1912 (Date of Event)

in SALEM (FREMONT) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED FULLMER	LAURA FULLMER

Subscribed and sworn to before me this 19th day of April, 2000

Notary Public, Lyn Ellis
Residing at Rexburg, Idaho
My commission expires 3-24-2004
(Seal)

NOTARY PUBLIC STATE OF IDAHO

Signature of Applicant

3210 SUNNYBROOK LANE IDAHO FALLS

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

STATE OF UTAH CERTIFICATE OF MARRIAGE COUNTY OF CACHE SHOWS JAMES ALBERT ELLIS AND LAURA FULLMER WERE MARRIED OCT. 17, 1931 IN LOGAN UTAH VIEWED VS.

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS LAURA FULLMER WAS BAPTIZED MARCH 6, 1920 VIEWED VS.

385-103-022-144

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5070

Registration District No. 9 File No. ____

Primary Registration District No. 2039 Registered No. 180

FULL NAME OF CHILD Virgil F. Cherry

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin (To be answered only in event of plural births)	2nd	yes	2 3 1912

FATHER		MOTHER	
FULL NAME	Alonzo Cherry	FULL MAIDEN NAME	Jemima Judy
RESIDENCE	Salem	RESIDENCE	Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurpe M.D.

(Physician or Midwife)

Address Sugar City Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 12 Ray H. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

030

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

RECEIVED

AUG 5 1976

Bureau of Vital Statistics

State of UTAH
County of DAVIS } ss.

Certificate No. 5070

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cherry (male) who was born on Feb 3, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Salem, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Certificate of Ordination - June 7, 1925 prepared on Pol.#7153I107-Ind.Lib. Life Ins. - 8-2-71(converted from old policy) are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
Family record showing Baptism, Blessing, etc. 1912 to 1927

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Virgil Cherry

Subscribed and sworn to before me this 3rd day of August, 19 76

Notary Public, residing at North Salt Lake, Utah

My commission expires 5-2-79

(Seal)

Signed Belinda Ebony Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

832 West 3800 South - Bountiful, Utah 84010
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of DAVIS } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 19 76

Notary Public, residing at North Salt Lake, Utah

My commission expires 5-2-79

(Seal)

Signed Steve Brown
(Signature of Any Credible Person)

1641 W 159th St.
(Street Address, City, State)
Harbor City, Ca. 90710

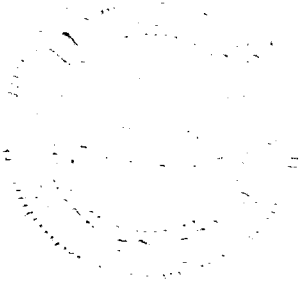
FORM DH 60.155 CL 6/3/76 lcc pd.

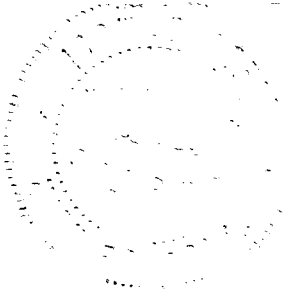
AUG 10 1976

Family history gives name as Virgal Fay Cherry blessed April 7, 1912
Baptized July 7, 1920. viewed by V. S.

Certificate of Ordination to the Holy Priesthood gives name as Virgil Cherry ordained a Deacon on June 7, 1925. viewed by V. S.

Insurance policy from Independent Liberty Life Insurance Co. gives name as Virgil F. Cherry. policy No. 71531107. dated Aug 2, 1971. viewed by V. S.





719-210-022-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Sugar

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5071

Primary Registration District No. 2039 — Registered No. 181

FULL NAME OF CHILD Naomi Garner

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	2 – 10 ,191 2

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burk Garner	FULL MAIDEN NAME	Annie Clark
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke M. D.

(Physician or Midwife)

Address Sugar City Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 12 Roy A. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS FEB 24 4 46 PM '77

State of Washington } ss.
County of Whitman

Certificate No. 5071

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Garner (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 10, 1912 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Naomi Garner

Subscribed and sworn to before me this 22nd day of Feb, 19 77

Notary Public, residing at Pullman

My commission expires 6-30-77

(Seal)

Signed Emmaleo B. Garner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 19 77

Notary Public, residing at Pullman

My commission expires 6-30-77

(Seal)

Signed Wallis W. Friel
(Signature of Any Credible Person)

Pullman, Wash
(Street Address, City, State)

FORM DH 60-155

CL 4/30/76 RUSH

Patriarchal Blessing fy Charles R. Thomason, Patriarch, gives name as Naomi Garner born Feb 10, 1912. father's nameas Bert LeRoy Garner and Annie Celestia Clark Garner. dated Nov 19, 1933. viewed by V.S.

MAR 4 197

Family group record gives child's name as Naomi Ganrer born Feb 10, 1912 at Sugar, Idaho. father's name as Burke LeRoy Garner and and mother's name as Annie Celestia Clark. viewed by V. S.

599-114-022-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No ____, ____ St.

Hospital ____

Registration District No 9 — File No. 5072

Primary Registration District No. 2039 — Registered No. 182

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	~ and ~	yes	2 - 14 - 1912

FATHER		MOTHER	
FULL NAME	Chas. Virgin	FULL MAIDEN NAME	Elnora Winley
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurpe M.D.

(Physician or Midwife)

Address Sugar City, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 10 1912 Ray A. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

5072

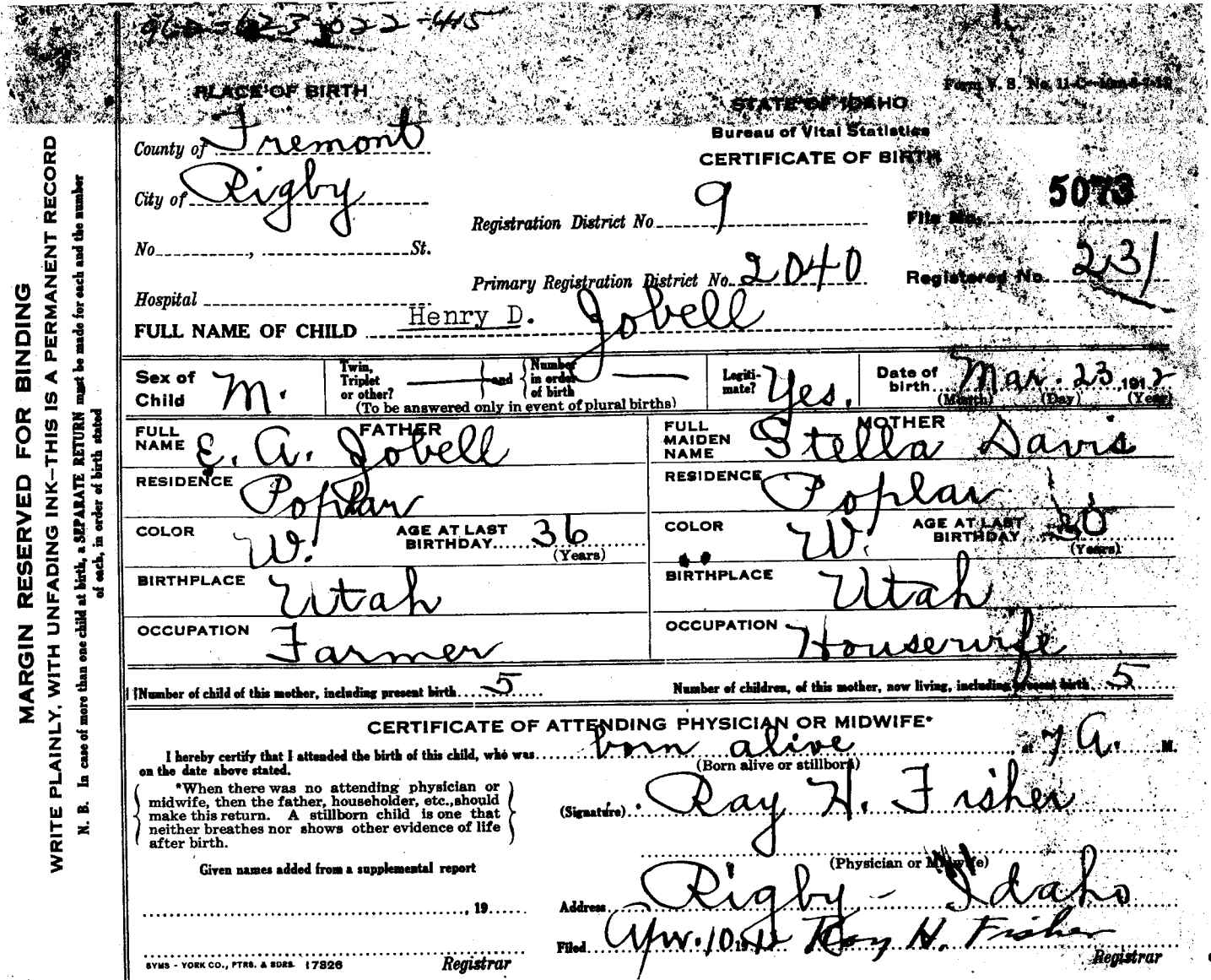
(Physician or Midwife)

Given names added from a supplemental report

Address

Filed

Registrar



PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 5-1-42

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 9

File No. 5073

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 231

Hospital

FULL NAME OF CHILD Henry D. Jobell

Sex of Child: M.

Twin, Triplet or other? ____ and ____ (Number in order of birth) (To be answered only in event of plural births)

Legitimate? Yes.

Date of birth: Mar. 23 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME: E. A. Jobell	FULL MAIDEN NAME: Stella Davis
RESIDENCE: Poplar	RESIDENCE: Poplar
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1917 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

867-218-022-369

Amended 11/30/78

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Rigby

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. [redacted]

Primary Registration District No. 2040 Registered No. 230

FULL NAME OF CHILD Iola Hoggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	——	——	Yes.	March 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. D. Hoggan	Agnes Cordon
RESIDENCE	Rigby	Rigby
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Harness-maker	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

(Signature) Ray N. Fisher

(Physician or Midwife)

Address Rigby

Filed Apr. 10 1912 Roy H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Amended 11/30/78

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 20 9 04 AM '78

State of ..... } ss.
County of ..... }

Certificate No. 5074

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hoggan (female child) (Name on Original Certificate) who was born (Was Born or Died) on March 18, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Iola Hoggan

Subscribed and sworn to before me this 21st day of
May, 1974
Danielle D. Hoggan
Notary Public, residing at Burley Idaho
My commission expires 3-2-76
(Seal)

Signed E. C. Hoggan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
457 Birch Dr. - Burley, Idaho 83318
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of
May, 1974
Danielle D. Hoggan
Notary Public, residing at Burley Idaho
My commission expires 3-2-76
(Seal)

Signed Lillie A. Matthews
(Signature of Any Credible Person)
1359 Malta P.O. Box 313
(Street Address, City, State)
Burley Idaho 83318

FORM DH 60-155 CL 3-12-64. one copy pd. rec. #16744.

Certif of record of Membership from the LDS Church gives name as Iola Hoggan born March 18, 1912 at Rigby, Idaho. Blessed May 5, 1912 and Baptized June 6, 1920. father's name as James Frummond Hoggan and Agnes Maria Cordon. viewed by V. S.

NOV 30 1978

Public Empyee Retirement Sustem of Idaho Employee Membership record gives name as Iola Hoggan (Social Security No. 518-07-3993). dated January 18, 1967 viewed by V. S.

154-107-022-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-9-7-11

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5075

Primary Registration District No. 2040 Registered No. 229

FULL NAME OF CHILD ____ Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____ and	____	Yes	Apr. 7 1912

FATHER		MOTHER	
FULL NAME	Elias Anderson	FULL MAIDEN NAME	Ella Halten
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby Idaho

Filed Apr. 10 1912 Roy H. Fisher
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

849 - 104-022-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5076

Primary Registration District No. 2040 Registered No. 225

FULL NAME OF CHILD — Quinton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	Yes	Apr. 4 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John T. Quinton	FULL MAIDEN NAME	Sarah Petersen
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) G. C. Paxton

(Physician or Midwife)

Address Rigby, Idaho

Filed April 9 1917 Roy N. Fisher Registrar

BYLIS - YORK CO., PTRS. & PBRS. 17226

STATE OF IDAHO

PLACE OF BIRTH

391-115-022-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Menan

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-1-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5077

Primary Registration District No. 2040 Registered No. 218

FULL NAME OF CHILD Craig, Kenneth Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	May 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Craig	Eliza Watson
RESIDENCE	Menan	Menan
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Ray H. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified Copy issued Feb. 11, 1941. P.M.

MAR 6

213-115-022-315

PLACE OF BIRTH

County of Fremont

City of Menan

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

5078

Registration District No. 9

File No. ____

Primary Registration District No. 2040

Registered No. 219

FULL NAME OF CHILD Baldwin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____ (To be answered only in event of plural births)	____	Yes.	Mar. 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Baldwin	Ruth A. Tanner
RESIDENCE	Menan	Menan
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer & Stock	Housewife

[Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-5-D E. on the date above stated.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan

Filed Apr. 10 1912 Roy N. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 29 1963

251-212-022-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Annis

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5079

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 207

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Mar. (Day) 12, (Year) 1912
F.		Yes.	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Kearney	Ethel Harrop
RESIDENCE	Annis	Annis
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Anderson

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Ray H. Fisher

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

666-107-022-842

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rigby

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5080

Primary Registration District No. 2040 Registered No. 206

FULL NAME OF CHILD — Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	Mar. 7, 1912

FATHER		MOTHER	
FULL NAME	Merrit J. Wood	FULL MAIDEN NAME	Margaret Hubbard
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1912 Ray H. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

295-105-022-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-5-7-11

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2040

File No. 5081

Registered No. 205

FULL NAME OF CHILD Joseph Alexander Kinghorn

Sex of Child	Twin, Triplet or other? ——— and Number in order of birth ——— (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Mar. (Day) 5 (Year) 1912
M.		Yes	

FATHER		MOTHER	
FULL NAME	Joseph Kinghorn	FULL MAIDEN NAME	Elizabeth Harris
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2-15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or Midwife)

Address Rigby - Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr. 10 1912 Ray N. Fisher

Registrar

STMS - YORK CO., NYES, & SONS 17956

264-214-022-143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5082

County of Fremont

City of Grant

No ____, ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2040

Registered No. 184

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	March 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Sour	Agnes Aulauf
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	41
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Rawson

Midwife (Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed Apr 10 19 12 Roy N. Fisher
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C—10m-6-11

082

DOP OF 1912 D 73-156

413-223-022-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5083

County of Fremont

City of Butler Island

Registration District No. 9 File No.

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 183

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 23, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Matson	FULL MAIDEN NAME	Emma Briggs
RESIDENCE	Butler Island	RESIDENCE	Butler Island
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) C. A. Fillmore

Midwife
(Physician or Midwife)

Address Lorenzo Idaho

Filed April 19 12 Roy A. Fisher
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

28-014-863

[redacted] OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County Canyon

City of Near Nampa

No. ____, ____ St.

Registration District No. 221 File No. 5084

Primary Registration District No. 2008 Registered No. 45

Hospital ____

FULL NAME OF CHILD Francis Reed.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes.	Feb 28, 1912

FATHER		MOTHER	
FULL NAME	Wm A Reed.	FULL MAIDEN NAME	Ida Hollis
RESIDENCE	Canyon Co	RESIDENCE	Canyon Co
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Ia.
OCCUPATION	Fruit Grower.	OCCUPATION	Housewife.

Number of child of this mother, including present birth. Don't Know. Number of children, of this mother, now living, including present birth. Don't Know.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn) at a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas H Hawkins MD

Outlaw Or.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed April 13 1912 J C Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 03-261

Co. [redacted] C

City [redacted] Springs

No. [redacted] St.

Ho. [redacted]

Form V. S. No. 11-C—40m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5085

Primary Registration District No. 2048 Registered No. 111

FULL NAME OF CHILD ~~Laura~~ Daull, Mamie Ruth

Sex of Child	Twin / Triplet or other? — and — Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	April 7, 1912

FATHER		MOTHER	
FULL NAME	Geo. Daull	FULL MAIDEN NAME	Laura Swanson
RESIDENCE	Soda Springs, Idaho	RESIDENCE	Soda Springs, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kanley

Physician

(Physician or midwife)

Address Soda Springs, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kanley Registrar

S-Y CO. 20174

Filed April 10, 1912 Ellis Kanley Registrar

Form V. S. No. 11-C—Rev-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

E OF CHILD

453 ± 212 003-168

PLACE OF BIRTH

County of Bannock

City of Batch Ida

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11 File No. 5086

Primary Registration District No. 2048 Registered No. 85

FULL NAME OF CHILD ~~Hatton~~ Dutton, Dorothy Caroline

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	4	Yes	Mar 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Dutton	Kiava Riana Johnson
RESIDENCE	Hatch, Idaho	Hatch, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Brigham City	Preston, Idaho
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

(Signature) Dr. R. J. Smith

(Physician or Midwife)

Address Bancroft Ida.

Filed Mar 31, 1912 Ellis Kaseley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____ Ellis Kaseley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1 [redacted] 55

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

68-08-003-449

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

5087

County of Bannock

City of Bancroft

No. ____, ____ St.

Registration District No. 11 File No. [redacted]

Primary Registration District No. 2048 Registered No. 81

Hospital ____

FULL NAME OF CHILD Florence Whitworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	—	5	Yes	Feb 8, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T. Whitworth	Parkinie Muir
RESIDENCE	Bancroft, Ida	Bancroft, Ida
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Brigham, Utah	Chesterfield, Ida.
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or Midwife)

Address Bancroft, Ida

Given names added from a supplemental report

....., 19.....

Ellis Kearney
Registrar

Filed March 8, 1917 Ellis Kearney
Registrar

S-Y CO., 16670

JUN 4 1962

339-209-03-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ____ St.

Registration District No. 11 File No. 5088

Primary Registration District No. 2048 Registered No. 107

Hospital ____

FULL NAME OF CHILD Jannett Clifford

Sex of Child	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	April 10, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Clifford	FULL MAIDEN NAME	Margaret McLain
RESIDENCE	Pocatello Bannock Co Ida	RESIDENCE	Pocatello Bannock Co Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Deputy Game Warden	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna Yancey

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

____ 19____

Edna Yancey
Registrar

Filed April 10, 1912

Edna Yancey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Dec.-5-45-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 9 1964

NAME CHANGE

DUP OF 1912 D 69-015

294 - 208-003-413

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

Registration District No. 11 — File No. 5089

Primary Registration District No. 2048 — Registered No. 106

FULL NAME OF CHILD Cecilia Knight

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	—	—	Yes	April 8 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: John Knight

RESIDENCE: Soda Springs Idaho

COLOR: W — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Germany

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Cecilia MacLain

RESIDENCE: Soda Springs Id

COLOR: W — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Penn.

OCCUPATION: Wife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaseley

(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaseley
Registrar

Filed April 10, 1912 Ellis Kaseley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

666-207-003-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5090

Primary Registration District No. 2048 Registered No. 108

FULL NAME OF CHILD Lillis Woodall

Sex of Child	Twin / Triplet — or other?	and Number in order — of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 7, 1912

FATHER		MOTHER	
FULL NAME	James Woodall	FULL MAIDEN NAME	Velma Daggis
RESIDENCE	Soda Springs, Idaho	RESIDENCE	Soda Springs, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elis Kaerley

(Physician or midwife)

Address Soda Springs, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaerley Registrar

Filed Oct 10, 1912 Ellis Kaerley Registrar

5-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

1912 - 31240
DIFFERENT NAME
AND SEX ALSO
BORN AP 1912
NOT TWINS

NOT

Amended 3/23/72

689-219-0027-5292

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5091
Local Reg. No.
Reg. Dist. No. 11

This certificate MUST be filed with the local registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address reply to person whose name is known in completing this certificate.

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grace

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grace, Idaho

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elsa

b. (Middle): Virginia

c. (Last): White

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Mar. (Day) 19, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): J.

b. (Middle): Parley

c. (Last): White

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Grace

b. (Middle): Marguerite

c. (Last): Egbert

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John H. Hubbard

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Grace, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kaekey

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ____, ____ St.

Registration District No. 11

File No. 5091

Primary Registration District No. 2048

Registered No. 109

Hospital Maggard

FULL NAME OF CHILD Baby White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Mar. 19, 1912

	FATHER	MOTHER
FULL NAME	Farley White	FULL MAIDEN NAME Elsie Egbert
RESIDENCE	Grace - Idaho	RESIDENCE Grace - Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farm Laborer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

Physician (Physician or Midwife)

Address Grace - Idaho

Given names added from a supplemental report

....., 19....

Ellis Kaercy Registrar

Filed April 16, 1912 Ellis Kaercy Registrar

S-Y CO., 16670

MAR 23 1972

MAR 17 1971

3-17-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED OCT 21 1971 Bureau of Vital Statistics

Certificate No. 5091

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Margaret White (Name on Original Certificate) who was born (Was Born or Died) on March 19, 1912 (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Margaret White	Elsa Virginia White
mother's name	Elsie Egbert	Grace Marguerite Egbert
Date	March 19, 1912 to March 20, 1912	

Subscribed and sworn to before me this 7th day of October, 1971

Notary Public, residing at Whittier, Calif.
My commission expires May 23rd 1972
(Seal)

Signed J. Parker White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this October 7th day of 1971

Lucille E. Bloom

Notary Public, residing at Whittier, Calif.
My commission expires May 23rd 1972
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

OFFICIAL SEAL
LUCILLE E. BLOOM
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires May 23, 1972

FORM DH 60-155 ICPfd no 9757 (W)

Certificate of Blessing from LDS Church gives name as Elsa Virginia White daughter of Joseph White and Margrete Egbert. Born March 20, 1912 at Grace Idaho. Blessed May 5, 1912. Viewed by V. S.

Family Record for Joseph P. White and Grace Marguerite Egbert. gives child's name as Elsa Virginia White. Born Mar. 20, 1912 at Grace, Idaho. Viewed by V. S.

Certificate of Baptism and Confirmationfrom LDS Church gives name as Martha Geneveive White daughter of Joseph Parlsy White and Grace Marguerite Egbert. Born Nov. 11, 1924 at Twin Falls, IDaho. Was Baptized Aug 11, 1935 and Confmd. Aug. 11, 1935. Viewed by V. S.

Family Group record of Josph Parley White and Grace Marguerite Egbert. XXXXXX Motherbirthdate gx given as Dec. 12, 1893. Viewed by V. S.

455 - 224-003-849

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Lago —

Registration District No. 11

File No. 5092

No. ....., ... St.

Primary Registration District No. 2048

Registered No. 110

Hospital .....

FULL NAME OF CHILD Elease Mendenhall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	March 24, 1912

FATHER		MOTHER	
FULL NAME	Wm. H. Mendenhall	FULL MAIDEN NAME	Naomi Hurd
RESIDENCE	Lago - Idaho	RESIDENCE	Lago - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	England
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

Physician

(Physician or Midwife)

Address Grace, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Karcley

Registrar

Filed April 10, 1912 Ellis Karcley

Registrar

S-V CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 2 1973

865-222-003-315

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 5093

Primary Registration District No. 2048 Registered No. 101

FULL NAME OF CHILD Fanny Hanley

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)		Yes	March 22, 1912

FATHER		MOTHER	
FULL NAME	Geo Hanley	FULL MAIDEN NAME	Nellie Campbell
RESIDENCE	Soda Springs Idaho	RESIDENCE	Soda Springs Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	43
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Hotel Porter	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Kingsley

Soda Springs (Physician or Midwife)

Physician

Address ____

____, 19____

Ellis Kanny Registrar

Filed April 5 1912 Ellis Kanny Registrar

S-Y CO., 16670

† Given names added from a supplemental report

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

336-231-003-269

Form V. S. No. 11-C—Rev-2-15-12

PLACE OF BIRTH

County of Bannock

City of Central

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5094

Primary Registration District No. 2048 Registered No. 1

FULL NAME OF CHILD Louis Lloyd

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	March 31 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellis Lloyd	FULL MAIDEN NAME	Mary Sorensen
RESIDENCE	Central Idaho	RESIDENCE	Central Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaseley

Physician

(Physician or midwife)

Address Soda Springs, Ida.

Given names added from a supplemental report

_____ 19____

Ellis Kaseley Registrar

5-Y CO. 20174

Filed April 5 1912 Ellis Kaseley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-201-003-15-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 40m-6-15-22

PLACE OF BIRTH

County of Jannick

City of Way

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5095

Primary Registration District No. 2648 Registered No. 25

FULL NAME OF CHILD Thelma Jones

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	April 1 1912

FATHER		MOTHER	
FULL NAME	Geo. Jones	FULL MAIDEN NAME	Jennie Anderson
RESIDENCE	Way, Idaho	RESIDENCE	Way, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elsie Kearney

Sadie Stump - M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

Elsie Kearney

Registrar

Filed April 5 1912

Elsie Kearney

Registrar

8-Y CO. 20174

253-126-603-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 5096

Primary Registration District No. 1048 Registered No. [redacted]

FULL NAME OF CHILD LOREN ALVA Keller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 26, 1912

FATHER		MOTHER	
FULL NAME	Uraias Keller	FULL MAIDEN NAME	Ada Irene Smith
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mink Creek	BIRTHPLACE	Bear Lake, Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek, Idaho

Given names added from a supplemental report

____, 19____

Ellis Kaesdy Registrar

Filed April 6, 1912 Ellis Kaesdy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 5096

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Loren Alva Keller who ~~Was Born~~ on March 26 1912
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Mink Creek are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Bible record prepared on March 26 1912, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Smith Keller	Loren Alva Keller

Subscribed and sworn to before me this 23
day of March, 1942

Notary Public, residing at Preston Idaho

My commission expires 12-12-44
(Seal)

Signed Vina Keller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 27 1942

362-129-003-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5097

Primary Registration District No. 2048 Registered No. 99

FULL NAME OF CHILD Ray Bonsell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	March 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Bonsell	Rosa Woodland
RESIDENCE	Alexander	Alexander
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Kansas City Mo.	Idaho
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kanady MD
(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kanady
Registrar

Filed April 5, 1912 Ellis Kanady
Registrar

S-Y CO. 20174

PLACE OF BIRTH

692 - 111-003-859

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 11 File No. 5098

Primary Registration District No. 2048 Registered No. 102

Hospital .....

FULL NAME OF CHILD Ellis Orson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 14 1912

FATHER		MOTHER	
FULL NAME	Sanford Orson	FULL MAIDEN NAME	Nellie Herd
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	W	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Rancher	BIRTHPLACE	Utah
		OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaseley

Physician

(Physician or Midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaseley Registrar

Filed April 5, 1912 Ellis Kaseley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, with the number of each, in order of birth stated

PLACE OF BIRTH

DEC 2 6 1973

168- 204-003-753

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C Rev. 1931

County of Bannock

City of Pocatello Registration District No. 11 File No. B 5099

No. ____, ____ St. Primary Registration District No. 2048 Registered No. 96

Hospital ____

FULL NAME OF CHILD Amanda Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 4 1931

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Amanda Peterson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweeden	BIRTHPLACE	Ogden
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife (Physician or Midwife)

Address Turner Bannock Co. Idaho

Given names added from a supplemental report

____ 19____

Filed March 31 1931

Registrar

B-T Co., 10670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-363890

915 - 202-003-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Centeral

Registration District No. 11 File No. 5100

No. ____, ____ St.

Primary Registration District No. 1048 Registered No. 95

Hospital ____

FULL NAME OF CHILD Mathilda Ranstrum

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 2 nd 1912

FATHER	MOTHER
FULL NAME Carl J Ranstrum	FULL MAIDEN NAME Mathilda Carlson
RESIDENCE	RESIDENCE Centeral
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Sweeden	BIRTHPLACE Sweeden
OCCUPATION farmer	OCCUPATION house Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the Birth of this child, who was born Alive March 2 nd 1912 at two o M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife
(Physician or Midwife)

Address Turner Bannock Co Idaho

Given names added from a supplemental report

..... 1912

Ellen Kaseley
Registrar

Filed March 31 1912 Ellen Kaseley
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 7 1972

155-220003-389

PLACE OF BIRTH

[redacted] of Bannock

City of Mink Creek Registration District No. 11 File No. 5101

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 85

Hospital ____

FULL NAME OF CHILD Christina Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 20, 1912

FATHER		MOTHER	
FULL NAME	James Tommas Jensen.	FULL MAIDEN NAME	Dora Christensen
RESIDENCE	Mink Creek, Idaho	RESIDENCE	Mink Creek. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mink Creek, Idaho	BIRTHPLACE	Idaho Mink Creek.
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek, Idaho

Given names added from a supplemental report

____, 19____

Ellis Kanely Registrar

Filed March 21, 1912 Ellis Kanely Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

City of Fago

Registration District No. 11 File No. 5102

Primary Registration District No. 2048 Registered No. 87

Hospital

FULL NAME OF CHILD mildred Hays

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Feb (Day) 28 1912 (Year)
girl			yes	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Hays	Ann Hays
RESIDENCE	niter Idaho	niter ~~Fago~~ Idaho
COLOR / AGE AT LAST BIRTHDAY	white 29 (Years)	white 22 (Years) 1911
BIRTHPLACE	Hainsville Utah	Fago Idaho
OCCUPATION	farmer	~~Fago~~

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) on the date above stated. at 5 p.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaseley Registrar

S-Y CO., 16670

(Signature) Mary A Turner

Midwife

(~~Physician~~ or Midwife)

Address Fago Idaho

Filed March 21, 1912 Ellis Kaseley Registrar

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

Registration District No. 11 File No. 5103

Primary Registration District No. 2048 Registered No. 88

FULL NAME OF CHILD none

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	— (To be answered only in event of plural births)	—	Yes	Feb 25, 1912

FATHER		MOTHER	
FULL NAME	Ernest A. Madsen	FULL MAIDEN NAME	Belle Larsen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 2/26/12, at 4, a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Smith

(Physician or Midwife)

Address Bancroft, Idaho.

Given names added from a supplemental report

..... 19.....

Ellis Kaucy Registrar

Filed March 31 1912 Ellis Kaucy Registrar

S-Y CO., 16670

453-112-003-168

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft Hatch, Ida

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 5104

Primary Registration District No. 2048 Registered No. 58

FULL NAME OF CHILD Doris Gloucheiux Joseph Hopkins Dillon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	Twin	5	Yes	Mar 12, 1912

FATHER		MOTHER	
FULL NAME	Joseph Dillon	FULL MAIDEN NAME	Nilva Drusa Johnson
RESIDENCE	Hatch. Ida	RESIDENCE	Hatch. Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Brigham Ut.	BIRTHPLACE	Preston. Ida
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.R.J. Smith

(Physician or Midwife)

Address Bancroft Ida

Given names added from a supplemental report

..... 19....

Ellis Kearsley Registrar

Filed Mch 31, 1912 Ellis Kearsley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 16 1970

803-115-003-813

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-Co-Bm-5-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon — Registration District No. 11 — File No. 5105

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 91

Hospital ____

FULL NAME OF CHILD Gwyn Hale

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	3 — 15 — 191[illegible]

FATHER		MOTHER	
FULL NAME	Le Roy Hale	FULL MAIDEN NAME	Lizzie Halford
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Box Elder Co. Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Carson

Physician

(Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

..... 19.....

Ellis Kackley
Registrar

Filed March 31, 19[illegible] Ellis Kackley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

993-115-003-494

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of W. Cammon — Registration District No. 11 — File No. 5106

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 90

Hospital ____ — EDWARD FRANCIS Richardson

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3/15th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas J. Richardson	Hattie Middleton
RESIDENCE	W. Cammon Ida	W. Cammon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	35
BIRTHPLACE	Weber Co. Utah	New York N. Y.
OCCUPATION	Farmer	Farmers Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Crapo, Physician

(Physician or Midwife)

Address W. Cammon Ida

Given names added from a supplemental report

..... 19.....

Ellis Keasley Registrar

Filed March 8th 1912 Ellis Keasley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5106

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Weston Richardson	Edward Francis Richardson

Subscribed and sworn to before me this 8th day of January 1943.

Notary Public, residing at Boise, Idaho

My commission expires Dec. 29, 1947

(SEAL)

Signed Edward F. Richardson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of January 1943.

Notary Public, residing at Boise, Idaho

My commission expires Dec. 29, 1947

(SEAL)

Signed Ray Jackson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 8 1943

366 - 117 - 003 - 318

PLACE OF BIRTH

Form V. S. No. 2-C-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 11 File No. 5107

No. St. Primary Registration District No. 2047 Registered No. 92

Hospital

FULL NAME OF CHILD VIER TAYLOR LOWRY Vierchut Lowry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 - 17 - 1912

FATHER	MOTHER
FULL NAME Ernest E. Lowry	FULL MAIDEN NAME Mattie Taylor
RESIDENCE McCammon Idaho	RESIDENCE McCammon Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Manti, Utah	BIRTHPLACE Nephi Utah
OCCUPATION County Officer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Campbell

McCammon Idaho Physician

(Physician or Midwife)

Given names added from a supplemental report

Address

Aug 31 1912

Edna Kaney Registrar

Filed Aug 31 1912 Edna Kaney Registrar

S-Y CO. 18870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

No. 5. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, added

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 5107

Date Filed 11-3-42

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for VIER TAYLOR LOWRY (Name on Original Certificate) who BORN (Was Born or Died) on MARCH 17-1912 (Date of Event)
in McCAMMON-IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by information of his ~~prepared on~~ Parents (Bible Record, Insurance ~~Policy~~, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Michael	Vier Taylor Lowry

Subscribed and sworn to before me this fourth
day of November, 1942
Hunter McConnell
Notary Public, residing at San Pedro, Cal.
My commission expires July 22 1946
(Seal)

Signed Ernest E. Lowry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
841 Santa Cruz, San Pedro, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

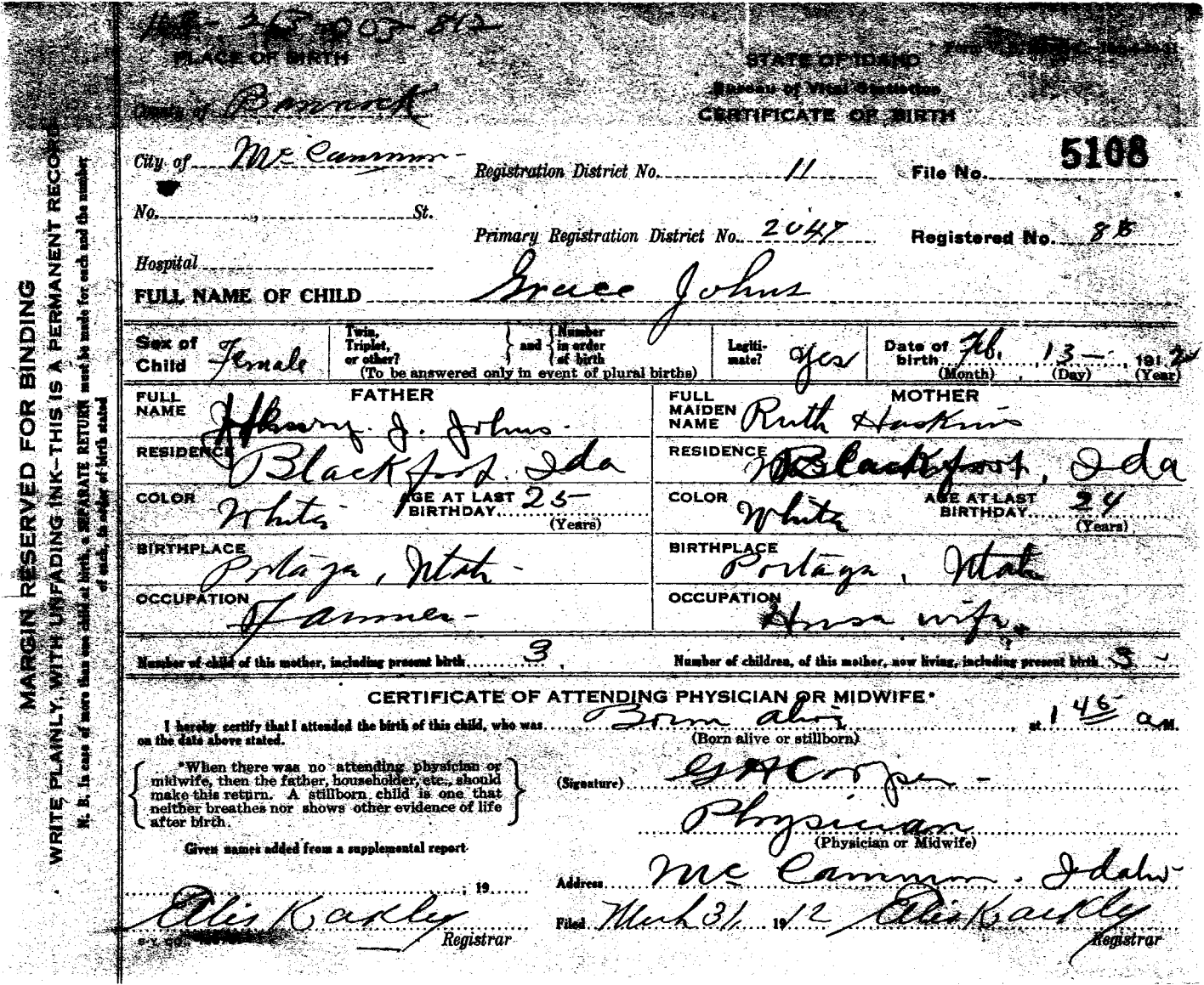
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this fourth
day of November, 1942.
Hunter McConnell
Notary Public, residing at San Pedro, Calif
My commission expires July 22 1946
(Seal)

Signed J. N. Baker
(Signature of Any Credible Person Other Than Previous Year)
1018 S. Alma St San Pedro Cal.
(Street Address, City, State)

NOV 17 1942



PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11

File No. 5108

No. ____ St.

Primary Registration District No. 2047

Registered No. 85

Hospital

FULL NAME OF CHILD Grace Johns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Feb. 13 — 1912

FATHER		MOTHER	
FULL NAME	Henry J. Johns	FULL MAIDEN NAME	Ruth Hopkins
RESIDENCE	Blackfoot, Ida	RESIDENCE	Blackfoot, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Portage, Utah	BIRTHPLACE	Portage, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 46 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or Midwife)

Address McCammon, Idaho

Given names added from a supplemental report

..... 19.....

Alice Oakley Registrar

Filed March 31 1912 Alice Oakley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

643-229-003-465

Form V. S. No. 11-C—10m-5-20-11

PLACE OF BIRTH Amended 6-8-81 — **STATE OF IDAHO**

County of Bannock — Registration District No. [redacted]

City of McCammon — No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 87

Hospital ____

FULL NAME OF CHILD DARLENE Fuller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 29, 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Fuller	Delilah Davis
RESIDENCE	Alexandria - Ida	Alexandria - Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	24 (Years)
BIRTHPLACE	Salt Lake City Utah	Malad, Ida.
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Corson

Physician

(Physician or Midwife)

Address McC[redacted]

Given names added from a supplemental report

____, 19____

Filed March 8, 19[redacted]

Edna Kaney
Registrar

S-Y CO., M5670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and this number of each, in order of birth stated

APR 1942

6-1-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 3 02 PM '81

State of Utah
County of Salt Lake } ss.

Certificate No. 5109
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Delialah Fuller (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-29-12 (Date of Event)
in McCammon (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Delialah	Darlene

Subscribed and sworn to before me this 4 day of June, 1981.
Notary Public, Shirley L. Simmons
Residing at 175 N. White Cir. Salt Lake City, Utah
My commission expires 4/7/82
(Seal)

Darlene Fuller Simmons
Signature of Applicant
535 E. 200 East Salt Lake City, Ut
Street Address, City, State
(Apt #419) 84101

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of June, 1981.
Notary Public, Shirley L. Simmons
Residing at 175 N. White Cir. Salt Lake City, Utah
My commission expires 4/7/82
(Seal)

Alonzo Knight
Supporting Signature
239 W. 1st Center St
Street Address, City, State
84010 Bountiful Ut Utah

Family record gives name as Darlene Fuller born February 29, 1912, in McCammon, Idaho to James A. Heber Fuller and Delilah Davis. Record isssued March 19, 1920
Blessed May 5, 1912, Baptized April 13, 1920. L.D.S.Church
Viewed by V.S.

JUN 8 1981

Church certificate of birth gives name as Darlene Fuller born Feb. 29, 1912, in Turner, Idaho, to James Fuller and Delilah Davis. Recorded in Bannock Stake, Turner Ward Record of Births and Blessings 1912 Page 36, Line 110
Entered on Record May 5, 1912.
Viewed by V.S.

993-101-003-343

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-9-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH — 1 —

County of Bannock

City of McCammon

Registration District No. 1 — 6 — File No. 5110

No. ____ St.

Primary Registration District No. 2047 Registered No. 93

Hospital ____

FULL NAME OF CHILD Carleton Richmond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 9, 1912

	FATHER	MOTHER
FULL NAME	Walter Romeril	FULL MAIDEN NAME Mahala Carlton
RESIDENCE	McCammon Ida	RESIDENCE McCammon Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE	Bear Lake Ida.	BIRTHPLACE Franklyn Ida
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cox

Physician (Physician or Midwife)

Given names added from a supplemental report

Address McCammon Ida

19 ____

Filed March 21 1912 Alice Kaseley Registrar

Alice Kaseley Registrar

BY CO., IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon Registration District No. 11 File No. 1531

No. ____ St. Primary Registration District No. 2047 Registered No. 94

Hospital ____

FULL NAME OF CHILD Julia Exeter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 — 4 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Exeter	Julia Taylor
RESIDENCE	Robin, Ida.	Robin, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	37 (Years)
BIRTHPLACE	London, England	Harrisville Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Cooper

Physician (Physician or Midwife)

Address Mc Cammon, Ida.

Given names added from a supplemental report

..... 19.....

Ellis Kaercher Registrar

Filed March 19 12 Ellis Kaercher Registrar

B-Y CO. 12870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made, for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

STATE OF IDAHO

Form V.S. No. 11-0

417 - 209-005 - 689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Robin

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—1000-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5112

Primary Registration District No. 2041 Registered No. 82

FULL NAME OF CHILD Matilda Marley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	0		—	yes	3	9	1912

FATHER		MOTHER	
FULL NAME	Josiah George Marley	FULL MAIDEN NAME	Maud Belle Whiting
RESIDENCE	Robin Idaho	RESIDENCE	Robin, Idaho.
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Robin, Idaho.

J. C. Cook Registrar

Filed March 31, 19 12 Ellis Hanley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

239 - 214 - 003 - 793

PLACE OF BIRTH AMENDED JUNE 1, 1954 Amended 3/1/76

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ____ St.

Registration District No. 11 File No. 5113

Hospital ____ Primary Registration District No. 2046 Registered No. 83

FULL NAME OF CHILD Anna Gwanlion Stinger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	March 14, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: John Walter Stinger	FULL MAIDEN NAME: Anna Elizabeth Gill
RESIDENCE: Robin	RESIDENCE: Robin
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley
(Physician or midwife)

Address Robin, Idaho

Give names added from a supplemental report.

...., 192....

....J. C. Aunt....
Registrar.

Filed March 31 1912 Ellis Kakley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

Registration District No. 4 File No. 5113

No. ____, ____ St.

Primary Registration District No. 2046 Registered No. 89

Hospital ____

FULL NAME OF CHILD Anna Gwendolen Stinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	3 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Walter Stinger	Anna Elizabeth Gott
RESIDENCE	Robin	Robin
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	40	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) Nancy E. Marley

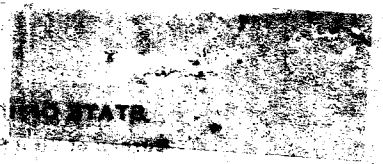
(Physician or Midwife)

Address Robin Idaho

J. C. Arnold Sub Registrar

Filed March 31 1912 Ellis Hackley Registrar

SVMS - YORK CO., PTES. & SONS. 17320



JUN 30 1954

JUN 2 1954

JUN 1 1954

2/2/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 1 3 00 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5113

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Anna Gwenlion Stinger (Name on Original Certificate) who was born (Was Born or Died) on Mar. 9, 1912 (Date of Event)
in Robin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date	March 9, 1912	March 14, 1912

Subscribed and sworn to before me this 12th day of February, 1976.

Notary Public, residing at Orem, Utah
My commission expires Nov. 20, 1977
(Seal)

Signed W.W. Stinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

426 East 1070 South, Orem, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Insurance Policy # 1457276 issued Sept. ', 1932 to Anna G. Stinger born March 14, 1912. Metropolitan Life Insurance Co. .
Viewed by WS

MAR 1 1976

Church record Anna Gwenlion Packer born March 4, 1912 at Robin, Idaho father John Walter Stinger , Mother Ana Elizabeth Gill.
LDS Church , baptized July 31, 1920.
Viewed by WS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 5113

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on #176096 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's age	40 yrs	28 yrs
Mother's age	23 yrs	24 yrs

Subscribed and sworn to before me this 25 day of Aug, 19[illegible]

Notary Public, residing at
My commission expires
(Seal)

Signed Emma E Stinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52-155

468-131-003-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Registration District No. 11 File No. 5114

Primary Registration District No. 2046 Registered No. 105

Hospital .....

FULL NAME OF CHILD ~~Patrick Hoden~~ Doyle RICHARD PATRICK DOYLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	March 31, 1912

FATHER	MOTHER
FULL NAME: P.H.Doyle	FULL MAIDEN NAME: Nellie Hill
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Baltimore, Md.	BIRTHPLACE: Ashville, N.C.
OCCUPATION: Advertising & Publicity	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.C. Arment

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.. Address Downey, Ida.

J.C. Arment Registrar Filed April 10 1912 Alice Casey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 5114

Date Filed:

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for _____ (NAME OF ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 31, 1912 (DATE OF EVENT)
in Downey, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible & Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Patrick Hoden	Richard Patrick Doyle
		Son of Patrick Hoban Doyle and Nellie Evelyn Doyle

Subscribed and sworn to before me this 12th day of January, 1943.

Albert J. Bastian
Notary Public, residing at Sacramento

My commission expires June 9, 1943.
(SEAL)

Signed Nellie Evelyn Doyle
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 1, Box 5117 - Sacramento Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1943.

Albert J. Bastian
Notary Public, residing at Sacramento

My commission expires June 9, 1943.
(SEAL)

Signed Carl A Doyle
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt 1, Box 5117 - Sacramento Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

JAN 16 1943

NOV 20 1952

282-222-003-366

(Be sure the information is complete and accurate)

State File No. 5115
Local Reg. No.
Reg. Dist. No. 11

Amended 10/3/74

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Downey

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Maurine

b. (Middle):

c. (Last): Bybee

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 22, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Abner

b. (Middle):

c. (Last): Bybee

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Cache Co, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary

b. (Middle):

c. (Last): Lowe

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Franklin, Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. Cannon

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Downey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No ..... St.

Hospital .....

Registration District No 11 File No 5115

Primary Registration District No 2046 Registered No. 107

FULL NAME OF CHILD Marie Bybee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Mar 22 [illegible]

FATHER	MOTHER
FULL NAME: Abner Bybee	FULL MAIDEN NAME: Mary Lowe
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Cache Co. Utah	BIRTHPLACE: Franklin, Ida.
OCCUPATION: Farmer	OCCUPATION: Hswfe

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10.39A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

[signature] Registrar

Address Downey, Idaho

Filed April 6, 19 39 [signature] Registrar

SYMS - YORK CO., PTRS. & SDRS. 17520

JUL 3 1974

OCT 3 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 12 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5115

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marie Bybee (Name on Original Certificate) who was born (Was Born or Died) on Mar. 22, 1912 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Marie Bybee	Maurine Bybee

Subscribed and sworn to before me this 30 day of Sept., 1974

R. E. Clements

Notary Public, residing at Idaho Falls, Idaho

My commission expires 2-6-77

(Seal)

Signed Maurine Wilkie

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#1 Box 8, Idaho Falls, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of Sept., 1974

R. E. Clements

Notary Public, residing at Idaho Falls, Idaho

My commission expires 2-6-77

(Seal)

Signed Wayne McArthur

(Signature of Any Credible Person)

180 W 20th Idaho Falls, Ida

(Street Address, City, State)

FORM DH 60-155 CL 7/3/74

Certificate of Blessing from LDS Church gives name as Maurine Bybee daughter of Joseph A. Bybee and Mary E. Lowe. born March 23, 1912 at Cambridge, Idaho. Was Blessed May 12, 1912. Viewed by V. S.

Certificateof Baptism and Confirmation from the LD_S Church gives name as Maurine Bybee daughter of Joseph A. Bybee and Mary E. Lowe. Born March 22, 1912 at Cambridge, Idaho. Was Baptized April 23, 1920. viewed by V. S.

849-22-0003-855

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

Form V. S. No. [illegible] Rev. 6-37-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____, ____ St.

Registration District No. 11 File No. 5116

Primary Registration District No. 2046 Registered No. 103

Hospital ____

FULL NAME OF CHILD Howard Quigley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	March 27 2

FATHER	MOTHER
FULL NAME: Richard Quigley	FULL MAIDEN NAME: May Henderson
RESIDENCE: Swan Lake, Ida	RESIDENCE: Swan Lake, Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: ~~XX~~32 (Years)
BIRTHPLACE: Swan Lake, Ida.	BIRTHPLACE: Clifton, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) on the date above stated, at 9.30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Marcroft

Physician (Physician or Midwife)

Given names added from a supplemental report

____, 19__ Address Downey, Ida.

J. C. Cusick Registrar

Filed Apr 12 Registrar

EVANS - YORK CO., PTGS. & BDRS. 17826

STATE OF IDAHO

CERTIFICATE OF BIRTH

MARGIN UNBROKEN FOR BINDING

NAME ANNEX WITH LINEAGE IN INK—THIS IS A PERMANENT RECORD

N. B. Several months one child at birth, a SEPARATE RETURN must be made for each and each mother.

of each in order of birth stated.

(Physician or Midwife)

(Give names added from a supplemental report

Registrar

[redacted] 203-014-612

[redacted] Canyon

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Nampa Registration District No. 3 File No. 5117

No. [redacted], St.

Primary Registration District No. 2005 Registered No. 118

Hospital [redacted]

FULL NAME OF CHILD ~~Not named~~ Nellie Mabel York

Sex of Child Female | Twin, Triplet, or other? Other | and Number in order of birth 4th | Legitimate? yes | Date of birth Apr. 3rd 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Logan Edgar York	FULL MAIDEN NAME Mary Alice McShane
RESIDENCE [redacted]	RESIDENCE [redacted]
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Georgia	BIRTHPLACE Ada Co. Ida.
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth [redacted]

Number of children, of this mother, now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Henry M.D.
Physician

(Physician or Midwife)

Address Notus Ida.

Filed Apr 5 19 12 R. Rebull
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a [redacted] must be made for each of the twins.

City of [redacted]

No. [redacted]

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-6-30-11

6-30-65

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 17 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 5117

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed York (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1912 (Date of Event)
in Notus, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Nellie Mable York
	Correction in	
	spelling of name	4-19-66; Nellie Mabel York

Subscribed and sworn to before me this 19th day of April, 19 66

Diane J. Cocke

Notary Public, residing at Box 700, Willcox, Arizona

My commission expires 4-1-69

(Seal) Notary Public in and for the County of Cochise, Arizona.

Signed Lina L. Gabaz (witness)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 455, Willcox, Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Cochise }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 19 66

Diane J. Cocke

Notary Public, residing at Box 700, Willcox, Arizona

My commission expires 4-1-69

(Seal)

Signed Irving F. Thompson
(Signature of Any Credible Person)

421 No. Cochise Ave. Willcox Arizona
(Street Address, City, State)

FORM DH 60-155

JUL 19 1967

Statemenn regarding the Probation of Estate of parents Mary Alice York and Logan Edgar York give name of daughter as Nellie Mabel York. Issued by Staton Tate, Probate Judge. Records filed in Valley County, Idaho. 1957. Viewed by V. S.

Marriage license gives name as Nellie Mabel York issued July 14,1929 in Valley County, Idaho. Married at Cascade Cummunity Church by John Hollister. Viewed by V. S.

415-126-014-583

PLACE OF BIRTH

Form approved 11-C-16m-6-29-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Notus

Registration District No. 3

File No. 5118

No. ____, ____ St.

Primary Registration District No. 2405

Registered No. 61

Hospital —

FULL NAME OF CHILD ~~Not named~~ NORMAN FAYE DAVIS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~Twin~~	3rd	yes	Feb 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Davis	Viola Elaine
RESIDENCE	Caldwell Ida.	Notus Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	28
BIRTHPLACE	Oklahoma	Ia
OCCUPATION	Lineman	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or Midwife)

Address Notus Ida.

Given names added from a supplemental report

..... 19.....

Filed Feb 29 19 12 R C Bull

..... Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 5118

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Norman Faye Davis (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Feb 26-1912 (DATE OF EVENT)
in Nampa Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Norman Faye Davis

Subscribed and sworn to before me this 6
day of Feb, 1943.
F C Sleeper
Notary Public, residing at Nampa Ida
My commission expires Sept. 26-1943
(SEAL)

Signed Viola Davis Ballard
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Nampa
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 13 1943

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 5119

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 62

Hospital

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	6	yes	Feb. 24 1912

FATHER		MOTHER	
FULL NAME	Jas Clarence Glennon	FULL MAIDEN NAME	Amanda Stockton
RESIDENCE	Parma Ida.	RESIDENCE	Parma Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Garden Valley Idaho	BIRTHPLACE	Parma Ida.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Drury

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Notus Ida.

....., 19.....

Filed Feb 25 1912 R C Bull

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. [illegible] Rev. 8-60-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

814-125-014-793

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth added

PLACE OF BIRTH

Form V. S. No. 11-C Rev. 3-31-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No ——, —— St.
Hospital no

Registration District No 3
Primary Registration District No 2705

File No. b 5120
Registered No. 63

FULL NAME OF CHILD Harold Pickard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	first	yes	Feb. 23, 1912

FATHER	MOTHER
FULL NAME A. J. Hadley	FULL MAIDEN NAME Grace M. Pickard
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE S. Dakota	BIRTHPLACE Iowa
OCCUPATION	OCCUPATION Housewife

Number of child of this mother, including present birth One
Number of children, of this mother, now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a.m., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Mallon (Mrs Wood)
(Physician or Midwife)

Address Caldwell, Idaho

Given names added from a supplemental report
....., 19....

Filed Feb 29 19 12 R C Bull
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

DUP OF 1912-216550

864-128-014-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital No

Registration District No 3 File No 5121

Primary Registration District No 9-004 Registered No 64

FULL NAME OF CHILD DONALD VERNON HOUDYSHELL

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
male	one	first	yes	Feb. 28, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy HOUDYSHELL	FULL MAIDEN NAME	Hazel Cox
RESIDENCE	White Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth first

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7-9- M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Mauer (Mrs. Wood)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Idaho

Filed Feb 29 19 12 RC Bull

Registrar

BYRD-RICHARD CO., PTRS. & STRS. 17820

Given names added from a supplemental report

To

Address

Physician or Midwife

Occupation

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 5121

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for no name (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 27, 1912 (DATE OF EVENT)
in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name	Donald Vinson Houdyshell

Subscribed and sworn to before me this 4th
day of March, 19 42
Emma E. Thompson
Notary Public, residing at Caldwell
My commission expires Oct. 5, 1945.
(SEAL)

Signed Hazel G. Houdyshell Robinson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Caldwell, Idaho RFD 1
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of March, 19 42
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
(SEAL)

Signed Mary E Cox
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Caldwell, Idaho RFD
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of the same birth, make the entries in the order of birth.

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ..... St.

Registration District No 3 File No. 5122

Primary Registration District No. 2005 Registered No. 65

Hospital No.

FULL NAME OF CHILD Frederick Harold Ashby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	1	yes	Feb. 19 1912

FATHER	MOTHER
FULL NAME Lilburn Ashley	FULL MAIDEN NAME Hattie Burgess
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Texas
OCCUPATION Farmer	OCCUPATION Farmer's wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (Miss Wood)

(Physician or Midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 20 1912 R C Bull

Registrar

Registrar

ELVIS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 5122
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Unnamed Ashby (Name on original certificate) who bor (Was born or died) on Feb 10 — 1912 (Date of event)
in Caldwell Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Feb 10 — 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Ashby	Frederick Harold Ashby

Subscribed and sworn to before me this 10th
day of December, 19 41.
Notary Public, residing at Hayden Idaho
My commission expires Sept 14-1942.
[SEAL]

Signed F L Ashby father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

895-218-014-202

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, added

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 5123

No. ——, ——— St.

Primary Registration District No. 2005

Registered No. 66

Hospital no

FULL NAME OF CHILD Viola Margarette Hinshaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	6th	yes	Feb. 18, 1912

FATHER	MOTHER
FULL NAME Silas M. Hinshaw	FULL MAIDEN NAME Ida Buschong
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (Miss Wood)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell, Idaho

Filed Feb 28 19 12 R C Bull

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

STATE OF IDAHO

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 5124

No. ——, —— St.

Primary Registration District No. 2005 Registered No. 7

Hospital no

FULL NAME OF CHILD Mildred Irene Lappin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	first	yes	Feb. 21 1912

FATHER	MOTHER
FULL NAME Cecil Lappin	FULL MAIDEN NAME Nora Stinker
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Calif. Colo.	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Mullen (Office)

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 25 1912 R C Rull

Registrar

BYRD - FORN CO., PTRS. & STNRS. 17926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

165-249-014-125

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital no

Registration District No 3 File No. 5125

Primary Registration District No. 2003 Registered No. 68

FULL NAME OF CHILD ——

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	3rd 11	yes	Feb. 19, 1912

FATHER	MOTHER
FULL NAME Wm. A. Jones	FULL MAIDEN NAME Marian Akerman
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Neb
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 2nd 11

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. J. Miller (Miss Wood)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell, Idaho

Filed Feb 25 1912 R C Bull

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

DUP OF 12-346125

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11

City of Caldwell — Registration District No. 05 — File No. 5126

No. 415, Cleveland Blvd, — Primary Registration District No. 1505 — Registered No. 19

Hospital

FULL NAME OF CHILD William James Ballantyne

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alex Ballantyne	Edna Vail
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Idaho	Kans.
OCCUPATION	Retired	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Coles

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb 24 1912 R C Burke

Registrar

S-Y CO., 16670

MAR 3 0 1976

OCT 1 3 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

~~1913-22 F or 1-912~~

CERTIFICATE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11

City of ////////// *Registration District No.* 9 **File No.** 5127

St. Sunnyslope *Primary Registration District No.* 2005 **Registered No.** 70

Hospital _____

FULL NAME OF CHILD No Name Yet

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	2d.	Yes	February, 23, 1912

FATHER	MOTHER
FULL NAME Holton, W.P.	**FULL MAIDEN NAME** Champany, Hattie.
RESIDENCE Sunnyslope	**RESIDENCE** Sunnyslope
COLOR White **AGE AT LAST BIRTHDAY** 38 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 32 (Years)
BIRTHPLACE WestCharleston, Ontario Co., Vt.	**BIRTHPLACE** Barnet, Ontario County, Vt.
OCCUPATION Farmer	**OCCUPATION** House Wife

Number of child of this mother, including present birth 2 **Number of children, of this mother, now living, including present birth** 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

S-Y CO., 16670

(Signature) Wm. F. Johnson

(Physician or Midwife)

Address Caldwell, Idaho.

Filed Feb 24 1912 R C Bull *Registrar*

Form 10m 8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Carlton

City of Caldwell

Registration District No. 3 File No. 5128

No. ____, ____ St.

Primary Registration District No. 15075 Registered No. 41

Hospital HM

FULL NAME OF CHILD ~~Baby~~ Margaret Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	and	yes	2 — 9 — 1912

FATHER		MOTHER	
FULL NAME	E. Shaw	FULL MAIDEN NAME	Mary McKean
RESIDENCE	Caldwell	RESIDENCE	White
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Mich.	BIRTHPLACE	Howe - Ind.
OCCUPATION	Abstractor	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 8 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Mills

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 12 1912 R C Bull

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Marguerite Shaw (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 9, 1912 (DATE OF EVENT)
in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Margueritte Shaw	Margaret Shaw
Sex	Male	Female
Ages of Parents	Mother - 40, Father - 34	Mother - 41, Father - 40

Subscribed and sworn to before me this 28th
day of April, 19 42
Emabel Lee
Notary Public, residing at Nampa Ida
My commission expires 10-5-43
(SEAL)

Signed Mary M Shaw
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)
1909 Cleveland, Caldwell, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of April, 19 42
E. L. Shaw
Notary Public, residing at Caldwell, Idaho
My commission expires April 17, 1946
(SEAL)

Signed Mary M. Christopher
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
2102 Indiana Ave, Caldwell Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 29 1942 By
(REGISTRAR'S SIGNATURE)

MAY 1 1942

SEP 23 1953

SEP 23 1958

155-102-014-753

PLACE OF BIRTH

Form V. S. No. H-C-Rev. 6-1-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Registration District No. 3 File No. 5129

Primary Registration District No. 1005 Registered No. 72

FULL NAME OF CHILD Stanley Leonard Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	5th	yes	Feb. 7 1912

FATHER		MOTHER	
FULL NAME	P. Jensen	FULL MAIDEN NAME	Jennie Peterson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Sweden
OCCUPATION	Retired Rancher	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 9 M. on the date above stated.

(Signature) S. J. Miller

(Physician or Midwife)

Address ____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 12 1912 R C Bull Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 10 1942

JUN 12 1942

315 - 209-018-38?

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon,

City of Caldwell — Registration District No. 3 — File No. 5130

No. 923 Blain, St. St. — Primary Registration District No. 1005 — Registered No. 73

Hospital 1111

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	Second	Yes	2-9-12. 1912

FATHER	MOTHER
FULL NAME: Cavin, W.R.	FULL MAIDEN NAME: Pearl Shaw.
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31. (Years)	AGE AT LAST BIRTHDAY: 21. (Years)
BIRTHPLACE: Baker City, Oregon.	BIRTHPLACE: Baker City, Oregon
OCCUPATION: Horseman.	OCCUPATION: Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4-A M on the date above stated.

(Signature) Wm. E. Johnson

(Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..... Address.....

Filed Feb 12 1912 R C Bull

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child born, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 11 1966

692-11-214-321

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. H. C. [illegible]

County of Canyon

City of Nampa — Registration District No. 13 — File No. 5131

No. [illegible] St. — Primary Registration District No. 1006 — Registered No. 11

Hospital —

FULL NAME OF CHILD Philip Plague Fikkan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 12 1914

FATHER		MOTHER	
FULL NAME	Elling Fikkan	FULL MAIDEN NAME	Winnifred Plague
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	COLOR	White
OCCUPATION	Bank clerk	AGE AT LAST BIRTHDAY	28 (Years)
		BIRTHPLACE	Minnesota
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.40 A. M. on the date above stated.

(Signature) R. W. Lueck MD

(Physician or Midwife)

Address Nampa Ida

Filed 2/20/14 19 O B Beller Jr MD Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., J6670

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of _____)

APR 15 1955

JUN 30 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate RETURN must be made for each, in order of birth.

JAN 28 1944

3131

250-245-029-683

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 3 File No. 5132

No. ....., ... St. Primary Registration District No. 1006 Registered No. 15

Hospital .....

FULL NAME OF CHILD EVELYN GLADYS Stromburg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	—		—	yes	Feb	15	

FATHER		MOTHER	
FULL NAME	Ralph Stromburg	FULL MAIDEN NAME	Mary Otto
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Canada
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Hoffman

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19.....

Filed 2/29/ 19 12 O. B. Bellew

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 5132

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Evelyn Gladys Stumbaugh (Name on Original Certificate) who was born (Was Born or Died) on February 15, 1912 (Date of Event) in Nampa, Canyon County, Idaho (Place of Event) erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on February 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lela Bernice Stumbaugh	Evelyn Gladys Stumbaugh

Subscribed and sworn to before me this 19th day of August, 1942

Earl V. Pierce

Notary Public, residing at Nampa, Idaho

My commission expires March 9, 1945.
(Seal)

Signed Ralph B. Stumbaugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 19 1943

535-115-044-261

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3

File No. 5198

No. 24 3rd S. Bet 10th & 11th Ave. St.

Primary Registration District No. 1006

Registered No. 76

Hospital ✓

FULL NAME OF CHILD ✓

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	x		x	yes	Feb 15 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Everitt	FULL MAIDEN NAME	Hannah E. Swanson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Sweden
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12° P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Nampa Idaho

Filed 2/24/ 1912 O. B. Keller M.D.

Registrar

S-Y Co., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child to a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

DUP OF 1912-296116

713 - 114-014-154

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 9

File No. 5[illegible]

No. ____ St.

Primary Registration District No. 1006

Registered No. 77

Hospital ____

FULL NAME OF CHILD × Donald Calvin Palmer

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	×		×	yes	Feby	14	1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Palmer	FULL MAIDEN NAME	Jennie Anderson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Nampa Idaho

Filed 2/29/ 19 12 O. B. Bellew M.D.

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 7 1967

525-103-014-291

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-3 [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 3 — File No. 5135

No. 8 Ave. & 4th St. North — Primary Registration District No. 1006 — Registered No. 75

Hospital x

FULL NAME OF CHILD Otto Eberhard

Feby 3 1913

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	x	x	yes	Feb.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hermann Eberhard	B.R.K. Kramer
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / [illegible]
BIRTHPLACE	Germany	Germany
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.F. Murray

Physician (Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 29 19 13 O.P. Belle Ford

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

453-225-04-365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3. File No. 5136

No. Cor 2nd & 14th ave North

Primary Registration District No. 1006 Registered No. 79

Hospital x

FULL NAME OF CHILD Daisy Alice Delaney

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	x (To be answered only in event of plural births)		x	Yes	Feby 25 1912

FATHER		MOTHER	
FULL NAME	Ed. Delaney	FULL MAIDEN NAME	Dora Sorsoy
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	New York.	BIRTHPLACE	Idaho
OCCUPATION	Mason helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10½ a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/29/ 1912 O. B. Bellew M.D.

Registrar

Registrar

S-Y CO., 19870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho - }
County of Canyon - } ss.

Certificate No. 5136
Date Filed ~~Feb.~~ March 3. 1945.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Daisy Alice Delaney - (Name on Original Certificate) who Was Born (Was Born or Died) on Feb 25. 1912 - (Date of Event)
in Nampa Idaho - (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Daisy Alice Delaney

Subscribed and sworn to before me this 3rd
day of March, 1945.
[illegible]
Notary Public, residing at Nampa, Idaho
My commission expires 11-12-46
(Seal)

Signed Mrs. Dora Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Murphy, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of March, 1945
[illegible]
Notary Public, residing at Nampa, Idaho
My commission expires 11-12-46
(Seal)

Signed Frank C Looney
(Signature of Any Credible Person Other Than Previous Year)
R. G. Box 219
(Street Address, City, State)
Nampa Idaho

MAR 8 1945

566-110-024-065

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3

File No. 5361

No. 14 Reed St.

Primary Registration District No. 1006

Registered No. 36

Hospital —

FULL NAME OF CHILD James Monroe Effington,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	2 10 1912

FATHER		MOTHER	
FULL NAME	Chas Effington	FULL MAIDEN NAME	Jennie Monroe
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Bellew M.D.

Phys

(Physician or Midwife)

Given names added from a supplemental report

Address Nampa Ida

....., 19.....

Filed 2/29/ 1912 O B Bellew M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins this one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

961-120-219-669

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—16m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3

File No. 5138

No. —— St.

Primary Registration District No. 2006

Registered No. 87

Hospital ——

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	2 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D Roach	Edie Forman
RESIDENCE	Nampa Ida	Nampa
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 29	White / 24
BIRTHPLACE	England	Ind
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller MD

Phys (Physician or Midwife)

Address O B Beller MD

Given names added from a supplemental report

....., 19.....

Filed 2/29 19 12 O B Beller MD

Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made, for each and the number of each, in order of birth stated

913-126-014-364

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3

File No. 5139

No. ____ St.

Primary Registration District No. 2006

Registered No. ____

Hospital ____

FULL NAME OF CHILD Wm Edwin Ralph

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes.	2 26 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James B. Ralph	Fannie Countryman
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	England	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a. m. on the date above stated.

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth."

(Signature) O. B. Beller M.D.

(Physician or Midwife)

Address O. B. Beller M.D.

Given names added from a supplemental report

..... 19.....

Filed 2/29 1926 O. B. Beller M.D.

..... Registrar

S-Y CO., 16070

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

469-225-Bill-226

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1003 File No. 5160

No. 1 Milehouth or town St.

Primary Registration District No. 2006 Registered No. 23

Hospital ×

FULL NAME OF CHILD ⊘

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	×	×	yes	Feby 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. H. Dorcum	Maude Stout
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	32
BIRTHPLACE	Ill	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Nampa Idaho

Filed Feb 29 1912 O. B. Bellows

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each additional child, in order of birth stated.

DUP OF 1912-273263

386 - 125-014-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each with the number of such, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Parma

No. ....., ... St.

Hospital ..... RICHARD LLOYD

FULL NAME OF CHILD Baby Thomas

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 5141

Primary Registration District No. 2507 Registered No. 84

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	Feb 25 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Guy Thomas.	FULL MAIDEN NAME	Florence Shaw
RESIDENCE	Parma or Nyssa ? Canyon Co.	RESIDENCE	Canyon County
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23
BIRTHPLACE	So Dak.	BIRTHPLACE	So Dak
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Saragan MD

(Physician or Midwife)

Address Nyssa Ore

Given names added from a supplemental report

....., 19.....

Filed 7/27/17 O. J. Allen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 5141

State of Wash } ss.
County of Pierce }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb 25 1942 (DATE OF EVENT) in Puyallup (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Richard Lloyd Thomas

Subscribed and sworn to before me this 28 day of Dec, 1942

Notary Public, residing at Puyallup

My commission expires 12/29/43

(SEAL)

Signed Guy E. Thomas

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R 2 Box 769 Puyallup Wash

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Pierce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of December, 1942

Notary Public, residing at Puyallup

My commission expires 12/29/43

(SEAL)

Signed (Mrs) Florence Louise Thomas

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R 2 Box 769 Puyallup Wash

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 5 1943

618 - 121-014-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon.

City of Parma

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 5142

Primary Registration District No. 2007 Registered No. 85

FULL NAME OF CHILD Baby Zahler

Sex of Child Mal | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes. | Date of birth Feb 21 (Month) (Day) 191 7 (Year)

FATHER		MOTHER	
FULL NAME	E. F. Zahler.	FULL MAIDEN NAME	Minnie Frueh.
RESIDENCE	Parma-n Nyssa Canyon County.	RESIDENCE	Canyon County
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Sarazin, M.D. (Physician or Midwife)

Address Nyssa Ore.

Given names added from a supplemental report

....., 19.....

Filed 2/27 19 17 R. J. Lemon Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

844-206-014-695

PLACE OF BIRTH

Amended August 26, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3 File No. 5143

Primary Registration District No. 2007 Registered No. 86

FULL NAME OF CHILD Johanna Cornelia Numans
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	2 6 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G.B. Numans	Alida Wieringa
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	East India	Holland
OCCUPATION	Mail Carrier	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

(Signature) R.J. Cluen, M.D.

(Physician or midwife)

Address Parma, Idaho

Filed 2/6 1912 R.J. Cluen
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 5143

Primary Registration District No. 2007 Registered No. 56

FULL NAME OF CHILD .....

Sex of Child: F. | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth: 2 (Month) 6 (Day) 191 (Year)

FATHER	MOTHER
FULL NAME: V. B. Humana	FULL MAIDEN NAME: Alda Hiesinga
RESIDENCE: Parma	RESIDENCE: Parma
COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: East India	BIRTHPLACE: Holland
OCCUPATION: Mail Carrier	OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. m. on the date above stated.

(Signature) R. J. Owen

M. D.

(Physician or Midwife)

Address Parma, Idaho.

Filed 2/6 191 x R. J. Owen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.... Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

If there is more than one child in a case, a SEPARATE RETURN must be made for each, in order of birth stated

AUG 26 1959

Own child's birth certificate #353939, shows name as Johanna Cornelia Numans, viewed by V.S.
Family Record book, shows name as Johanna Cornelia Numans, obviously old,

IDAHO STATE BOARD OF HEALTH viewed by V.S.
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5143

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for not named Numans (Name on Original Certificate) who was born (Was Born or Died) on 2/6/1912 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	not named Numans	Johanna Cornelia Numans

Subscribed and sworn to before me this 25 th day of
August 1959
Charles F. Stout
Notary Public, residing at Boise, Idaho
My commission expires June 8, 1961
(Seal)

Signed Wilma A. Numans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1708 State St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
August 1959
Nina R. Carroll
Notary Public, residing at Boise, Idaho
My commission expires 4-5-63
(Seal)

Signed Paula L. Fleenor
(Signature of Any Credible Person)
24 Harrell St. Boise, Idaho
(Street Address, City, State)

1.00 PD Paid

394-112-014-396

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 5144

Primary Registration District No. 2007 Registered No. 87

FULL NAME OF CHILD Kenneth Larue Timm

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	2 17 1927

FATHER		MOTHER	
FULL NAME	Hermann W Timm	FULL MAIDEN NAME	Flora M. Crow
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Ida.
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Cluen

M.D.

(Physician or Midwife)

Address Parma, Idaho

Given name added from a supplemental report

K ____ 19____

Filed 2/2 1927 R J Cluen

Registrar

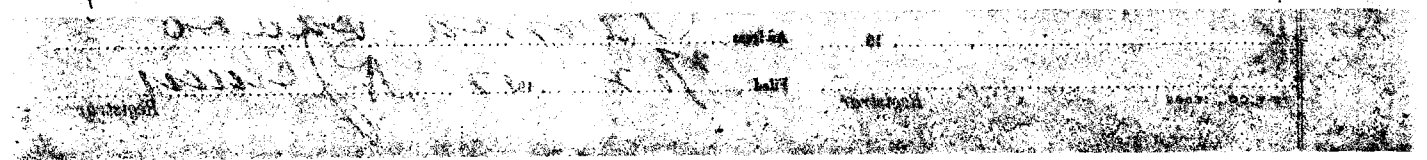
P-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette Co. } ss.

Certificate No. 5144

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Timm (Name on Original Certificate) who Born (Was Born or Died) on 2-12-1912 (Date of Event)
in Parma, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	~~Kenneth L. Timm~~ Kenneth Larue Timm

Subscribed and sworn to before me this 10th
day of April, 1942.
Helen F. Quinn
Notary Public, residing at Payette, Idaho
My commission expires Sept. 10, 1945
(Seal)

Signed Herman W Timm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of April, 1942.
Helen F. Quinn
Notary Public, residing at Payette, Idaho
My commission expires Sept. 10, 1945
(Seal)

Signed E. L. Brown
(Signature of Any Credible Person Other Than Previous Year)
Payette, Idaho
(Street Address, City, State)

APR 2 0 1942

MAY 1 8 1953

236 - 12-1-014-236

PLACE OF BIRTH

Form V.S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 5145

No. ..... St.

Primary Registration District No. 2007

Registered No. 88

Hospital .....

FULL NAME OF CHILD RAYMOND ORAMEL STONE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	7 11 1912

FATHER		MOTHER	
FULL NAME	Joseph G. Stone	FULL MAIDEN NAME	May Stork
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cluen M.D.

(Physician or Midwife)

Address Parma Ida.

Given name added from a supplemental report

....., 19.....

Registrar

Filed 7-21 1912 R. J. Cluen

Registrar

B-Y CO., 16689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins one child is born at a birth, a SEPARATE RETURN must be made for each and the order of birth stated.

MARGIN FOR RESERVED FOR BINDING

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 5145

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Raymond Oramel Stone (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on Feb 21-1912 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb 27, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Raymond Oramel Stone

Subscribed and sworn to before me this 3rd
day of February, 19 42

J. W. Gallagher

Notary Public, residing at Boise

My commission expires July 13-1942
(SEAL)

Signed Mae M. Stone
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Boise Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of February, 19 42

J. W. Gallagher

Notary Public, residing at Boise

My commission expires July 13-1942
(SEAL)

Signed Joseph G. Stone
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.) Father.

Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FLB 4 1842

669-126-014-378

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-30-15

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3

County of Canyon

City of Greenleaf — Registration District No. — File No. 3146

No. ——, ——St. — Primary Registration District No. 2-005 — Registered No. 39

Hospital At Home

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	One	Yes	Jan. 26 1917

FATHER

FULL NAME: Virgil Ford

RESIDENCE: Greenleaf

COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Ga.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Grace C. Crider

RESIDENCE: Greenleaf

COLOR: White — AGE AT LAST BIRTHDAY: 17 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R. Mulder M.D.

Greenleaf (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/13 19 17 — N. J. Owen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 25 1966

693-120-014-05T

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 5147

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 90

Hospital At Home

FULL NAME OF CHILD ELMER FRANK WILSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	2nd	yes	Jan. 20, 1912

FATHER		MOTHER	
FULL NAME	John Wilson	FULL MAIDEN NAME	Marcella Ann Evans
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth (2)

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-30 P. M. on the date above stated.

(Signature) William R. Nuckols, M.D.

Greenleaf (Physician or Midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/13 1912

R. J. Allen

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated

RECEIVED
MAR 15 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 5147

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Not Named (Name on Original Certificate) who was born (Was Born or Died) on Jan. 20, 1912 (Date of Event)
in Greenleaf, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth cert. #49-01656 (Bible Record, Insurance Policy, Etc.) prepared on Feb. 17, 1949 (Give Date) Viewed by Div. of Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Not Names	Elmer Frank Wilson

Subscribed and sworn to before me this 31st day of May, 19 55

W. E. Fogg
Notary Public, residing at Wilder, Idaho
My commission expires April 4, 1958
(Seal)

Signed Marcella Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Marcella Wilson Parma, Idaho Rt. 3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st. day of May, 19 55

W. E. Fogg
Notary Public, residing at Wilder, Idaho
My commission expires April 4, 1958
(Seal)

Signed Zeb Wilson
(Signature of Any Credible Person)
Zeb Wilson Route 3 Parma, Idaho
(Street Address, City, State)

DPH 52.155

MAR 15 1956

457-113-014-393

PLACE OF BIRTH

Form V. S. No. 11-C—Ida.-6-21-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Grandleaf

Registration District No. 3

File No. 5148

No. ____, ____ St.

Primary Registration District No. 2015

Registered No. 91

Hospital at home

FULL NAME OF CHILD Girl - named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	1st	yes	June 13, 1912

FATHER		MOTHER	
FULL NAME	James Merrill	FULL MAIDEN NAME	Pearl Littell
RESIDENCE	Grandleaf	RESIDENCE	Grandleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R. Waldorf, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Grandleaf

Filed 7/13 1912 C. J. Glenn

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—Rev.

FOR BINDING

THIS IS A PERMANENT RECORD

MARGIN FOR SEAL

WRITE PLAINLY WITH UNFADING INK

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/2-105-014-168

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 5-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

B

County of Canyon

City of Parma

Registration District No. ..... File No. 5149

No. ....., ... St.

Primary Registration District No. 2007 Registered No. 92

Hospital .....

FULL NAME OF CHILD Donald R. Babcock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	3 5 1912

FATHER

FULL NAME Walter E Babcock

RESIDENCE Parma

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Mo.

OCCUPATION Postmaster

MOTHER

FULL MAIDEN NAME Maud Foute

RESIDENCE Parma

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen

M. D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Registrar

Filed 3/7 19 17 R. J. Owen

Registrar

S-Y CO., 16669

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

6

165-218-004-263

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 5158

No. ____, ____ St.

Primary Registration District No. 2007

Registered No. 93

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	3 18 1912

FATHER		MOTHER	
FULL NAME	Jesse Johnston	FULL MAIDEN NAME	Lina Keller
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colo.	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Allen M.D.

(Physician or Midwife)

Address Caldwell

Given name added from a supplemental report

..... 19.....

Filed 3/18 1912 A. J. Allen

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6-Y CO., 15563

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

NOV 22

(Month)

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 5151

No. ..... St.

Primary Registration District No. 2507

Registered No. 94

Hospital At Home

FULL NAME OF CHILD Carl Stanley Hursey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	3 17 1917

FATHER		MOTHER	
FULL NAME	Harley Hursey	FULL MAIDEN NAME	Nora Samson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) R. J. Owen

M. D.

(Physician or Midwife)

Address Parma Ida

Filed 3/17 1917 R. J. Owen Registrar

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

SEP 2 2 1944

918-225-014-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. R. The name of more than one child, if born at the same birth, must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital No

Form V. S. No. 11-O [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 583

Primary Registration District No 1105 Registered No. 96

FULL NAME OF CHILD ELIZABETH SELMA RAYNE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	7	yes	Mar. 25 [illegible]

FATHER		MOTHER	
FULL NAME	J. E. Rayne	FULL MAIDEN NAME	Dora Snell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.9 M. on the date above stated.

(Signature) Dr. S. J. Miller (Physician or Midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.... Address .....

Filed Mar 30 19 12 R C Bull Registrar

..... Registrar

SYMS - YORK CO., PTRS. & STNRS. 17889

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5153

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rayne (Name on Original Certificate) who born (Was Born or Died) on March 25, 1912 (Date of Event)
in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy-Royal Neighbors of America issued May 24,1928, are:
(Bible Record, Insurance Policy, Etc.) prepared on Child's birth certificate (Give Date) #292749

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elizabeth Selma Rayne

Subscribed and sworn to before me this 7th day of December, 1957
Mildred E. Cooper
Notary Public, residing at Caldwell Ida
My commission expires January 1961
(Seal)

Signed Lord A. Rayne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
418 Dew. St. Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December, 1957
Mildred E. Cooper
Notary Public, residing at Caldwell Ida
My commission expires January 1961
(Seal)

Signed × Albert L. Rayne
(Signature of Any Credible Person)
418 Dew. St, Caldwell Ida
(Street Address, City, State)

FORM DPH 55. 155

NN 11-5-57 1 copy paid

DEC 18 1957

789-116-014-715

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No 3

File No. 5154

No ——, ——— St.

Primary Registration District No 2005

Registered No. 97

Hospital No

FULL NAME OF CHILD Charles Edwin Phinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	3	yes	Mar 14 1912

FATHER	MOTHER
FULL NAME Wm Phinney	FULL MAIDEN NAME Mabelle Jamison
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. J. Miller (Miss W)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mar 28 12 R C Bull

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

213-215-014-231

PLACE OF BIRTH

Form V. S. No. 11-C—Revised

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3

County of Canyon

City of Caldwell

Registration District No. ____ File No. 5155

No. ____, ____ St.

Primary Registration District No. 2605 Registered No. 98

Hospital No

FULL NAME OF CHILD Margaret Lucille Bales

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	1	yes	May 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. P. Bales	Hueda Beals
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Texas	Virginia
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 8 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or Midwife)

Given names added from a supplemental report

____, 19____ Address ____

Filed May 20, 12 R. A. Bull

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

EVANS - YORK CO., PTGS. & BOOK. 17620

PLACE OF BIRTH

STATE OF IDAHO

Given name added from a supplemental report

(Physician or Midwife)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 5155
Date Filed DEC 17 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Baby (Name on original certificate) who Born (Was born or died) on Mar 15, 1912 (Date of event)
in Caldwell, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on 12-17-41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Margaret Lucille Bates

Subscribed and sworn to before me this 17th
day of December, 1941
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed Huldah Beale Bates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

1941

JUN 7 1962
AUG 23 1973

9[illegible]-226-014-943

Form V. S. No. 11-C—15m-6-20

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——, ——, St.

Hospital no

Registration District No. 3

Primary Registration District No. 2005

File No. 5156

Registered No. 107

FULL NAME OF CHILD Martha Elizabeth Roddy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	2	yes	May 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Roddy	Margaret E. Rule
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Texas	Oregon
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. J. Miller (M.D.)

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 30 1912 R C Bull

Registrar

S-Y CO., 16670

MAR 27 1967

DEC 6

231 - 208-014-367

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 5157

No. —, — St. Primary Registration District No. 2005 Registered No. 101

Hospital No

FULL NAME OF CHILD Roby Eliza Stark

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
female	one	1	yes	Mar 8 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Chas. S Stark	FULL MAIDEN NAME Lottie Cox
RESIDENCE Caldwell	RESIDENCE
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Mich	BIRTHPLACE Neb
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S J Miller (Mrs SJ)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mar 10 19 12 RC Burk

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 6 1952

632-126-014-213

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 5158

No. ——, ——— St.

Primary Registration District No. 2005

Registered No. 102

Hospital No

FULL NAME OF CHILD Earl Riley Olsen

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
male	one		4	yes	Mar 26, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Geo. Olsen	FULL MAIDEN NAME Winnie Ballard
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	AGE AT LAST BIRTHDAY 28 (Years)
COLOR white	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ind	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (Mrs. W.)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mar 30 19 12 R C Bull

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. V178

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Olson	Olsen
	Honeyman	Earl Riley Olsen

Subscribed and sworn to before me this 26th day of May, 1943

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Harold E Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 8 6 1943

DKC-213-014-13

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-0- 15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton Registration District No. 3 File No. 5159

No. ....., ... St.

Primary Registration District No. 2005 Registered No. 103

Hospital .....

FULL NAME OF CHILD Isabella Josephine Langdon.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Mar 13, 1912

FATHER		MOTHER	
FULL NAME	H L Langdon	FULL MAIDEN NAME	Ina Allen
RESIDENCE	Middleton Ida	RESIDENCE	Middleton Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R C Bull

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Filed Mar 13 1912 R C Bull

Registrar

B-Y CO., 14670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

842 - 207-014-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3

County of Canyon

City of Caldwell

Registration District No. ..... File No. 5160

No. ....., ... St.

Primary Registration District No. 1005 Registered No. 104

Hospital .....

FULL NAME OF CHILD Phyllis L. Huntead

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		one	yes	3 7 12

FATHER	MOTHER
FULL NAME Elmer William Huntead	FULL MAIDEN NAME Coeline Williamson
RESIDENCE Caldwell	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Montana
OCCUPATION Barber	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O M Daley

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 8 19 12 R C Bull

Registrar

Registrar

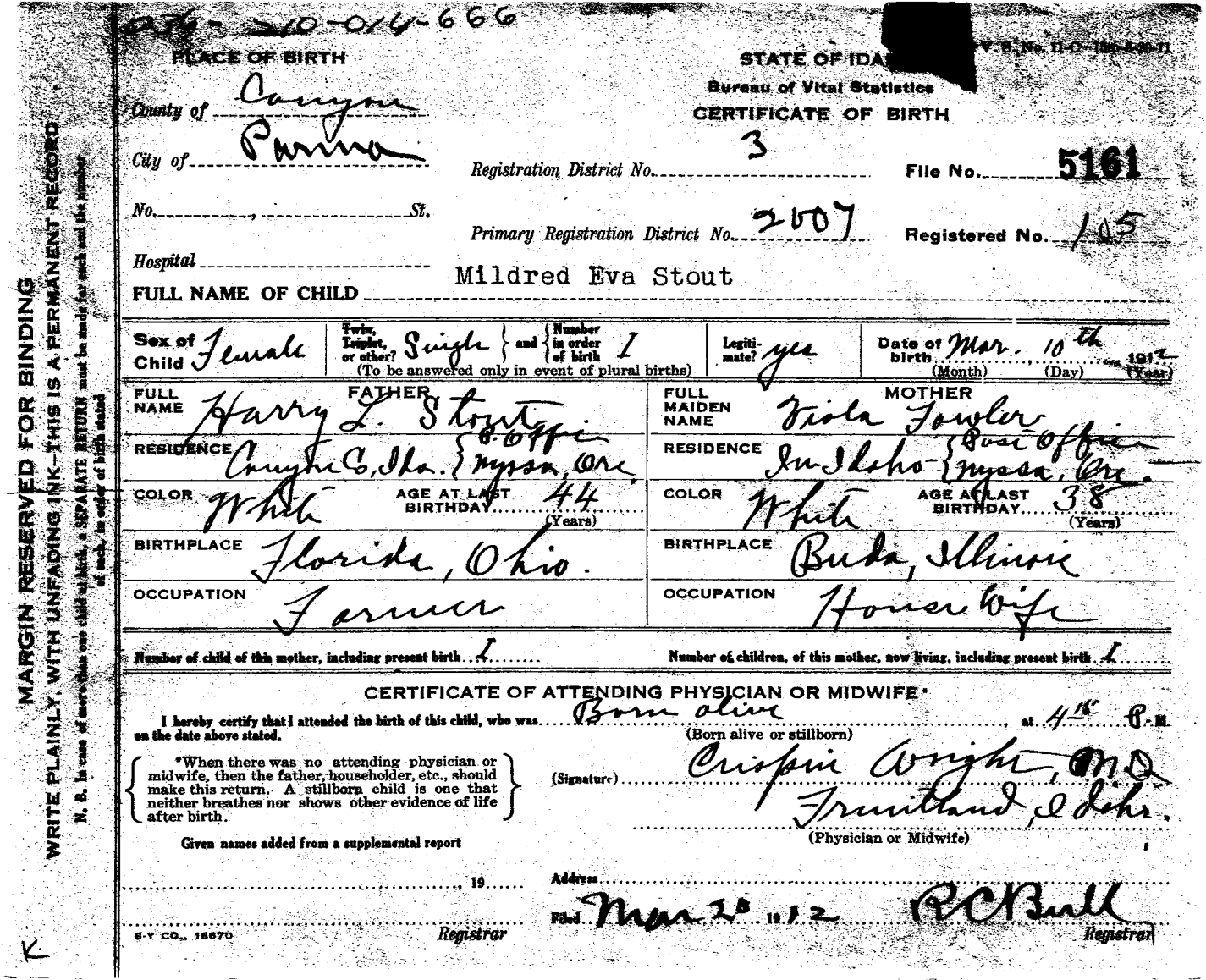
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 1943



275-210-014-666

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

V. S. No. II-C-100-8-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 5161

Primary Registration District No. 2007

Registered No. 105

FULL NAME OF CHILD Mildred Eva Stout

Sex of Child Female

Twin, triplet, or other? Single and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? yes

Date of birth Mar. 10th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry L. Stoutzenberger	FULL MAIDEN NAME	Viola Fowler
RESIDENCE	County Co, Ida. {P.O. Nyssa, Ore	RESIDENCE	In Idaho {Post Office Nyssa, Ore.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Florida, Ohio.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Buda, Illinois
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.

Fruitland, Idaho

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed Mar 28 1912

R C Bull

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

[redacted]

PLACE OF BIRTH

STATE OF IDA[redacted]

Director of Vital Statistics

CERTIFICATE OF BIRTH

County of

161

Registrar

368-102-014-259

Amended 8/23/72

(Be sure the information is complete and accurate)

State File No. 5162
Local Reg. No.
Reg. Dist. No. 3

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma RFD

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Fargo Flat

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma RFD

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)

a. (First): Robert b. (Middle): David c. (Last): Lohrman

4. SEX: Male

5a. THIS BIRTH — SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) March (Day) 2, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Wm. b. (Middle): c. (Last): Lohrman

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ind.

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mollie b. (Middle): c. (Last): Berry

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Tenn.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. M. Cole

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Mar. 6, 1912

22. REGISTRAR'S SIGNATURE: R. C. Bull

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

Was 1% Silver Nitrate Used

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.7 dl. Registration District No. 3 File No. 5162

No. Fargo flat St. Primary Registration District No. 2105 Registered No. 106

Hospital

FULL NAME OF CHILD Robert Lloyd Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Johnson	Hattie Berry
RESIDENCE	Parma R. 7 dl.	Parma R. 7 dl.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Ind.	Penn.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth VI

Number of children, of this mother, now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mar 6 19 12 R C Buck

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 24 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 11 8 05 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Solano

Certificate No. 5162

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert David Lorhmen (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1912 (Date of Event)
in Fargo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Robert David Lorhmen	Robert David Lohrman
Father's Name	Wm Lorhmen	Wm. Lohrman

Subscribed and sworn to before me this 16th day of August, 1972

Notary Public, residing at Vallejo, California
My commission expires 9-30-72
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

125 Imelda St., Vallejo, Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California } ss.
County of Sonoma

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 1972

Stephen F. Switzer
Notary Public, residing at Santa Rosa, CA.
My commission expires June 21, 1975
(Seal)

Signed [signature]
(Signature of Any Credible Person)

72 Middleton Rd
(Street Address, City, State)
Santa Rosa, Calif 95401

FORM DH 60-155

International Certificate of Vaccination dated 7/12/58 gives name as Robert D. Lohrman. Viewed by V. S.

Marriage License and Certificate gives groom's name as Robert David Lohrman and the bride's name as Alice Clementine Ashley. Dated March 3, 1933. From California. Viewed by V. S.

Indentification Card from International Brotherhood of Boiler Makers, Iron Ship Builders and Helpers of America gives name as Robert D. Lohrman. XXXX Dated 2-22-43. Age at date of Initiation 31. Viewed by V. S.

918-102-014-483

PLACE OF BIRTH

NAME CHANGED BY COURT ORDER 5/22/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Registration District No. 3 File No. 5163

Hospital No

Primary Registration District No. 2005 Registered No. 107

FULL NAME OF CHILD ROBERT MICHAEL RAYNE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	4	Yes	April 2, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	T. L. Clark	FULL MAIDEN NAME	Vera Michell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:09 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

...., 192....

Registrar.

Filed April 4, 1912 R. C. Bull
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, stating number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11¼C—Ida.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 5163

No. ——, ——— St. Primary Registration District No. 2705 Registered No. 167

Hospital no

FULL NAME OF CHILD Orie Clayton Clark

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	4	yes	Apr 2 — 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. Clark	FULL MAIDEN NAME	Vera Michell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2-9- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (miss 44)

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Registrar

Filed Apr 4 19 12 R C Bull

Registrar

S-Y CO., 16670

MAY 22 1959
MAY 31 1961

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF WHITMAN

IN THE MATTER OF THE APPLICATION OF ORIE CLAYTON CLARK FOR CHANGE OF NAME.	)	No. 22483
		O R D E R

The petition of Orie Clayton Clark, for an order changing his present name to the proposed name "Robert Michael Rayne", came on regularly to be heard this day;

The Court having heard the evidence in regard to said matter, it appears to the satisfaction of the Court, and the Court finds, that all the allegations of said petition are true, and that the Order prayed for should be granted;

IT IS HEREBY ORDERED, ADJUDGED AND DECREED, that the name of Orie Clayton Clark be changed to, and that hereafter he bear, the name Robert Michael Rayne.

Dated this 4th day of April, 1950.

E. J. Brunton
Court Commissioner

(SEAL)

Filed APR 4 1950

STATE OF WASHINGTON,
County of Whitman, } ss.

I, E. J. BRUNTON, County Clerk and Ex-officio Clerk of the Superior Court of the above County and State, do hereby certify that the above and foregoing is a true and correct copy of ORDER in the matter of the application of Orie Clayton Clark for change of name, No. 22483;------

as the same now appear s on file and of Record in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said court this 15th day of May, 1950.

E. J. BRUNTON,
County Clerk

M E Osborne

Deputy County Clerk

234 – 121-014-315

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 83 File No. 5164

South 7 St Bet 12th & 13th Ave

No. 7 St.

Primary Registration District No. 1006 Registered No. 109

Hospital X

FULL NAME OF CHILD John Charles Stuart

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	Yes	Mar 21, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. W. Stuart	Bertha Carlsen
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Nevada	Oregon
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 3/30/ 19 12 O. B. Bellew M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH LEAD PENCIL MAKE PERMANENT RECORD

INSTRUCTIONS: If any of the items on this certificate are unknown, enter "unknown" or "none" as the case may be. If the child was born dead, state the fact and the date of death. If the child was born alive but died later, state the fact and the date of death. If the child was born alive and lived, state the fact and the present age of the child.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11 C- Rev-8-30-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

756 - 105 - 014 - 251

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3 File No. 5165

No. ____, ____ St.

Primary Registration District No. 1006 Registered No. 110

Hospital Nampa Sanitarium

FULL NAME OF CHILD Wallace Beard Pefley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	March 5, 1912

FATHER		MOTHER	
FULL NAME	Wyoma Wallace Pefley	FULL MAIDEN NAME	Mary Beard
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hosmer, Physician

(Physician or Midwife)

Address Nampa

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed March 20, 1912 [redacted] Registrar

S-Y CO., 16670

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

515- 224014-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~2~~ 3 File No. 5166

Primary Registration District No. 2006 Registered No. 111

FULL NAME OF CHILD Lois Marie Van Houten

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~~—~~	2nd	Yes	3 24 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Van Houten	Edna Terry
RESIDENCE	Nampa, Ida	Nampa, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	South Dakota	South Dakota
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Zuck

Physician

(Physician or Midwife)

Address Nampa, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/30/ 19 12 O B Bellew Jr

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number in order of birth added

SEP 9 1942

239-104-014-845

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3

File No. 5167

Primary Registration District No. 2006

Registered No. 112

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	3, 4, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer E. Hindley	FULL MAIDEN NAME	Emma Hunt
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Physician

(Physician or Midwife)

Address Nampa Ida

Filed 3/20/ 19 12 O. B. Beller M.D.

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

114-120-014-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3. File No. 5168

Primary Registration District No. 1006 Registered No. 113

FULL NAME OF CHILD Arthur Jamison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	May 20, 1912

FATHER	MOTHER
FULL NAME Freman Jamison	FULL MAIDEN NAME Estella Franklin
RESIDENCE Nampa Ida	RESIDENCE Nampa Ida
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE New York	BIRTHPLACE New York
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Physician

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 30 1912 O B Beller
Registrar

S-Y CO., 16670

MARION REGIONAL DEPOSITORY
WESTERN KENTUCKY UNIVERSITY, KENTUCKY LIBRARIES

133-207-014-249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

Registration District No. 3

File No. 5169

No. ____, ____ St.

Primary Registration District No. 2705

Registered No. 114

Hospital ____

FULL NAME OF CHILD Floy Vendora Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other	1st	yes	March 2, 1912

FATHER	MOTHER
FULL NAME Norman C. Allen	FULL MAIDEN NAME Anna Clara Smith
RESIDENCE Notus Ida.	RESIDENCE Notus Ida,
COLOR White	AGE AT LAST BIRTHDAY 28. (Years)
COLOR White	AGE AT LAST BIRTHDAY 17. (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Ia,
OCCUPATION Farmer.	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or Midwife)

Address Notus Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 9 19 12 R C Bell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a child's name must be given for each birth.

PLACE OF BIRTH

County of

STATE OF [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11.C—10m-6-21-12

Registered

Filed

Address

19

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 14 4 17 PM '76

State of Idaho } ss.
County of Canyon

Certificate No. 5169

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1912 (Date of Event)
in Notus (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Floy Vendora Allen

Subscribed and sworn to before me this 27th day of June, 1975.

Delores Scrivner
Notary Public, residing at Nampa Idaho
My commission expires 10-3-76
(Seal)

Signed X Floy Vendora Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

619 Chicago St. Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1975.

Delores Scrivner
Notary Public, residing at Nampa, Idaho
My commission expires 10-3-76
(Seal)

Signed Anna C. Allen
(Signature of Any Credible Person)

Route 5 Caldwell, Idaho
(Street Address, City, State)

FORM DH 60-155

Family Bible record gives nameas Floy Vendora X Allen Max March 7, 1912. viewed by V. S.

NOV 3 [illegible]76

Insjrance policy from Continental Life & Accident Co gives nameas Floy V. Allen dated July 16, 1957. Policy No. 7214.
viewed b y V. S.

685 - 102-014-336

Amended 4-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5170
Local Reg. No. 115
Reg. Dist. No. 3

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blessinger Sta.
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blessinger Sta.
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Bacil
b. (Middle): Clyde
c. (Last): Wheatley

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 2, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Arthur
b. (Middle):
c. (Last): Wheatley

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Oregon

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margery
b. (Middle): Jane
c. (Last): Stoner

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. Naugle, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Star, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 6, 1912

22. REGISTRAR'S SIGNATURE: R.C. Bull

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Blessinger Sta. Registration District No. 3 File No. 5170

No. ....., ... St. Primary Registration District No. 2705 Registered No. 115

Hospital .....

FULL NAME OF CHILD Basil Clyde Wheatley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Mch 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Wheatley	Margery Jane Stones
RESIDENCE	Blessinger Sta.	Blessinger Sta
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Oregon	Iowa
OCCUPATION	Ranches	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. S. Manyle M. D.

(Physician or Midwife)

Address Star Idaho.

Filed April 6, 1912 R. C. Bull Registrar

S-Y CO., 16670

MAR 4 1966
APR 1 4 1966

3-11-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5170

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Basil Clyde Wheatley (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1912 (Date of Event)
in Canyon County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Basil	Bacil

Subscribed and sworn to before me this 11 day of March, 19 66.

Notary Public, residing at Los Angeles Calif.
My commission expires Sept. 28 1968
(Seal)

Signed Margery L W heatley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

904 Logan St Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 19 66.

CHARLES E. DRASIL
Notary Public, residing at El Cajon, Calif.
My commission expires August 12, 1969
(Seal)

Signed Otis Stanford Thompson
(Signature of Any Credible Person)

961 E 4th Escondido, Calif.
(Street Address, City, State)

FORM DH 60-155

Assignment to Fleet Naval Reserve, Class F-2, dated Aug. 1, 1931 gives full name as Bacil Clyde Wheatley, born March 2, 1912 at Star, Idaho, father's name is given as Arthur Milton Wheatley - viewed by V.S.

Letter from Department of the Navy, Washington, D.C., dated November 1, 1954 concerning Temporary Additional Duty - gives full name as Bacil C. Wheatley - viewed by V.S.

585-126-014-813

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Canyon

City of Central Park Registration District No. 3 File No. 5171

No. ....., ... St.

Primary Registration District No. 2015 Registered No. 116

Hospital .....

FULL NAME OF CHILD Archie Paul Chenoweth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	March 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Asa Chenoweth	Ethel Virginia Hallford
RESIDENCE	Central Park	Central Park
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	21
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Nangle M.D.

(Physician or Midwife)

Address Star Idaho

Given names added from a supplemental report

....., 19.....

Filed April 6 1912 R.C. Bull

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 7 1942

SEP 21

235-105-014-443

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Canyon

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3

File No. 5172

Primary Registration District No. 2005

Registered No. 117

FULL NAME OF CHILD William Everett Steffens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Apr 5 1912

FATHER

FULL NAME Rudolph Steffens

RESIDENCE Pleasant Valley

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ada Mutch

RESIDENCE Pleasant Valley

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:45 P M. on the date above stated.

(Signature) O M Kaley

Physician

(Physician or Midwife)

Address .....

Filed Apr 6 1912 R C Bull Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

291-115-014-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-9-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No _____, _____ St.

Hospital no

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 5173

Primary Registration District No. 2505 Registered No. 99

FULL NAME OF CHILD Richard O. Brass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	twin	1	yes	Mar 16 1912

FATHER		MOTHER	
FULL NAME	E. Brass	FULL MAIDEN NAME	Gertrude Hart
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S J Miller (miss D.)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 20 1912 R O Bull

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

NOV 1 6 1976

291-215-004-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Jan-4-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell

Registration District No. 3

File No. 5174

No ——, ——St.

Primary Registration District No. 2608

Registered No. 108

Hospital No

FULL NAME OF CHILD Robert Brass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twin	1st	yes	Mar - 15 - 1912

FATHER		MOTHER	
FULL NAME	E. Brass	FULL MAIDEN NAME	Gertrude Hart
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 30 9 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (Mrs W.)
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Mar 20 1912 R. Bell
Registrar

SYMS - YORK CO., PTRS. & BORS. 17328

JUL 2 3 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

21[redacted]-040-381

[redacted] OF BIRTH

Form V. S. No. 11-C—10m-6-2-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5175

County of Shoshone (Town Outside city limits)

City of Wallace

Registration District No. 25 File No.

No. ; St.

Primary Registration District No. 2109 Registered No.

Hospital —

FULL NAME OF CHILD William Spence Burton

Sex of Child: M	Twin, Triplet or other? One (To be answered only in event of plural births)	and Number in order of birth: First	Legitimate? Yes	Date of birth: March (Month) 2 (Day) 1912 (Year)	

	FATHER	MOTHER
FULL NAME	James Garfield Burton	FULL MAIDEN NAME Catherine Chateau
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE California
OCCUPATION	Boilermaker	OCCUPATION Housewife

Number of child of this mother, including present birth:

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 A.M. on the date above stated.

(born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] D. McSwiney

Physicians

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed March 10 1912 Dr. Chas. A. Bethman

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

[redacted]

BURTON

657-166-040-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 2/28/46

County of Blaine

City of Gem

No. ..... St.

Registration District No. 25 File No. 5176

Hospital ..... Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Maxwell Earl Wilbur
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2nd	Yes	Mar. 16, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Harper Wilbur	FULL MAIDEN NAME: Gertrude Harvey Smith
RESIDENCE: Gem	RESIDENCE: Gem
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Miner	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs. Mowery

Physicians
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed March 30 1912 Chas. A. Dettenan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No ——, ——— St.

Hospital ———

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 5176

Primary Registration District No 2109 Registered No. ———

FULL NAME OF CHILD Master Wilbur Maxwell Earl

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2nd	Yes	Mar 15 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harper Wilbur	Gertrude Haven
RESIDENCE	Kellogg	Kellogg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Miner	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Mowery M. D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

———, 19—

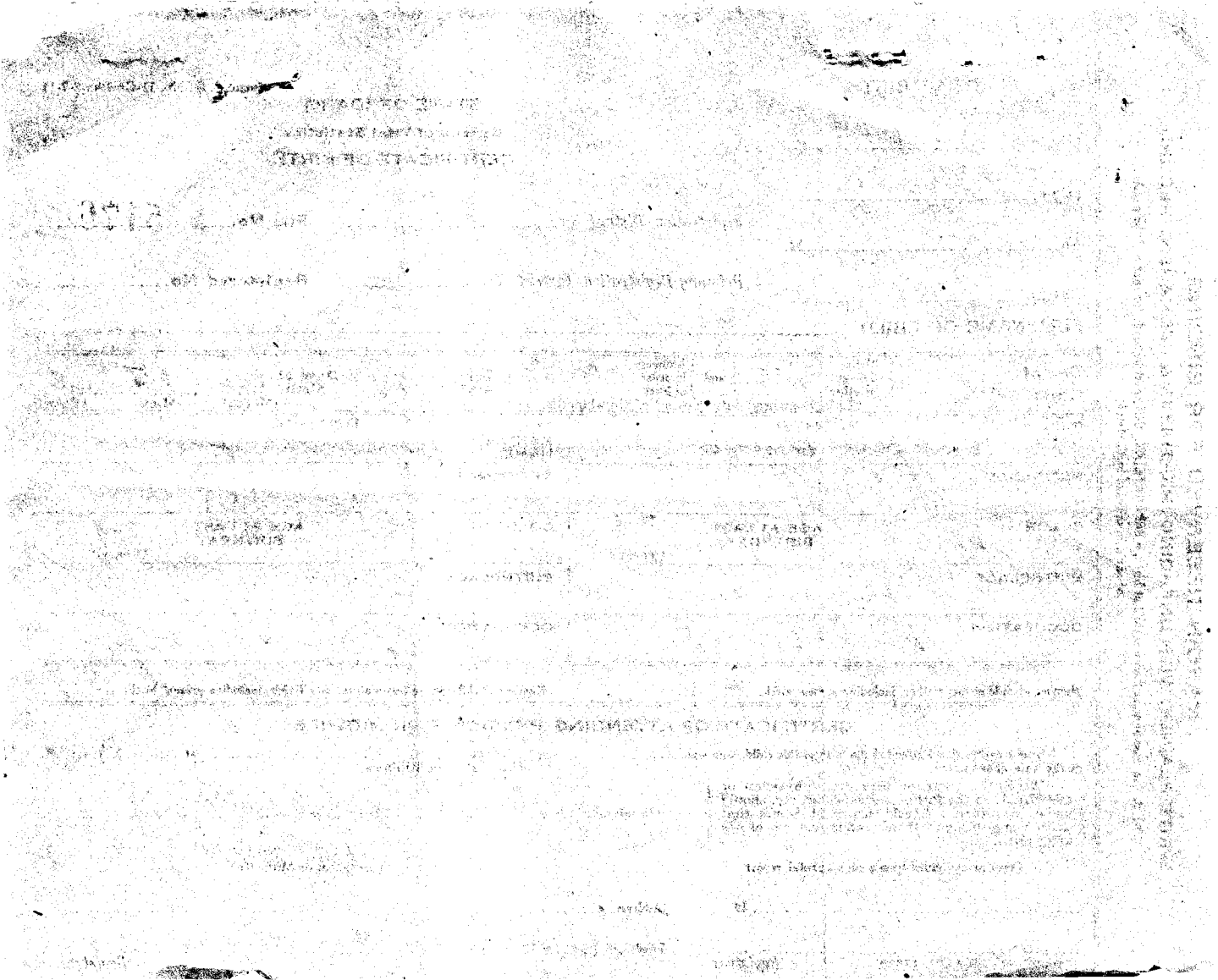
Address ———

Filed March 30 1912 Dr. Chas. A. Bethman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5176

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Mar. 15, 1912	Mar. 16, 1912

Subscribed and sworn to before me this FEB 18 1946 day of ..... 19.....

Notary Public, residing at .....

My commission expires 8-21-46

(Seal)

Signed Gertrude Smith Wilbur

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 5173

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for MAX WILBUR (Name on Original Certificate) who was born (Was Born or Died) on March 16,1912 (Date of Event)
in Gem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's maiden name	Gertrude [illegible] Smith	Gertrude Crith

Subscribed and sworn to before me this 31
day of May, 1949

Notary Public, residing at Orting, Wn.
My commission expires 8-21-5-
(Seal)

Signed Gertrude Wilbur
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
mother, Orting, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of June, 1949

Notary Public, residing at Seattle, Wn.
My commission expires 12/5/1950
(Seal)

Signed Barbara J. Hopkins
(Signature of Any Credible Person)
3732 W. Southern St., Seattle, Wash.
(Street Address, City, State)

693-215-040-817

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-9-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5177

Registration District No. 25 File No. ____

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Miss Wilbur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~Male~~ Female	Twin	4 & 5	Yes	May 15 1912

FATHER

FULL NAME: Harper Wilbur

RESIDENCE: Gem

COLOR: W AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Miner

MOTHER

FULL MAIDEN NAME: Gertrude Harvey

RESIDENCE: Gem

COLOR: W AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 & 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physician (Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

....., 19.....

Filed March 30 1917 Dr. Mowry

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

469-109-040-448

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 5178

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD William R Morton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 9, 1912

FATHER		MOTHER	
FULL NAME	James Morton	FULL MAIDEN NAME	Vera Dukhorsp
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ireland	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M D

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed March 30, 19 12 W. D. Chamberlain Registrar

S-Y CO., 16670

JAN 23 1973

693-22-0405-34

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH — Amended 5/16/75

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Black Bear — Registration District No. 25 — File No. 5179

No. ____, ____ St. — Primary Registration District No. 7109 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Leona Doris Wellman

Sex of Child: Female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: 3. (Month) 22. (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Sanford Wellman	FULL MAIDEN NAME	Bessie Eldred
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Eaton M. D.
(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed March 30 1912 Dr. Chas. A. Pettman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Amended 5/16/75

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 15 11 42 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada } ss.
County of Clark

Certificate No. 5179

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Leon Avis Wellman (Name on Original Certificate) who was born (Was Born or Died) on Mar. 22, 1912 (Date of Event) in Black Bear, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Leon	Leona

Subscribed and sworn to before me this 13th day of Jan, 1975

Notary Public, residing at Las Vegas, Nevada

My commission expires June 18, 1975

(Seal)

Signed Betty Toomer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1601 S. Sandhill Rd.
(Street Address, City, State)
Las Vegas Nev

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of NEVADA } ss.
County of CLARK

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Jan, 1975

Notary Public residing at Clark County, State of Nevada

My commission expires My Commission Expires Aug. 29, 1978

(Seal)

Signed Luella Vlahacelis
(Signature of Any Credible Person)

2013 Embrey Ave
(Street Address, City, State)
Las Vegas Nev. 89106

FORM DH 60-155

CL 4/18/75 1cc pd. rec. # 5867

Rush!

Family record from Aunt gives name as Leona Avis Wellman. born March 22, 192.
signed by Adleine G. Hirrel. viewed by V S.

MAY 16 1975

Family Bible record gives name as Leona Avis Wellman born March 22, 1912 at #;30AM.
viewed by V. S.

631 - 203 - 040 - 751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-U-10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ____, ____ St.

Hospital ____

Registration District No. 25 File No. 5180

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Baby Flack, Maud Agnes

Sex [redacted] Color White | Twin, Triplet or other? one | and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of birth Mar (Month) 3 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	George Flack	FULL MAIDEN NAME [redacted] Pearson
RESIDENCE	Gem, Ida	RESIDENCE Gem, Ida.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE Wash.
OCCUPATION	Millman	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace, Ida

Given names added from a supplemental report

....., 19.....

Filed March 10 1912 Dr. Wm. A. Dillman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

847-209-040-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Burke

*No*_____, _____ *St.*

Hospital _____

Registration District No. 25 **File No.** 5181

Primary Registration District No. 2109 **Registered No.** _____

FULL NAME OF CHILD Twin Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	and	Y	Feb 9 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Hughes	Anna Peterson
RESIDENCE	Burke Ida	Burke Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Ill.	Germany
OCCUPATION	Laundryman	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician in attendance

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

_____ Registrar

Filed March 28 1911 Dr. Chas. G. Rothman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

dup of 1912-D54-896

434-217-040-434

PLACE OF BIRTH

Form V. S. No. 11.C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan — Registration District No. 25 — File No. 5182

No. ____, ____ St. — Primary Registration District No. 2108 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Annie O. McDonnell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	March 17, 1912

FATHER		MOTHER	
FULL NAME	Dan C McDonnell	FULL MAIDEN NAME	Elizabeth McDonald
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Ontario Canada
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfe MD

(Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 28 1912 F W Rolfe Registrar

S-Y CO., 16670 Registrar

D. Chas. C. Bethman

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

115-231-040814

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25

File No. 5183

No. —, — St.

Primary Registration District No. 2108

Registered No.

Hospital —

FULL NAME OF CHILD Freda Vada Jantz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Girl	—	—	yes	3	31	1912

FATHER		MOTHER	
FULL NAME	Adolph Jantz	FULL MAIDEN NAME	Elsie Hadfield
RESIDENCE	Mullan	RESIDENCE	Mullan Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas City Kan	BIRTHPLACE	Crescent Okla
OCCUPATION		OCCUPATION	Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.45 P.M. on the date above stated.

(Signature) F. W. Rolfe M.D.

(Physician or Midwife)

Address Mullan Ida

Filed April 1 1912 F W Rolfe Registrar

D. Ida. C. Dittman

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

* Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

183

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 1 1965
Bureau of Vital Statistics

State of Texas } ss.
County of Dallas }

Certificate No. 5183

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jantz (girl child) (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1912 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by no 525 993 Northwestern Life Ins Co. (Bible Record, Insurance Policy, Etc.) prepared on Sept. 15th 1938 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Freda U. Jantz
Full Maiden Name of Mother	Elsie U Hadfield	Elsie U Hatfield

Subscribed and sworn to before me this 22 day of February, 19 65

Notary Public, residing at 2615 Burton Springs.
My commission expires June 1, 1965 (Dallas)
(Seal)

Signed D R Warty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

758 Seagoville Road Mesquite, Texas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas } ss.
County of Dallas }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 19 65

Notary Public, residing at Dallas, Texas
My commission expires 6-1-65
(Seal)

Signed R. L. McClesky
(Signature of Any Credible Person)

360 Pleasant Grove Shop Ctr.
(Street Address, City, State)
Dallas Texas

FORM DH 60-155

CL 1-27-65. one copy pd. rec. #8406.

Standard Certif. of birth from Texas No. 104203 for Linda Sue Harty born Sept. 11, 1946. at Dallas, Texas. Father's name as George Richard Harty and mother's name as Fred Vada Jantz. Viewed by V. S.

MAY 17 1971

Insurance Policy from Southwestern Life Insurance Company Dallas, Texas gives namd as Frieda Vada Harty. Dated Sept. 15, 1933. Viewed by V. S.

Marraige License fromm State of Oklahoma, Cotton County gives groom's name as Richard Harty and Bride's name as Frieda Jantz. Dated June 7, 1931. Signed by W. S. Weir, Deputy. Viewed by V. S.

256-16-040-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 5184

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Master Snow BEN WILLIAM SNOW

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One		2nd	Yes	Mar. 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Snow	Flora Lamasters
RESIDENCE	Mullan, Ida	Mullan Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Idaho	Missouri
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 20 1912 Dr. Chas. A. Hartman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OHAC

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona }
County of Maricopa } ss.

Certificate No. 5184

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Master Snow (Name on Original Certificate) who was born (Was Born or Died) on Mar. 26th, 1912 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Knowledge of parents Note book Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Master Snow	Ben William Snow

Subscribed and sworn to before me this 21st
day of February, 1942.
Walter Leggan
Notary Public, residing at Phoenix Ariz
My commission expires Nov 30. 1945
(Seal)

Signed William Madison Snow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2317 E Brill St., Phoenix, Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona }
County of Maricopa } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of February, 1942.
Walter Leggan
Notary Public, residing at Phoenix Ariz
My commission expires Nov 30. 1945
(Seal)

Signed Rose L. Snow
(Signature of Any Credible Person Other Than Previous Year)
2317 E Brill St., Phoenix Arizona
(Street Address, City, State)

FEB 28 1942

855-204040-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital ____

Registration District No. 23

Primary Registration District No. 2108

File No. 5185

Registered No. ____

FULL NAME OF CHILD MARJORIE Lucille Henderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 4, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas H. Henderson	Georgia Scott
RESIDENCE	Wallace	Wallace
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Maine	Scotland
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

physician (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed March 10 19 17 W. H. Wallace Registrar

S-Y CO., 16670

PLACE OF BIRTH

NOV 4 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Indiana }
County of Lake } ss.

Certificate No. 5185

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lucille	Marjorie Lucile Henderson

Subscribed and sworn to before me this 4th day of Nov, 1942

Notary Public, residing at Hammond, Ind.

My commission expires Nov 14 1944

(Seal)

Signed Georgina Rachel Henderson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 ____

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 5 1942

719 - 222040-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wardner

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 95 File No. 5186

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Miss Barry

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	2	yes	3 22 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME T. J. Barry	FULL MAIDEN NAME Sarah Jane Dyer
RESIDENCE Wardner. Ida	RESIDENCE Wardner. Ida
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Eng Canada	BIRTHPLACE Eng land
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 16 1912 R. Chas. C. Bethman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

If space is insufficient, use sheet of paper of same size and attach hereto

(12) Number of Pages

Give items added from a supplemental report

Address

Title

Registrar

315-129-040-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wardner

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 75 File No. 5187

Primary Registration District No. 2106 Registered No. ____

FULL NAME OF CHILD Master Sandy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	3 29 1912

FATHER	MOTHER
FULL NAME: Alfonso A. Landry	FULL MAIDEN NAME: Nellie Davis
RESIDENCE: Nelson Siding Idaho	RESIDENCE: Nelson Siding, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: New York	BIRTHPLACE: England
OCCUPATION: Lumberman	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.0 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Neeson

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 16 1912 W. Chas. C. Wetherman
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

165-226-040847

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner Ida

No ....., ... St.

Registration District No 25 File No. 5188

Primary Registration District No. 3106 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eleanor Jones Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	1	Yes	3 26 1912

FATHER		MOTHER	
FULL NAME	W. R. Jones	FULL MAIDEN NAME	Martha Hughes
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 16 1912 Dr. Chas. A. Wetherson

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

K

STATE OF IDAHO

APR 10 1942

PLACE OF BIRTH

JUL 31 1956

661

364-113-040-389

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner.

No ....., ... St.

Hospital .....

Registration District No 25

Primary Registration District No 2106

File No. 5189

Registered No. .....

FULL NAME OF CHILD CLIFTON BRECKENRIDGE Combs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	2	yes	3 13 1912

FATHER	MOTHER
FULL NAME Archie Combs	FULL MAIDEN NAME Ruby Cressman
RESIDENCE Wardner.	RESIDENCE Wardner.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ark	BIRTHPLACE Missouri
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed April 10 1912 W. Chas. A. Dittman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Claim name added from a supplemental report

19

Registrar

STATE MINE CO., STATE OF NEVADA, 17329

Relocation of monument

Address

19

Recorder

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 5189

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)

for Robert Clifton Combs (Name on original certificate) who was born (Was born or died) on March 13, 1912 (Date of event)

in Wardner, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance policies & School records (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Robert Clifton Combs	Clifton Breckenridge Combs

Subscribed and sworn to before me this 30th. day of October, 19 41

Robt. L. Duvall

Notary Public, residing at Kellogg, Idaho

My commission expires

[SEAL]

NOTARY PUBLIC residing at Kellogg, Idaho
My commission expires March 15, 1945

Signed Wm. J. Combs, father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

508 second street Kellogg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th. day of October, 19 41

Robt. L. Duvall

Notary Public, residing at Kellogg, Idaho

My commission expires

[SEAL]

Signed Ruby A. Combs — mother
(Signature of any credible person other than the previous affiant.)

508 second street, Kellogg, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

AUG 2 0 1976

386-26-040-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

*County of Shoshone

City of Kellogg Ida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 75 **File No.** 5191

Primary Registration District No. 5105 **Registered No.** ____

FULL NAME OF CHILD Madelon Agnes Thomson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	3 16 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME John V. Thomson	FULL MAIDEN NAME Charlotte Mason
RESIDENCE Kellogg Ida	RESIDENCE Kellogg Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 19 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Penn.	BIRTHPLACE California
OCCUPATION Ticket Agent	OCCUPATION House wife

Number of child of this mother, including present birth 1 — Number of children, of this Mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Address ____

Given names added from a supplemental report

...., 19....

Filed April 16 1912 W. Chas. A. Ettman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois }
County of Kane } ss.

Certificate No. 5191

SEP 1 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Thompson	Thomson
Name	Magdalene Agnes	Madelon Thomson

Subscribed and sworn to before me this 15th day of August, 1942.

Notary Public, residing at Moosehart Ill

My commission expires August 20, 1945
(Seal)

Signed Charlotte M Thomson (Parent)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois }
County of Kane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of August, 1942.

Notary Public, residing at Moosehart Ill

My commission expires August 20, 1945
(Seal)

Signed J. J. Thomson (Parent)
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

SEP 15 1942

695-103-040-539

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg. Idaho

Registration District No 75 File No. 5192

No ....., ... St.

Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Renaldi

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	191 (Year)
M	1 (To be answered only in event of plural births)		2	yes	2	3	12

FATHER	MOTHER
FULL NAME: John Renaldi	FULL MAIDEN NAME: Estes Verggbi
RESIDENCE: Kellogg.	RESIDENCE: Kellogg.
COLOR: White	AGE AT LAST BIRTHDAY: 29 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Mich.
OCCUPATION: Laborer	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

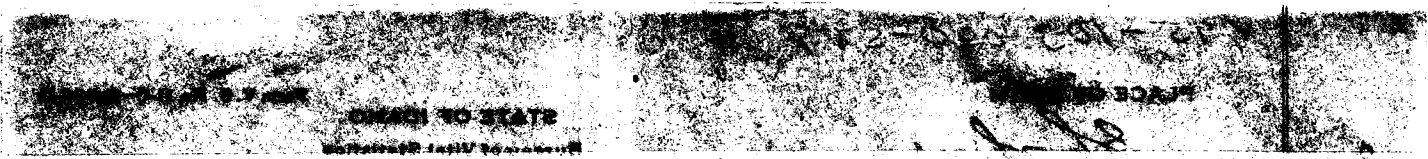
Address .....

Filed Apr 16 1912 Dr. Chas. E. Wilson

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar



659-207-040-649

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Gov. Gulch

*No*_____, _____ *St.*

Hospital _____

Registration District No 25 **File No.** 5193

Primary Registration District No. 705 **Registered No.**_____

FULL NAME OF CHILD Baby Girl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	8	Yes	3 7 1912

FATHER		MOTHER	
FULL NAME	J. J. O'Neil	FULL MAIDEN NAME	Jennie Fuelberg
RESIDENCE	Silver King Ida	RESIDENCE	Silver King
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8. A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address _____

_____ *Registrar*

Filed March 13 1912 Walter C. Dillman *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

343-224-040-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5194

Registration District No. 75 File No. ____

Primary Registration District No. 2104 Registered No. ____

FULL NAME OF CHILD Ella May Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	March 24, 1912

FATHER

FULL NAME Fred J. Tucker

RESIDENCE Kingston

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Prairie City, Oregon

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lena May Reed

RESIDENCE Kingston

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Cooryden, Pa.

OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Apr 16 1912 Dr. Chas. L. Dettman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

City of Salt Lake — Registration District No. — File No. 3795

No. ____, ____ St. — Primary Registration District No. 2051 — Registered No. 653

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Quince	Alma Johnson
RESIDENCE	SL C	SL C.
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	30	31
BIRTHPLACE	Mich	Mich
OCCUPATION	Laborer	—

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Grindle

(Physician or Midwife)

Address Salt Lake

Given names added from a supplemental report

..... 19.....

Filed 4/10 19 12 D W Freeman

S-Y CO., 16670

Registrar

Registrar

[redacted]

[redacted]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF

County of Kootenai

City of Spt Lake

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 72 File No. 5196

Primary Registration District No. 2051 Registered No. 58

FULL NAME OF CHILD Not named Nina Mae Monroe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	other	1st	yes	3-17, 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno A Monroe	Madge Harper
RESIDENCE	Spirit Lake	Spirit Lake
COLOR	Wh	Wh.
AGE AT LAST BIRTHDAY (Years)	33	19
BIRTHPLACE	~~Spirit Lake~~ Kansas	Kansas
OCCUPATION	R.R train dispatcher	—

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Davis M.D.

per Dr. M.

(Physician or Midwife)

Address Spt Lake

Given names added from a supplemental report

....., 19.....

Filed 4/10 19 in D D Freeman

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each additional one number at each in order of birth added

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

Form V. S. No. 11-C

Name

Address

Registrar

749-[illegible]-628-234

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5197

Primary Registration District No. 2051 Registered No. 59

FULL NAME OF CHILD Paul W Pringel

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 8 1912

	FATHER	MOTHER
FULL NAME	Ernest W Pringel	FULL MAIDEN NAME Minnie Glenning
RESIDENCE	Post Falls	RESIDENCE Post Falls
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Wis	Wis
OCCUPATION	Laborer	Hse

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Pringle M D

(Physician or midwife)

Address Post Falls

Given names added from a supplemental report

..... 19.....

Filed 4/10 1912 S S Stevens

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912- 159673

866-226.028-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 5198

Primary Registration District No. 2051 Registered No. 64

FULL NAME OF CHILD Bertha Agnes Howell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	March 26, 1912

FATHER	MOTHER
FULL NAME William H. Howell	FULL MAIDEN NAME Mary A. Shepard
RESIDENCE Rathdrum, Ida.	RESIDENCE Rathdrum Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Mo
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry

Physician

(Physician or Midwife)

Address Rathdrum Ida

Given names added from a supplemental report

..... 19.....

Filed 4/10 1912 O. O. Brennan

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

214-127-028-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Sp. Lake

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. b 5199

Primary Registration District No. 2057 Registered No. 65

FULL NAME OF CHILD Dorsey Jordon Kammerer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	yes	3-27, 1912

FATHER		MOTHER	
FULL NAME	E. H. Kammerer	FULL MAIDEN NAME	Ora Peters
RESIDENCE	Sp Lake	RESIDENCE	Sp Lake
COLOR	Wh	COLOR	Wh.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	S. Dak
OCCUPATION	Electrician	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Pozidy

(Physician or Midwife)

Address Sp Lake

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/10 19 12 W D Freeman Registrar

S-Y CO., 16670

APR 17 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369 [illegible] 765

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12 File No. 5200

No. ____, ____ St.

Primary Registration District No. 2049 Registered No. 66

Hospital ____

FULL NAME OF CHILD Donald Alexander Corskie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 28 1912

FATHER		MOTHER	
FULL NAME	John Alexander Corskie	FULL MAIDEN NAME	Josephine Roberts
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L. Lisle

Physician

(Physician or Midwife)

Address Harrison

Given names added from a supplemental report

5-7-12. ____, 19____

____ Registrar

Filed 4/10 1912 D. D. Freeman Registrar

S-Y CO., 15070

JAN 14 1977

Form V. S. No. 11-C—15m-6-20-11

No. 5201

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the num... of each, in order of birth stated

No. ..... Primary Registration District No. 2041 Registered No. 62

Hospital .....

FULL NAME OF CHILD [redacted] JAMES MONK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
Male	[redacted]	Yes	Mar 22, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME [redacted] Preston Monk	FULL MAIDEN NAME Hildred Dartnell
RESIDENCE Black Lake	RESIDENCE Black Lake
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Rogers

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed 4/10 19 12 D D Freeman

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

~~State~~ of Wash } ss.
County of Lincoln }

Certificate No. 5201
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Donald James Monk (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Mar 27, 1912 (DATE OF EVENT)
in Harrison, Idaho (PLACE OF EVENT) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by my own Knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Donald James Monk

Subscribed and sworn to before me this 7
day of April, 19 42
Harold A Penner
Notary Public, residing at Harrington
My commission expires Nov 13, 1942
(SEAL)

Signed Mrs Hilda F Monk (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Harrington Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Lincoln }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of April, 19 42
Harold A Penner
Notary Public, residing at Harrington
My commission expires Nov 13, 1942
(SEAL)

Signed Fred L Foster (uncle)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Harrington Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Kootenai

City of Sp Lake

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5202

Primary Registration District No. 2051 Registered No. 63

FULL NAME OF CHILD SHIRLEY ALICE BOYER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	other	6th	y	8 23 1912

FATHER		MOTHER	
FULL NAME	E C Boyer	FULL MAIDEN NAME	Della Nelson
RESIDENCE	Sp L	RESIDENCE	Sp L - 39
COLOR	Wh	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Ia	BIRTHPLACE	Minn
OCCUPATION	Machinist	OCCUPATION	—

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Brindle MD

(Physician or Midwife)

Address Sp. Lake

Given names added from a supplemental report

..... 19.....

Filed 4/10 1912 A L Freeman

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 5202

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rob named (Name on Original Certificate) who born (Was Born or Died) on March 23, 1912 (Date of Event)
in Spirit Lake (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by the personal knowledge of the affiant as father of said child. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Shirley Alice Boyer

Subscribed and sworn to before me this 21st day of February, 1942

F D Phillips
Notary Public, residing at Seattle,
My commission expires Sept. 26-1945
(Seal)

Signed Ernest C Boyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
746 Elmgrove St Seattle
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

133-217-028-463.

PLACE OF BIRTH

County of Kootenai

City of Rockford Bay

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14 File No. 5204

Primary Registration District No. 2049 Registered No. 60

FULL NAME OF CHILD DOROTHY ROSE ALLEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	March 17, 1912

FATHER		MOTHER	
FULL NAME	Sam Allen	FULL MAIDEN NAME	Alice Dolen
RESIDENCE	Rockford Bay	RESIDENCE	Rockford Bay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) John M Kenney

(Physician or Midwife)

Address ____

Filed 4/10 1912 D D Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor }

Certificate No. 5204

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who ____ (WAS BORN OR DIED) on ____ (DATE OF EVENT)
in Dorothy Rose Allen (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by None (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on no date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Rose Allen
Mar. 17, 1912.		

Subscribed and sworn to before me this 23rd
day of January, 1943.

Notary Public, residing at Elma

My commission expires 1946
(SEAL)

Signed Alice Marie Hoppe
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 29, Elma Wn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of ____, 19 ____.

Notary Public, residing at ____

My commission expires ____
(SEAL)

Signed ____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

____
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

FEB 1 1943

692-128-028-655

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5205

County of Kootenai

City of Rose Lake

Registration District No. 14 File No.

No. , St.

Primary Registration District No. 2049 Registered No. 67

Hospital

FULL NAME OF CHILD not named Karl Ernest Fischer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	Second	yes	Nov 28, 1912

FATHER	MOTHER
FULL NAME Chas O Fischer	FULL MAIDEN NAME Martha Wenkler
RESIDENCE Rose Lake	RESIDENCE Rose Lake
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Second

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Wentworth M D

(Physician or Midwife)

Address Rose Lake

Given names added from a supplemental report

....., 19.....

Filed 4/10 19 12 D D Freeman

Registrar

S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

dup of 1912-D69-555

295-206-028-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 111, 6th St.

Registration District No. 12 File No. 5206

Primary Registration District No. 1003 Registered No. 54

Hospital

FULL NAME OF CHILD Helen Brooks Kincaid

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	Yes	March 6, 1917

FATHER		MOTHER	
FULL NAME	James Wallace Kincaid	FULL MAIDEN NAME	Ella Mary Brooks
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Alton, Missouri	BIRTHPLACE	Thayer, Missouri
OCCUPATION	Laborn	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Boyer Physician

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/10 1917 A. S. Freeman

Registrar

S-Y CO., 16670

FEB 20 1956

942-108-028-249

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 420 Cd'A St.

Registration District No. 19

File No. 5207

Primary Registration District No. 1003

Registered No. 55

Hospital Residence

FULL NAME OF CHILD Henry George Rust

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	One	Yes	3 8 1912

FATHER		MOTHER	
FULL NAME	Henry Judson Rust	FULL MAIDEN NAME	Lillian Pauline Burnside
RESIDENCE	420 Coeur d'Alene St.	RESIDENCE	420 Coeur d'Alene St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Fort Sanders Wyoming	BIRTHPLACE	Beaver Canyon Idaho
OCCUPATION	Painter + Paperhanger	OCCUPATION	House work

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Thompson Physician

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/10 1912 D. D. Freeman Registrar

Registrar

S-Y CO., 16670

AUG 3 1943

646-111-028-1348

PLACE OF BIRTH Amended 11-21-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Granite

No. ..... St.

Hospital .....

Registration District No. 12 File No. 5208

Primary Registration District No. 2051 Registered No. 56

FULL NAME OF CHILD JOHN MORRIS O'DONNELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3-11-12 192

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: John O'Donnell	FULL MAIDEN NAME: Cora May Curnutt
RESIDENCE: Granite	RESIDENCE: Granite
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Walla Walla, Washington	BIRTHPLACE: Oklahoma
OCCUPATION: Clerk & P. M.	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) D. D. Drennan

Physician
(Physician or midwife)

Address Rathdrum

Filed 4-10-12 192 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended Nov. 12, 1952

PLACE OF BIRTH

County of Kootenai

City of Granite

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5208

Primary Registration District No. 2051 Registered No. 56

FULL NAME OF CHILD JOHN MORRIS O'DONNELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	3 11 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John O'Donnell	FULL MAIDEN NAME	Cora May Curnutt
RESIDENCE	Granite	RESIDENCE	Granite
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Mo.
OCCUPATION	Clerk & P. M.	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan
(Physician or midwife)

Address Rathdrum

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 4/10 1912 D.D.Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Granite

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5208

Primary Registration District No. 2051 Registered No. 56

FULL NAME OF CHILD John Morris O'Donnell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 14 191

FATHER		MOTHER	
FULL NAME	John O'Donnell	FULL MAIDEN NAME	Maud Burnett
RESIDENCE	Granite	RESIDENCE	Granite
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ireland	BIRTHPLACE	Mo
OCCUPATION	Clerk P.M	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn), at 6P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D.

(Physician or Midwife)

Address Parkline

Given names added from a supplemental report

....., 19.....

Filed 4/10 1917 D. D. Drennan

Registrar

S-Y CO., 16670

Registrar

NOV 12 1952

NOV 21 1956

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah

Certificate No. 5208

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Edward Aug Donnell~~ Birth
(Birth or Death)
for John Morris O'Donnell (Name on Original Certificate) who was Born (Was Born or Died) on March 11, 1912 (Date of Event)
in Granite, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baby Book & personal Knowledge of parents (Bible Record, Insurance Policy, Etc.) prepared on March 20, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth.	March 12, 1912	March 11, 1912
Mother's name.	Maud Curnett	Cora May Curnutt

Subscribed and sworn to before me this 7 day of March, 1912

Notary Public, residing at Moscow
My commission expires 4-25-14
(Seal)

Signed × Cora May O'Donnell
Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Medical Lake, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of March, 1912

Notary Public, residing at Moscow
My commission expires 4-25-14
(Seal)

Signed John Francis O'Donnell
Father
(Signature of Any Credible Person)

Medical Lake, Wash.
(Street Address, City, State)

DPH 52-155

Please enter the corrections you desire.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 5208

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for John Morris O'Donnell (Name on Original Certificate) who was born (Was Born or Died) on Mar. 11, 1912 (Date of Event) in Granite (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by this affidavit prepared on Nov. 20, 1956 (Bible Record, Insurance Policy, Etc.) Other children's birth certificates Viewed (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) Vital Statistics	TO (The Correct Facts)
Fathers age at this Birth	27	35
Fathers Birth place	Ireland	Walla Walla, Washington
Mothers Birth place	Missouri	Oklahoma

Subscribed and sworn to before me this 20 day of November 1956

Notary Public, residing at Moscow
My commission expires 1/20/58
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Mrs. Mary Christine O'Donnell
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON Mother

Medical Lake, Wash.

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of November, 1956

Notary Public, residing at Moscow
My commission expires 1/20/58
(Seal)

Signed John A. O'Donnell
(Signature of Any Credible Person)

Medical Lake, Wash
(Street Address, City, State)

FORM DPH 55. 155

Father's

965-117-028-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14

File No. 5209

Primary Registration District No. 2049

Registered No. 87

FULL NAME OF CHILD Not named Joe Eugene Roe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3rd	Yes	Mar 17, 1917

FATHER	MOTHER
FULL NAME Frank Roe	FULL MAIDEN NAME May Sillers
RESIDENCE Harrison	RESIDENCE Harrison
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Texas
OCCUPATION Lumberman	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Ryer

(Physician or Midwife)

Address Harrison

Given names added from a supplemental report

..... 19.....

Filed 4/10 1917 O. O. Freeman

S-Y CO., 16670

Registrar

Registrar

APR 2 1974

655-131-028-855

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5210

County of Kootenai

City of Rathdrum

No. ____, ____ St.

Registration District No. 17

Primary Registration District No. 2051

Registered No. 71

Hospital ____

FULL NAME OF CHILD Orval J. Fuly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 31 1917

FATHER		MOTHER	
FULL NAME	James J. Fuly	FULL MAIDEN NAME	Elsie Hendrix
RESIDENCE	Rathdrum	RESIDENCE	S. Dak ~~Rathdrum~~
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born dead~~ born alive at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. L. Freeman M.D.

(Physician or Midwife)

Address Rathdrum Ida

Filed April 6 1917 L. L. Freeman

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

253 - 230 - 028 - 253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5211

Primary Registration District No. 2051 Registered No. 70

FULL NAME OF CHILD Arlene Louise Arline ~~Lenore~~ Keller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Sin		Yes	3, 30, 1912

	FATHER	MOTHER
FULL NAME	Ford J. Ford J. Keller	FULL MAIDEN NAME Leona Keller
RESIDENCE	S. Lake	RESIDENCE Sp Lake
COLOR	Wh	COLOR Wh
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Mich	Wis
OCCUPATION	R-R. Engr.	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Trindle

for W. S. Myers

(Physician or Midwife)

Address Spirit Lake

Filed 4/10 1912 L. L. Freeman

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

FEB 11 1972

319-230-028-231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5212

County of Kootenai

City of Coeur d'Alene — Registration District No. 17

No. ____, ____ St. — Primary Registration District No. 1003 — Registered No. 69

Hospital

FULL NAME OF CHILD Martha Mary Larsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	Yes	March 30, 1912

FATHER		MOTHER	
FULL NAME	Oscar Larsen	FULL MAIDEN NAME	Isabell Hopper
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	BIRTHPLACE	Michigan
OCCUPATION	Labor	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Dwyer

Physician (Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/10 19 12 D. S. Brennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

635-229-028-793

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 14 File No. 5213

No. —, — St.

Primary Registration District No. 2051 Registered No. 68

Hospital

FULL NAME OF CHILD Melinda Amanda Flemming

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	March 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George W. Flemming	Martha J. Gill
RESIDENCE	Rathdrum Ida	Rathdrum, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	50	46
BIRTHPLACE	Minn.	Penn.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or Midwife)

Address Rathdrum

Filed 4/10 19 12 D. D. Brennan

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 29 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

Bureau of Vital Statistics

659-201-028-394

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Ferrill

Registration District No. 12

File No. 5214

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 49

Hospital ____

FULL NAME OF CHILD Margreet Ferrill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 1, 192

FATHER		MOTHER	
FULL NAME	John Ferrill	FULL MAIDEN NAME	Lydia P Lemille
RESIDENCE	Ferrill	RESIDENCE	Ferrill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Mellenia (Physician or Midwife)

Address Orofino

Given names added from a supplemental report

____, 19____

Registrar

Filed 4/10 192 L L Swenson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY with UNFADING INK—THIS IS A PERMANENT RECORD

X Do not write above or below the lines within the borders

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

1951 #

859-203-028-434

[redacted] BIRTH

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Hirit Lake

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 14 **File No.** 5215

Primary Registration District No. 2051 **Registered No.** 10

FULL NAME OF CHILD Herriman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Sing		Yes	3 - 3, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest H. Herriman	Bessie McDaniel
RESIDENCE	Hirit Lake	
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Mill Hand	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl L Brindley M D

(Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed 4/10 1912 S S Sherman *Registrar*

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of twins or triplets, or births of children of the same mother, the name of each child must be written in order of birth.

PLACE OF BIRTH

(Insert name of ...)

154-203-028-273

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Near Rathdrum Registration District No. 12 File No. b 5216

No. ....., ... St.

Primary Registration District No. 2051 Registered No. 51

Hospital .....

FULL NAME OF CHILD Neddah Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	3 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Paul Anderson	Bertha Aleen
RESIDENCE	C D A, R F D	Near D-Alene R F D
COLOR		
AGE AT LAST BIRTHDAY (Years)	53	45
BIRTHPLACE	Sweden	Jersey
OCCUPATION	Farmer	wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) A. L. Truman M.D

(Physician or Midwife)

Address Rathdrum

Filed 4/10 1912 A. L. Truman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

655-105-028-695

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ....., ... St.

Registration District No. 14

File No. 5217

Primary Registration District No. 2051

Registered No. 54

Hospital .....

FULL NAME OF CHILD Frank Ralph Overcash

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 5, 1912

FATHER		MOTHER	
FULL NAME	Jesse P. Overcash	FULL MAIDEN NAME	Mary Jane Freeze
RESIDENCE	Post Falls, Idaho	RESIDENCE	Post Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bentonville, Arkansas	BIRTHPLACE	Dayton, Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook, M.D.

(Physician or Midwife)

Address Post Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/10 1912 D. D. Brennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE RETURN must be made for each and the number of each, in order of birth, stated

769 – 225809 – 29

PLACE OF BIRTH

County of Ada

City of Eagle

No –, St.

Hospital –

STATE OF IDAHO

Form A. No. 11-C—Rev. 7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5218

Primary Registration District No. 1504 Registered No. 143

FULL NAME OF CHILD Ruth [illegible]

Sex of Child: F	Twin, Triplet or other? – (To be answered only in cases of Plurals)	and [illegible]	Legitimate? Yes	Date of birth: Apr. 25, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Henry Godfrey	FULL MAIDEN NAME: Cora M. Reed
RESIDENCE: Eagle	RESIDENCE: Eagle
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Tuley

Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

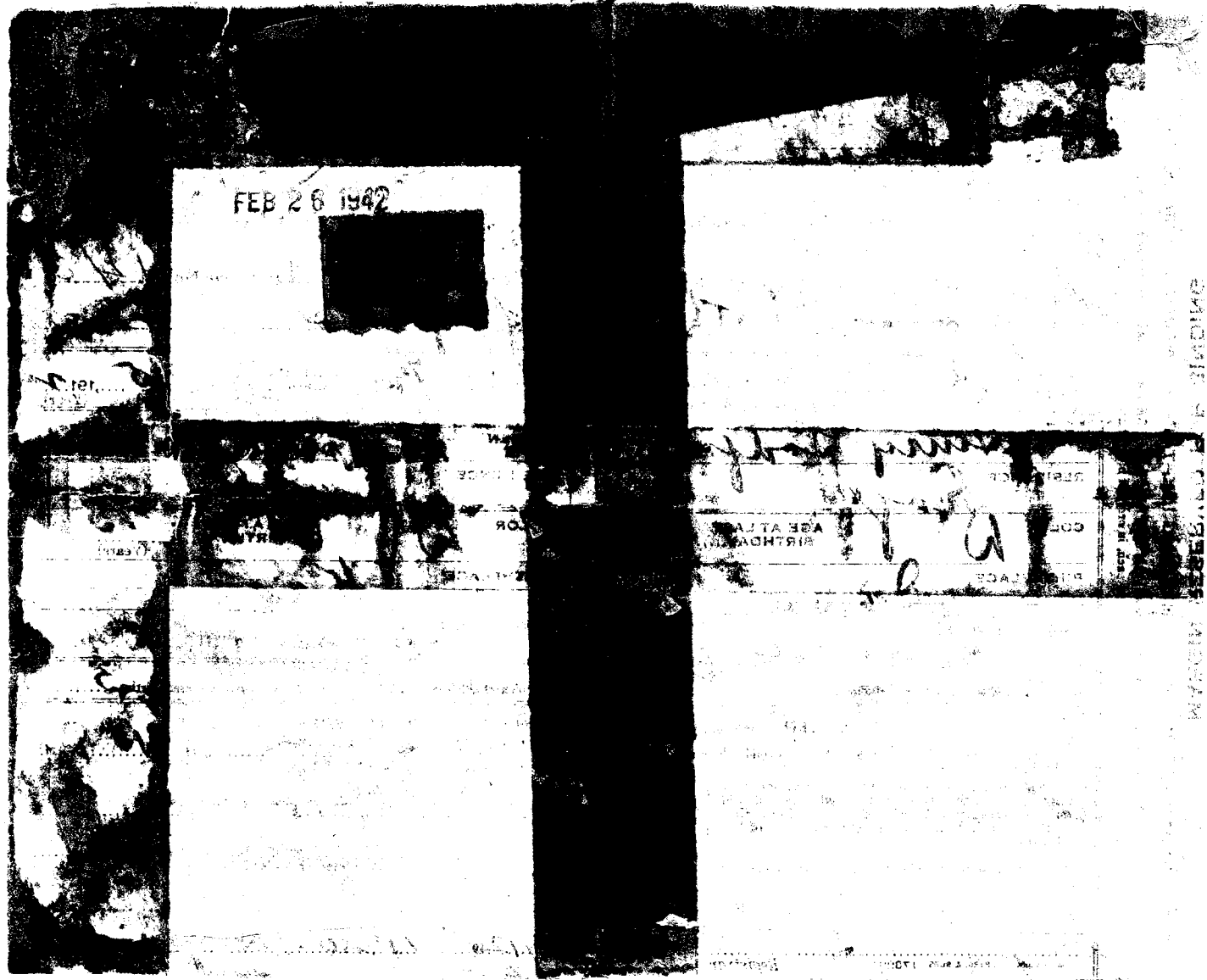
....., 19.....

Filed ..... 12/30/12 M. E. Hopkins

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar


FEB 26 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

City of La Crosse Registration District No. 2 File No. 249

No. Main & Michigan St.

Primary Registration District No. 1004 Registered No. 126

Hospital

FULL NAME OF CHILD Igeborg Mary Garnaas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	3 22 1912

	FATHER	MOTHER
FULL NAME	Olaf Garnaas	Inga Dyoerud
RESIDENCE	Main & Michigan St	Main and Michigan Sts
COLOR	W	W
AGE AT LAST BIRTHDAY	32 (Years)	33 (Years)
BIRTHPLACE	Norway	Norway
OCCUPATION	Driver	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bach

(Physician or Midwife)

Given names added from a supplemental report

Address

....., 19..... Filed 4/14/12 19

Registrar

5-Y CO., 16670

MARGIN FOR BINDING

WHITE PLAINS, N.Y. 10603 PERMANENT RECORD

Form V. S. Typ. Bur. Stds. 4-6

Form 0-1 ACS

County of

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 2

File No. 5220

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 116

Hospital ____

FULL NAME OF CHILD Wayne Cross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Fourth	Yes	March 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Howard Cross	Esther Washburn
RESIDENCE	New Plymouth Idaho	New Plymouth Idaho
COLOR	W Lite	W Lite
AGE AT LAST BIRTHDAY (Years)	43 yrs.	34 yrs.
BIRTHPLACE	Red Wing Minnesota	Richmond Indiana
OCCUPATION	Farm laborer	Home wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 o'clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Victoria Hamilton

(Physician or Midwife)

Address 914 S Barrigill St Boise Idaho

Given names added from a supplemental report

....., 19....

Filed 4/11 19 12 W E Hopkins

Registrar

SVIS - YORK CO., PTRS. & SONS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Boise — Registration District No. 2 — File No. 5221

No. ____ St. — Primary Registration District No. 1084 — Registered No. 146

Hospital ____

FULL NAME OF CHILD Zurcher (Died)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 28, 1912

FATHER		MOTHER	
FULL NAME	Otto Zurcher	FULL MAIDEN NAME	Ardella Moore
RESIDENCE	414 So. 12th St	RESIDENCE	414 So 12th St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, but died in 10 hours (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/30/12 19.....

S-Y CO., 16670

Registrar

Registrar

PLACE OF BIRTH

Form V. S. No. 11-C (Rev. 1909)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5222

No. 418 S. 14 St.

Primary Registration District No. 1004

Registered No. 148

Hospital the Saint Luke's

FULL NAME OF CHILD Margaret Robertson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—	2	yes	4 - 25 - 1912

FATHER		MOTHER	
FULL NAME	James G. Robertson	FULL MAIDEN NAME	Addie Nelson
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	New York
OCCUPATION	Laundryman	OCCUPATION	housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Robertson

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed May 1 1912 W. E. Hopkins

Registrar

Registrar

BY OO., 18570

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

753-125-001-818

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child in order of birth, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 220, State St.

Hospital Walphmans

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 7

Primary Registration District No. 1904

File No. 5223

Registered No. 43

FULL NAME OF CHILD RICHARD SHERMAN PECHMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	April 29 1912

	FATHER	MOTHER
FULL NAME	O. H. Peckman	FULL MAIDEN NAME Leona Harpster
RESIDENCE	220 State St	RESIDENCE 220 State St
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE Mo
OCCUPATION	Printer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Tattersall

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed April 29, 1912

.....
Registrar

.....
Registrar

AYMS - YORK CO., PTRS. & SDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. U-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate BIRTH RECORD must be made for each child

(Type names added from a supplemental report

(Physician or Midwife)

Address

Registrar

Filed

19

Registrar

STATE PRINTING & BINDING CO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colo
County of DENVER } ss.

Certificate No. 5223
Date Filed FEB 23 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard Sherman Pechman (Name on Original Certificate) who Born (Was Born or Died) on April 29, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 29, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	-- Peckman	Richard Sherman Pechman
name of father	O. W. Peckman	O. W. Pechman

Subscribed and sworn to before me this 24th
day of February, 1942

Notary Public, residing at Denver Colo

My commission expires
(Seal)

Signed O. W. Pechman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1945 Fairfax St Denver Colo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
City
County of Denver } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of February, 1942

Notary Public, residing at Denver Colo.

My commission expires November 10, 1945
(Seal)

Signed T. K. Edwards
(Signature of Any Credible Person Other Than Previous Year)

1140 Humboldt St
(Street Address, City, State)
Denver Colo

MAR 7 1968

JUL 23 1973

353-22-2001-151

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. U-C-Rev. 4-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 805 Grove St., Delamar

Registration District No. 7

File No. 5224

Hospital

Primary Registration District No. 1004

Registered No. 142

FULL NAME OF CHILD Victoria Letemendia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anastia Letemendi	Leandia Alarcia
RESIDENCE	805 Grove	805 Grove St
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Spain	Spain
OCCUPATION	Hotel Keeper	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M., M. on the date above stated.

(Signature) Fred A. Tillinghast

(Physician or Midwife)

Address Falk Bldg

Filed 4/30 1912

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 6 1968

FEB 23 1971

654-222-30(1892) 9/5/51

PLACE OF BIRTH Amended

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 805 Grove St.

Registration District No. 2 File No. 5225

Hospital

Primary Registration District No. 1004 Registered No. 111

FULL NAME OF CHILD LIBE MIREN ONDARZA
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female			yes	4	22	1912

What bacteriacidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joe Alastra Ondarza	FULL MAIDEN NAME	Ercolastica Arriandiaza
RESIDENCE	Spring Valley, Ida.	RESIDENCE	Spring Valley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) Fred A. Pittenger
(Physician or midwife)

Address Falk Bldg.

Filed 4/30 1912 M.E.Hopkins
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number, in order of birth, stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 805 Grove St. Registration District No. 2 File No. 5225

Hospital Primary Registration District No. 1004 Registered No. 140

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 22 1912

FATHER		MOTHER	
FULL NAME	Jose Alustiza	FULL MAIDEN NAME	Ecclastica Arriandiaga
RESIDENCE	Spring Valley Id.	RESIDENCE	Spring Valley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Gillenger

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Falk Bldg

Filed 4/27 19 12 M E Hopkins

Registrar

SYMS - YORK CO., PTRS. & SDRS 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho)
County of Owyhee) ss.

Certificate No. XXXX 5225

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Libe Miren Ondarza (Name on Original Certificate) who was born (Was Born or Died) on April 22, 1912 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by witnesses (Bible Record, Insurance Policy, Etc.) prepared on August 17, 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Alurtia	Libe Miren Ondarza
Father's Name	~~Joe Alurtia~~	Joe ~~Alurtia~~ Ondarza
	Joe Alastra Ondarza	Alastra

Subscribed and sworn to before me this 17th day of August, 1951

Julian Echemendia

Notary Public, residing at Homedale, Idaho

My commission expires 3/20/55

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

617 Fort St.

(Street Address, City, State) Boise Ida.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho)
County of Owyhee) ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 19 51

Julian Echemendia

Notary Public, residing at Homedale, Idaho

My commission expires 3.20.55

(Seal)

Signed A. Hourcade Aduriz

(Signature of Any Credible Person)

617 Fort St

(Street Address, City, State)

Boise Idaho

134-121-001-291

PLACE OF BIRTH

Form V. S. No. 21-C—Rm-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 5226

No. 744, E. Jefferson St.

Primary Registration District No. 1004 Registered No. 1470

Hospital

FULL NAME OF CHILD Earl Bernard Aldrich

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 21, 1912

FATHER		MOTHER	
FULL NAME	Frank Aldrich	FULL MAIDEN NAME	Mina Brandelbury
RESIDENCE	744 - E Jefferson St	RESIDENCE	744 - E Jefferson St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St

Given names added from a supplemental report

....., 19.....

Filed 4/30 1912 McHaffie

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

689-129-001-689

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ____ File No. 5227

No. 7 Broadway St. South Boise

Primary Registration District No. 1004 Registered No. 139

Hospital No

FULL NAME OF CHILD Norman McCoid White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr 29 19

FATHER		MOTHER	
FULL NAME	Joe White	FULL MAIDEN NAME	Ola Snodgrass White
RESIDENCE	7 Broadway	RESIDENCE	Ha[illegible]
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas W Kingsbury

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/30 19 12 M C Hawkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and this number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a separate return must be made for each additional birth.

of each, to order of living children.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No.

249-204-001-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 7013, 19th W. St.

Registration District No. 2 File No. 5228

Primary Registration District No. 1004 Registered No. 138

Hospital

FULL NAME OF CHILD Ida Kunda Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Feb 4 1912

	FATHER	MOTHER
FULL NAME	John M. Burke	FULL MAIDEN NAME Inga Eliza Andersson
RESIDENCE	Dry Creek R.F.D. #3	RESIDENCE Dry Creek R.F.D. #3
COLOR		COLOR
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE Ephriam Utah
OCCUPATION	Laborer	OCCUPATION Home Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on stillborn at 11.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Geo. K. Handy
(Physician or Midwife)

Address 7013 N. 9th St. Boise

Filed 4/26/12 19 12 W. E. Stephens
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

847 - 203 - 001 - 457

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. R. F. D. # Bench St.

Hospital

Registration District No. 2 — File No. 5229

Primary Registration District No. 102 — Registered No. 137

FULL NAME OF CHILD Felicia Arrillia Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 3rd 1912

FATHER	MOTHER
FULL NAME: Walter Hughes	FULL MAIDEN NAME: Fanny Degraw
RESIDENCE: Bench Boise	RESIDENCE: Same
COLOR: Light	COLOR: Light
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Cherryville Idaho	BIRTHPLACE: Glendale Kane Co. Ut.
OCCUPATION: Day Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Landy

(Physician or Midwife)

Address 227 9. Main

Given names added from a supplemental report

....., 19.....

Filed 4/26/12 1912 W. W. Hopkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

APR 1 0 1974

393-219-001-386

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5230

No. 530, So. 15th St.

Primary Registration District No. 1804

Registered No. 136

Hospital

FULL NAME OF CHILD Dorothy Bergetta Filton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	April 19, 1912

FATHER	MOTHER
FULL NAME: George F. Filton	FULL MAIDEN NAME: Blanche L. Crouse
RESIDENCE: 530 So. 15th St.	RESIDENCE: 530 So. 15th St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Iowa
OCCUPATION: R.R. Clerk.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8:12 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/26/12 19.....

M. C. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3230

294-224-006

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

County of Ada

eau of Vital Statistics

TIFICATE OF BIRTH

City of Boise

Registration District No. 2

File No. 5231

No. 1115 No. 9th St.

Primary Registration District No. 1004

Registered No. 135

Hospital

FULL NAME OF CHILD Julia Dorothy Simpson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	April 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leon S. Simpson	Elizabeth A. Silvwood
RESIDENCE	1116 No. 9th St.	1115 North 9th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Idaho	Utah
OCCUPATION	Bookkeeper	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 31 1956
APR 11 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise — Registration District No. 4 — File No. 5232

No. ____, ____ St. — Primary Registration District No. 1004 — Registered No. 134

Hospital St. Alphonsus

FULL NAME OF CHILD Boone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
	1	2	yes	Mar. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lafe Boone	Dot Knox
RESIDENCE	Hill Road, near Boise	Hill Road, near Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Ill	Ill
OCCUPATION	Dairyman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature 6 mos. (Born alive or stillborn), at P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

...., 19.... Registrar

Filed 4/12 19 12 W. E. Hopkins Registrar

S-Y CO., 16670

[redacted]

PLACE OF BIRTH

(Month or

Z no 1HE1 —

799-215-001-335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 1710 Washington St.

Hospital ✓

Registration District No. 7

Primary Registration District No. 1004

File No. 5233

Registered No. 173

FULL NAME OF CHILD Laura Carlisle Price

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4 15 1912

FATHER

FULL NAME Austin Price

RESIDENCE 1710 Washington

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE [illegible] Missouri

OCCUPATION Civil Engineer

MOTHER

FULL MAIDEN NAME Pearl Lenworth

RESIDENCE 1710 Washington

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Canada

OCCUPATION H. Wife

Number of child of this mother, including present birth 1

Number of children, of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. Lincoln Allen

of Drs. Allen & Allen (Physician or Midwife)

Address 301-3 McCarty Bld

Filed 4/24 1912 W. E. Hopkins Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

c.c. 5/22/41. w.h.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

REC'D JUN 23 19

Certificate No. 27398
Date Filed 5-22-41

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Laura Carlisle Price (Name on original certificate) who was born (Was born or died) on April 15, 1912 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on date of birth (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Birthplace	Colorado	Missouri

Subscribed and sworn to before me this 19th day of May, 19 41

Notary Public, residing at Los Angeles, Calif.

My commission expires June 19, 1942

[SEAL]

Signed Elsie J. Price (Mother of A.C. Price)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

2308 Carroll Park South, Long Beach, Calif.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 19 41

Notary Public, residing at Los Angeles, California

My commission expires June 19, 1942

[SEAL]

Signed A. C. Price
(Signature of any credible person other than the previous affiant)

1244 West 83rd Street
(Street Address, City, State)
Los Angeles, California

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise — Registration District No. 7 — File No. 5234

No. 18 + Rideubaugh St. — Primary Registration District No. 1004 — Registered No. 142

Hospital

FULL NAME OF CHILD Ruth Robinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4 12 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Ward Beecher Robinson	Lulu Leep
RESIDENCE	18 + Rideubaugh	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	37
BIRTHPLACE	Kentucky	Indiana Oregon
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Allen & Allen

H Lincoln Allen

(Physician or Midwife)

Address McCarty Bld Suite 301-3

Given names added from a supplemental report

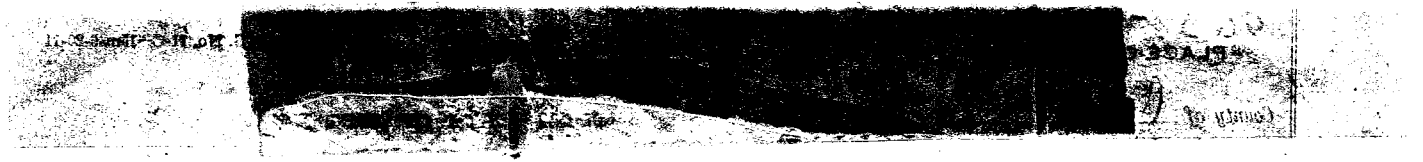
....., 19.....

Registrar

Filed 4/24 1912 M. E. Hoffman

Registrar

S-Y CO., 15670



MAR 6 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, RETURN must be made for each and the number of each stated

County of Ada

City of Boise

No 1017 E Bannock St.

Hospital

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No V

File No. 5235

Primary Registration District No. 1004

Registered No. 131

FULL NAME OF CHILD Lockey Mezetty Twumbeaugh Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female			Yes	April 19

	FATHER	MOTHER
FULL NAME	George W. Twumbeaugh	Martha Price
COLOR	W	W
AGE AT BIRTH	24	19
BIRTHPLACE	Ore.	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.25 A on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Lukey, Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/23 19 12 W. E. Hopkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

[redacted]

MAY 27 19[redacted]

OCT 26 1976

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 5236

No. 1115 State St. — Primary Registration District No. 1004 — Registered No. 130

Hospital

FULL NAME OF CHILD Wilbur Chas Wienkauf

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	4 – 11, 1912

FATHER	MOTHER
FULL NAME: Chas. Wienkauf	FULL MAIDEN NAME: Annie Lexcau
RESIDENCE: 1115 – State	RESIDENCE: 1115 – State
COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Wis.	BIRTHPLACE: Pa.
OCCUPATION: Reclamation Clk.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6:15 A.M. on the date above stated.

(Signature) John Bouck

(Physician or Midwife)

Address Boise Idaho

Filed 4/22/12 19.. W. E. Stephens Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child's number of each, in order of birth stated.

STATE OF IDAHO

Amended 7-24-57

PLACE OF BIRTH

284 - 207 - 001 - 136

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5237

Primary Registration District No. 1004 Registered No. 129

FULL NAME OF CHILD Esther Lillian Shuck

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 7, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	David Shuck	FULL MAIDEN NAME	Mary Alford
RESIDENCE	217½ Washington Street	RESIDENCE	217½ Washington Street
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ogden, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 9 a. ..... M. on the date above stated.

(Signature) L. S. Williamson, M. D.

(Physician or midwife)

Address .....

Filed 4-19-12 M. E. Hopkins

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5237

Primary Registration District No. 1004 Registered No. 129

FULL NAME OF CHILD Lillian Grace Shuck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Shuck	Mary Alford
RESIDENCE	217½ Washington St	217½ Washington St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	34
BIRTHPLACE	Idaho	Ogden Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Living (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M. D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 4/19 1912 W. P. Hayes Registrar

S-Y CO., 16670

JUL 25 19[illegible]

DEC 7 1970

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5237

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lillian Grace Shuck (Name on Original Certificate) who was born (Was Born or Died) on April 7, 1912 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on appears very old (Give Date), are:

Child's Birth Cert. California - Nov. 30, 1949

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) viewed by V.S.	TO (The Correct Facts)
Name	Lillian Grace Shuck	Esther Lillian Shuck

Subscribed and sworn to before me this 26 day of June, 1957

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 24 1960
(Seal)

Signed Mary Ellen Shuck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

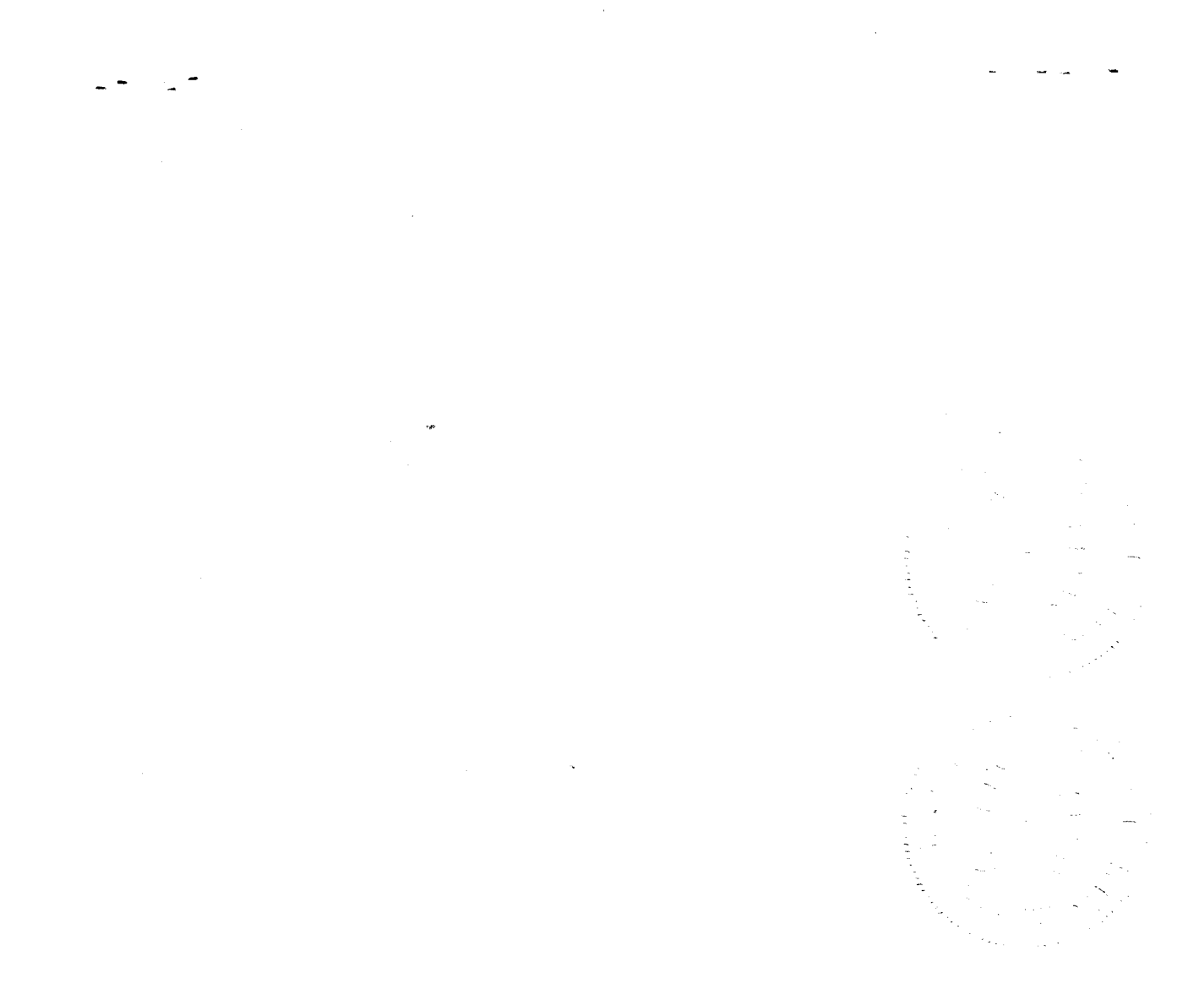
Subscribed and sworn to before me this 26 day of June, 1957

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 24 1960
(Seal)

Signed Mary L. Cushman
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155



153-111-001-239

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5238

No. 1709, N 20th St.

Primary Registration District No. 1004

Registered No. 128

Hospital

FULL NAME OF CHILD Ernest Edwin Jellison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 11, 1912

	FATHER	MOTHER
FULL NAME	Clarence Orrin Jellison	Mattie Wm. Jr. Scriby
RESIDENCE	1709 - N 20th St	1709 - N 20th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Minnesota	Wisconsin
OCCUPATION	Marble Worker	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 6-3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. H. Williamson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 4/19 1912 W. C. Hopkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1942

JUL 12 1963

FEB 7 1974

381-211-001-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1602 n. 12 St.

Hospital St Lukes

Registration District No. 2 File No. 5239

Primary Registration District No. 1004 Registered No. 127

FULL NAME OF CHILD Marian Bernice Champlain

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	yes	4 11 1912

FATHER	MOTHER
FULL NAME: Samuel St. Clair Champlain	FULL MAIDEN NAME: Mabel Bowler
RESIDENCE: 1602 n. 12th St	RESIDENCE: 1602 n. 12th St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Nebr.
OCCUPATION: Real Estate.	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas. L. Stewart (Physician or Midwife)

Address 410 Overland Bldg.

Given names added from a supplemental report

4-16-, 1912

Filed 4/17/12 1912

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARSHALL JESSEPH'S LAST WILL AND TESTAMENT RECORD

WITH PLAINTIFF'S WRITING UNDERSTANDING HIS LAST WILL AND TESTAMENT

[illegible]

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5241

No. 1309, N-11 St.

Primary Registration District No. 1504

Registered No. 124

Hospital

FULL NAME OF CHILD George Danielson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 17 191

FATHER	MOTHER
FULL NAME: Daniel O. Danielson	FULL MAIDEN NAME: Ethel Green
RESIDENCE: 1309 - N-11 - Boise	RESIDENCE: 1309 N-11 Boise
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Nebraska
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ivan Brock

(Physician or ~~Midwife~~)

Address Boise, Ada Co. Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/14/12 19.....

Registrar

9-Y CO., 16670

[redacted]

FEB 16 1943

APR 12 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5242

No. 808, Eastman

Primary Registration District No. 1004

Registered No. 123

Hospital

FULL NAME OF CHILD Hazel May Horner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	4, 4, 1912

FATHER

FULL NAME: Fred Horner

RESIDENCE: 808 Eastman

COLOR: W

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Penn

OCCUPATION: Collector

MOTHER

FULL MAIDEN NAME: Clara Evensizer

RESIDENCE: 808 Eastman

COLOR: W

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy Brandt

(Physician or ~~Midwife~~)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/16/12 19.. W. E. Hoffman

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 16 1971

20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Adair

City of Bonal

No. 1319, N-16th St.

Hospital

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration [illegible] 2 File No. 5243

Primary Reg[illegible] No. 1004 Registered No. 122

FULL NAME OF CHILD Margaret [illegible] Pike

Sex of Child	Twin, Triplet, or other? (To be answered only in event	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f				yes	4 - 2 - 1912

	FATHER	MOTHER
FULL NAME	Curtis Pike	[illegible] Margaret Bogarth
RESIDENCE	1319-N-16th St	1319-N-16th St.
COLOR	W	W
AGE AT LAST BIRTHDAY	[illegible] (Years)	39 (Years)
BIRTHPLACE	Ill	Mo
OCCUPATION	Real-Estate	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bair

(Physician or Midwife)

Address Bonal Ill.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/16/12 1912 W. O. Hopkins Registrar

S-Y CO., 16670

FEB 9 1942
FEB 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 212 No. 4th St.

Registration District No. V

File No. 5214

Primary Registration District No. 1004

Registered No. 121

Hospital

FULL NAME OF CHILD John Harmon Parker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 5th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George K. Parker	Georgia Harmon
RESIDENCE	212 No 4th St	212 No. 4th St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Window Trimmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T. Bivers M.D.

Physician (Physician or Midwife)

Address 708 Idaho Building Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4/15 19 12 W. E. Hoppe
Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Clara }

Certificate No. %"$$ 5244
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Harmon Parker (Name on original certificate) who was born (Was born ~~or died~~) on April 5, 1912 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance policy (Bible record, insurance policy, etc.) prepared on June 16th 1939 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Joseph Harmon Parker	John Harmon Parker

Subscribed and sworn to before me this 15th day of September, 1941

T. C. Cross

Notary Public, residing at San Jose
My commission expires April 1, 1944
[SEAL]

Signed Georgia E. Parker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

162 E. Julian, San Jose Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 1941

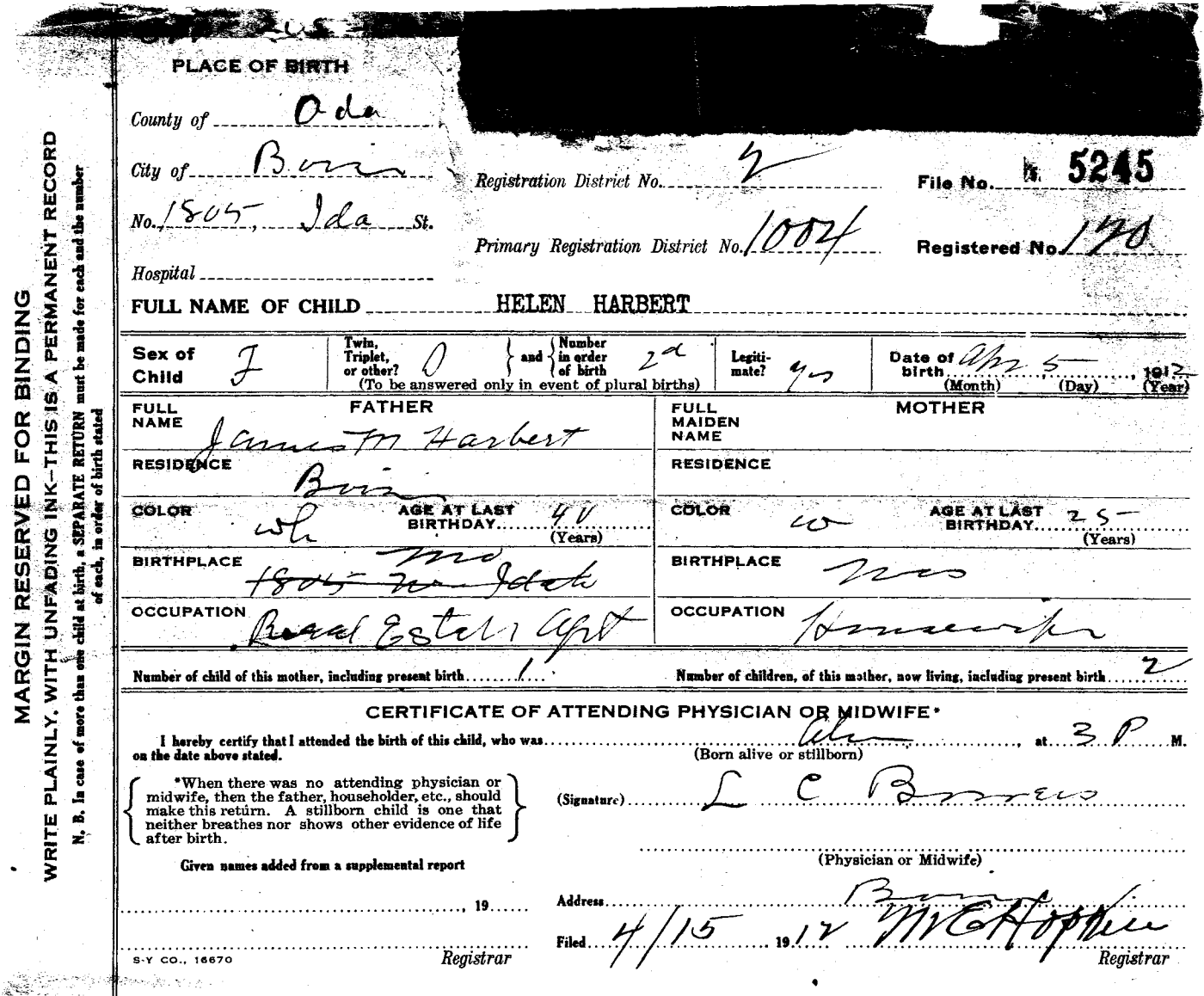
T. C. Cross

Notary Public, residing at San Jose
My commission expires April 1, 1944
[SEAL]

Signed Robert J. Ruffo
(Signature of any credible person other than the previous affiant.)

16-S0-1st. San Jose Calif
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



PLACE OF BIRTH

County of Ada

City of Boise

No. 1805, Ida St.

Hospital

Registration District No. 4

Primary Registration District No. 1004

File No. 5245

Registered No. 170

FULL NAME OF CHILD HELEN HARBERT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	0	2d	Yes	Apr 5 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James M Harbert	
RESIDENCE	Boise	
COLOR	Wh	W
AGE AT LAST BIRTHDAY (Years)	41	25
BIRTHPLACE	~~1805 Ida~~ Md	Mo
OCCUPATION	Road Estate Agt	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L C Brown

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/15 19.17 W McCroskey

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

245

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

COLOR

AGE AT LAST BIRTHDAY

No Mother 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 5245
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Helen Madeleine Harbert (Name on original certificate) who born (Was born or died) on April 5, 1912 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on March 25, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Harbert	Helen Harbert

Subscribed and sworn to before me this
day of March 25th, 1942
Elinor Larsen
Notary Public, residing at 639 S. Spring Los Angeles Calif.
My commission expires April 5, 1942
[SEAL]

Signed Mabel Harbert Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1601 Park Avenue Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st.
day of March 1942
Harvey T. Byram
Notary Public, residing at Los Angeles, Calif.
My commission expires
[SEAL] My Commission Expires MAY 21st 1945

Signed Hazel M. Crosby
(Signature of any credible person other than the previous affiant.)
Eye, West 7th St. Los Angeles
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUL 31 1974

Form V. S. No. 11-C—Jan. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. V

File No. 5246

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 119

Hospital St Alphonsus

FULL NAME OF CHILD Francis Marco Langdon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	no	April 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. L. Langdon	Edna Gribbin
RESIDENCE	Wyoming	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	29
BIRTHPLACE	Unknown	Ill.
OCCUPATION	Clerk or Salesman	Musician

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, by Caesarean Section, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall
(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/15 1912 Wm. H. Oppitz
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

[redacted]

JAN 21 1953

AUG 5 1976

DOCUMENT RECORD ING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of such, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 413 N. 16th St. St.

Hospital St. Alphonsus

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5247

Primary Registration District No. 1004 Registered No. 118

FULL NAME OF CHILD Louis Hyman Silberstein

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr. 5, 1912

FATHER	MOTHER
FULL NAME: Edward Louis Silberstein	FULL MAIDEN NAME: Mildred Olive Hanshaw
RESIDENCE: Boise	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Portland, Oregon	BIRTHPLACE: Richmond, Indiana
OCCUPATION: Window Trimmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory M.D.
(Physician or Midwife)

Address 204 S. Sonna Bldg.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/11 19 12 W. McHopkins
Registrar

S-Y CO., 16670

FEB 19 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5248

No. ____, ____ St.

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 117

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Jack C Peters

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 10 1912

FATHER		MOTHER	
FULL NAME	Roy L Peters	FULL MAIDEN NAME	Marie Peters
RESIDENCE	1308 Bannock	RESIDENCE	1308 Bannock
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Real Estate	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	South Dak
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) April 10, at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Nuckols

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4/11 19 12 M E Hopkins
Registrar

S-Y CO., 16870

[redacted]

JUN 10 1942

595 - 229-001-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No ..... St.

Hospital St Alphonsus

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5249

Primary Registration District No. 1004 Registered No. 115

FULL NAME OF CHILD Ruth Louise Drew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	March 29, 1912

FATHER	MOTHER
FULL NAME Howard F Drew	FULL MAIDEN NAME Mabel E. Lovely
RESIDENCE 311 No 14	RESIDENCE 311 No 14
COLOR W AGE AT LAST BIRTHDAY 24 (Years)	COLOR W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Mo	BIRTHPLACE Kans.
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. McInery

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

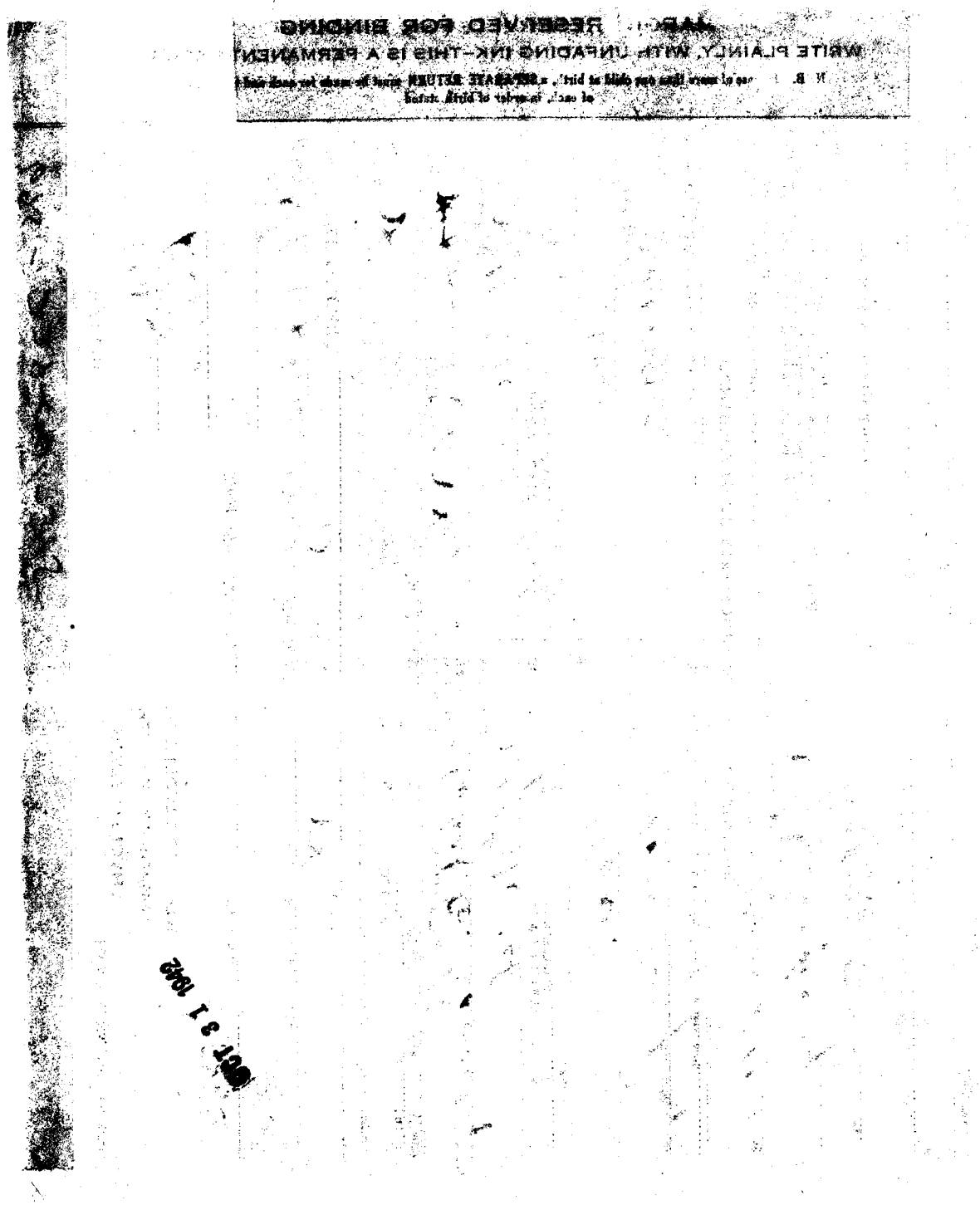
....., 19.....

Registrar

Filed 4/10 19 12 W. E. Hopkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



665-10/2004-234

Form V. S. No. 11-C—Rev. 5-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 309 Broadway

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. V

File No. 5250

Primary Registration District No. 1004

Registered No. 114

FULL NAME OF CHILD George Leonard Fielder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	April 4, 1912

FATHER

FULL NAME: William J. Fielder

RESIDENCE: 309 Broadway

COLOR: W

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Germany

OCCUPATION: Painter

MOTHER

FULL MAIDEN NAME: Lizzie Stoltefuss

RESIDENCE: 309 Broadway

COLOR: W

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Mackey

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/10 1912 M. E. Hoppes

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 21 1957

423-104-001-229

PLACE OF BIRTH

STATE OF IDAHO, DEPARTMENT OF PUBLIC HEALTH

5-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Ada

City of

No. , St.

Hospital

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5252

Primary Registration District No. 1004 Registered No. 112

FULL NAME OF CHILD Barrett Cleveland Dick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lymon Cleveland Dick	Rua Barrett
RESIDENCE	South Boise	South Boise
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	25 (Years)
BIRTHPLACE	Nevada	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) L. S. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St.

Filed 4/12 1912 W. E. Hopkins Registrar

S-Y CO., 16870

JAN 13 19[illegible]

JUL 9 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adee

City of Boone

No. 611, S-13th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 5253

Registered No. 111

FULL NAME OF CHILD Harvey Wright Boyenger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 26, 1912

FATHER		MOTHER	
FULL NAME	Chas. Boyenger	FULL MAIDEN NAME	Ethel Wright
RESIDENCE	611 - S 13th St	RESIDENCE	611 - S - 13th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M. D.
(Physician or Midwife)

Address 824 Franklin

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/12, 19 12 W. C. Hopkins
Registrar

S-Y CO., 16670

AUG 19 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 1209, No 5th St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. W File No. 5254

Primary Registration District No. 1004 Registered No. 103

FULL NAME OF CHILD Mary MARIETTA Louise Dedolph

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
W	—	—	Yes	March 21, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frederick Dedolph	FULL MAIDEN NAME M. Lena Simpson
RESIDENCE 1205 No 5th	RESIDENCE 1205 No 5th
COLOR W	AGE AT LAST BIRTHDAY 27 (Years)
COLOR W	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Minn	BIRTHPLACE Oregon
OCCUPATION Mining Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 V

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turney

Physician

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

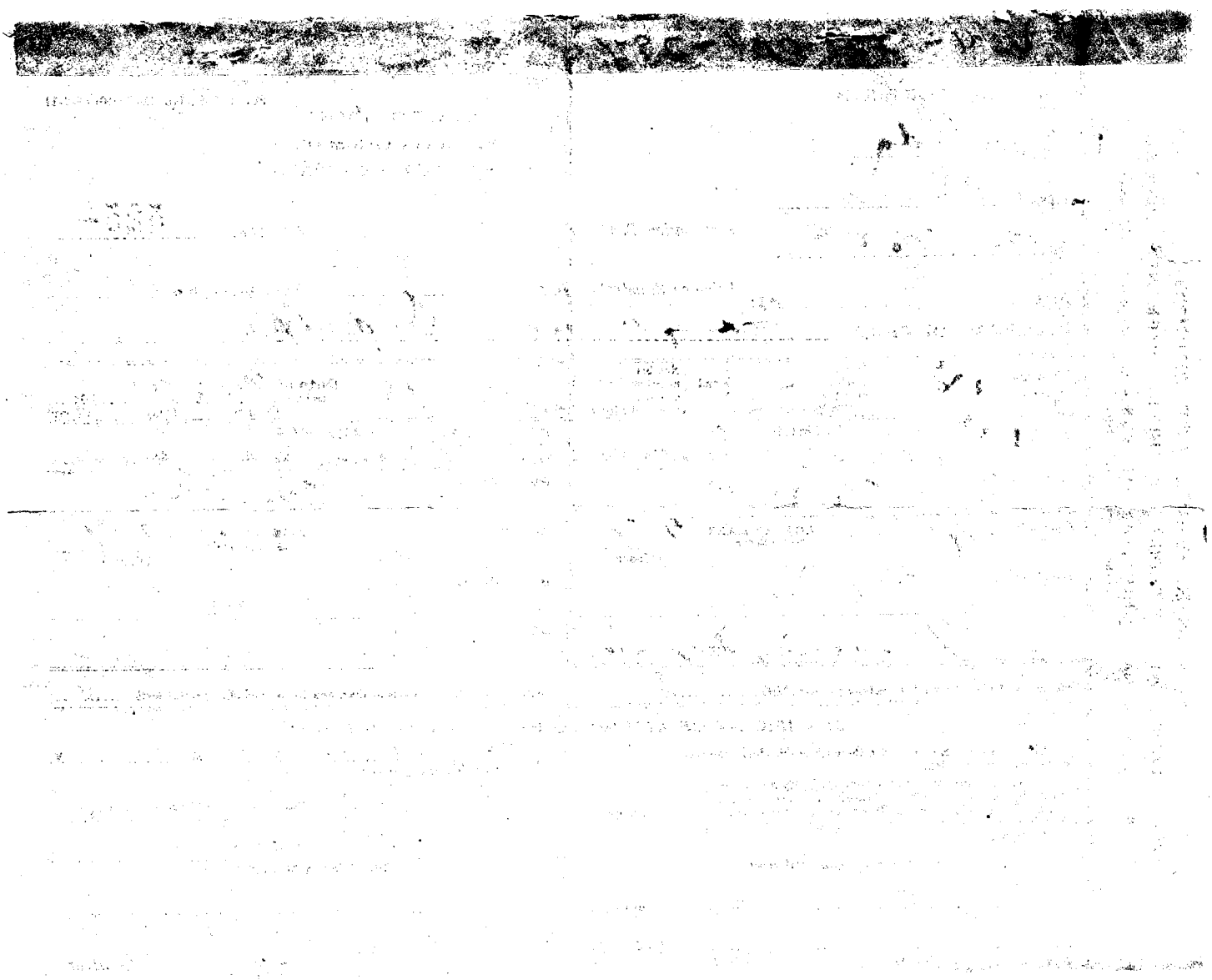
....., 19.....

Registrar

Filed 3/22/12 M. E. Hopkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minnesota } ss.
County of Ramsey }

Certificate No. 5254

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mary Louise Dedolph (NAME ON ORIGINAL CERTIFICATE) who ~~Died~~ (WAS BORN OR DIED) on 21st day of March (DATE OF EVENT) 1912
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 6-1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mary Louise Dedolph	Marietta Louise Dedolph

Subscribed and sworn to before me this 6th
day of May, 19 42

Notary Public, residing at St. Paul, Minn.
My commission expires [illegible]
(SEAL)

Signed Frederick Dedolph
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1424 Sargent Ave. East Paul Minn.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota } ss.
County of Ramsey }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, '937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of May, 19 42

Notary Public, residing at St. Paul, Minn.
My commission expires [illegible]
(SEAL)

Signed Jno. Cotter
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1468 Jackson Avenue
(STREET ADDRESS, CITY, STATE) St. Paul Minn.

Received for filing on JUN 10 1942 By
(REGISTRAR'S SIGNATURE)

CALHOUN B

Dean Boulevard a

Minnea

Mr. Frederick Cadolph
1424 Bernent Avenue, St. P

Dues—From Oct. 1 To December

Federal Tax

Total

Make checks payable to
Calhoun Beach Club

JUN 1 2 194

128-103
010-815
[redacted]

PLACE O[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Taylor

Registration District No. 331

File No. 5255

No. ____ St.

Primary Registration District No. 2024

Registered No. 96

Hospital ____

FULL NAME OF CHILD Merland Frank Ashment

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	2 3 1912

FATHER

FULL NAME: Frank Ashment

RESIDENCE: Taylor, Ida

COLOR: W. AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Richmond Utah

OCCUPATION: Farmer & day Laborer

MOTHER

FULL MAIDEN NAME: Esther Elizabeth Hansen

RESIDENCE: Taylor, Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Bear Lake, Idaho

OCCUPATION: Home Keeper

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Phys. (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....19....

Filed May 4 1912 W. Hammond

Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Idaho Falls

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5256

Primary Registration District No. 2027 Registered No. 91

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male,			Yes	Apl. 29, 1912.

FATHER	MOTHER
FULL NAME: George Moore	FULL MAIDEN NAME: Maria Lloyd,
RESIDENCE: Idaho Falls, Ida.	RESIDENCE: Idaho Falls. Ida.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 38.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 39.
BIRTHPLACE: Utah.	BIRTHPLACE: Utah.
OCCUPATION: Pool Hall Keeper	OCCUPATION: wife.

Number of child of this mother, including present birth: ten.

Number of children, of this mother, now living, including present birth: 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, Apl. 29th, 1912, (Born alive or stillborn) at 4.30 a. M. on the date above stated.

(Signature) T. M. Bridges, M. D.

(Physician or Midwife)

Address Idaho Falls, Idaho.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

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Registrar

Filed May 4 1912

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Registrar

S-Y CO., 16670

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of

No ____, ____ St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5258

Primary Registration District No. 2029 Registered No. 93

FULL NAME OF CHILD Raymond Clarence Fredrickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Fredrickson	Bertha Neuenswonder
RESIDENCE	Ammon	Ammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife (Physician or Midwife)

Address Ammon Bonneville Idaho

Given names added from a supplemental report

..... 19.....

Filed May 4 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

5/26/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5259

Primary Registration District No. 2029 Registered No. 92

FULL NAME OF CHILD Bella Sayers

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb. (Month) 13 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	W.M. Sayers	FULL MAIDEN NAME	Sadie Simmons
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at Ucon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife (Physician or Midwife)

Address Ucon Bonneville Idaho

Given names added from a supplemental report

....., 19.....

Filed May 4 1912

Registrar

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Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Description of illustration:

Heading

331-206-010-231

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No ....., ... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2029

File No. 5260

Registered No. 91

FULL NAME OF CHILD MERLE ALICE CLAYTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	March 6 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S F Clayton	Nola Slaughter
RESIDENCE	Ucon	Ucon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	North Carolina	North Carolina
OCCUPATION	Farmer	H wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Ucon, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

midwife (Physician or Midwife)

Address Ucon Bonneville, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 4 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C—10m-8-47-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 5260

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Merle Alice Clayton (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1912 (Date of Event)
in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church Records (Bible Record, Insurance Policy, Etc.) prepared on July 7, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Merle Alice Clayton

Subscribed and sworn to before me this 3rd
day of July, 1942.
Arthur R. Mush
Notary Public, residing at Ucon, Idaho
My commission expires April 13, 1945
(Seal)

Signed Nola Olivia Clayton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ucon, Idaho, P. O. Box 26
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of July, 1942.
Arthur R. Mush
Notary Public, residing at Ucon, Idaho
My commission expires April 13, 1945
(Seal)

Signed G. R. Taylor
(Signature of Any Credible Person Other Than Previous Year)
Ucon, Idaho
(Street Address, City, State)

JUL 6 1942

4[illegible]-37-0-0-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Ucon

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5261

Primary Registration District No. 2029 Registered No. 90

FULL NAME OF CHILD Helen Miskin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 17, 1912

FATHER		MOTHER	
FULL NAME	Edwin Miskin	FULL MAIDEN NAME	Mildred Dodge
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Ucon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

midwife (Physician or Midwife)

Address Ucon Bonneville Co. Idaho

Given names added from a supplemental report

....., 19.....

Filed May 3 1912 [illegible] Registrar

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SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

c.c. 6/5/41. w.h.

165-122-00-284

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Ucon

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 File No. 5262

Primary Registration District No. 2029 Registered No. 29

FULL NAME OF CHILD Donald Mark Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick C. McJones	Lidia Shurtliff
RESIDENCE	Ucon	Ucon
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	England	Idaho
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at Ucon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
Midwife
(Physician or Midwife)

Address Ucon Idaho

Given names added from a supplemental report

....., 19.....

Filed May 3 1912 W. H. Linnard
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 3

(Given names added from a supplemental report)

19 .....

Registrum

(Signature) of Midwife

Address .....

Filed .....

19 .....

655-120-010-819

PLACE OF BIRTH

County of Bonneville

City of Irwin

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2030 File No. 5267

Primary Registration District No. 7 Registered No. 24

FULL NAME OF CHILD Orson Elmer Weeks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Sept 20, 1912

FATHER		MOTHER	
FULL NAME	Thomas H Weeks	FULL MAIDEN NAME	Ursula Harmon
RESIDENCE	Irwin Idaho	RESIDENCE	Irwin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Smith Field Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home maker

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura Weeks

Mid wife (Physician or Midwife)

Address Irwin Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 17, 1912 W H Harmon Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bonneville

City of _____ Registration District No. 7 File No. 5268

No. _____, _____ St. Primary Registration District No. 2027 Registered No. 43

Hospital _____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Raymond Butler

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	One (To be answered only in event of plural births)	10	Yes.	April 18- 1912

FATHER		MOTHER	
FULL NAME	Joseph W. Butler	FULL MAIDEN NAME	Charlotte Castle.
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Fuller M.D.

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed May 1 1912 W. Hammond Registrar

S-Y CO., 16470

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

...eau of Vital Statistics

County of Bonneville ...TIFICATE OF BIRTH

No. 5269

City of ..... Registration District No. 7 File No. .....

No. ....., ... St. Primary Registration District No. 2027 Registered No. 62

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)	13	Yes.	Apr. 23, 1912

	FATHER	MOTHER
FULL NAME	H. C. Robinson.	Sophia Ford.
RESIDENCE	Idaho Falls Ida.	Idaho Falls Ida.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	45	44.
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer & Stock Raiser	House wife.

Number of child of this mother, including present birth 13.

Number of children, of this mother, now living, including present birth 12.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Fuller M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 1 1912 ..... Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of ..... Registration District No. 7 File No. 5270

No. ....., ... St. Primary Registration District No. 2027 Registered No. 41

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Maria Marianna Schuler

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth One | Legitimate? Yes | Date of birth April 8 (Month) (Day) 19 (Ye

FATHER

FULL NAME Nick Schuler

RESIDENCE Shelley Ida R D No 1

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Breuer

RESIDENCE Shelley Ida

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ida

OCCUPATION House Wife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

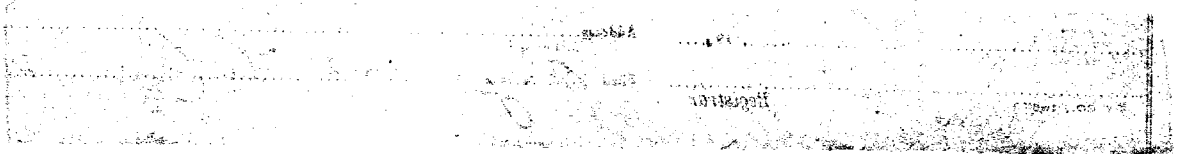
Address .....

Filed May 1 1912 C. Thomas

Registrar

Registrar

S-Y CO., 16670



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5271

Primary Registration District No. 2027 Registered No. 40

FULL NAME OF CHILD Lucy Sauer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	One	9	yes.	Mar. 23, 1912

FATHER		MOTHER	
FULL NAME	Adam Sauer	FULL MAIDEN NAME	Viola Hall
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46 / 39
BIRTHPLACE	Hessen Germany	BIRTHPLACE	Virginia
OCCUPATION	Real Estate	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

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Registrar

Filed May 1 1912

Registrar

S-Y CO., 16670

NOV 13 1942

214-230-410-635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of _____

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 — File No. 5272

Primary Registration District No. 2027 — Registered No. 79

FULL NAME OF CHILD Ruth Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 30, 1912

FATHER		MOTHER	
FULL NAME	Edward C Barnes	FULL MAIDEN NAME	May Whitsitt
RESIDENCE	Lava Hot Springs R F D 2	RESIDENCE	Lava Hot Springs R F D 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9-45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Simmons

P Simmons

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lava Hot Springs Idaho

Filed Apr. 30 19 12 C W Simmons

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Name ..... Registered .....

Address ..... 19 .....

Dated ..... 19 .....

Registrar .....

(Duplicate for Mistress)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 5273

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 7

Hospital ____

FULL NAME OF CHILD Violet Pickett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 24, 1912

FATHER		MOTHER	
FULL NAME	Orrie Pickett	FULL MAIDEN NAME	Gracie M Stone
RESIDENCE	Idaho Falls R F D. 4	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Leonard M.D.

(Physician or Midwife)

Address Idaho Falls Ida

Filed Apr 26 1912 W Leonard Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

Registration District No. 7 File No. 5274

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 77

Hospital ____

FULL NAME OF CHILD James Audrey Milner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4-23-1912

FATHER		MOTHER	
FULL NAME	Thomas Milner	FULL MAIDEN NAME	Albertina Melquest
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oakland Neb.
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born dead~~ (Born alive ~~or stillborn~~) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

P. Lyman (Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 26 1912 W. Hunnicutt Registrar

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D 4 St.

Registration District No. 7 File No. 5275

Primary Registration District No. 2027 Registered No. 76

Hospital

FULL NAME OF CHILD Infant Lind (1st 3 Lives)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr. 23, 1912

FATHER

FULL NAME Emil Lind

RESIDENCE Idaho Falls R F D 4

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ohio

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edna Breen

RESIDENCE Idaho Falls

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Cummins

P Physician

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 27 1912 Wm Cummins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 5276

No. ~~173~~ Water St.

Primary Registration District No. 2027

Registered No. 71

Hospital Courthard & McComb.

FULL NAME OF CHILD Eileen Fern Workman.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	April 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alex. Wilson Workman	Jessie Fern White
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24.	19.
BIRTHPLACE	Coleraine, Ireland.	Pocatello, Idaho.
OCCUPATION	Travelling man.	House wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Comb

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 24 1912

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Registrar

.....
Registrar

S-Y CO., 16670

OCT 1 1 1968

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls

Registration District No. 7 File No. 5277

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 74

Hospital Geo. Alfred Hook

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	Apr 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Hook	Stella Geer
RESIDENCE	Ida. Falls	Ida Falls
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 25	White 20
BIRTHPLACE	Salt Lake, Utah	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellve M.D.

(Physician or Midwife)

Address Ida Falls-R.1

Filed Apr 19 1912 W. Hammond Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 24 1942

363-20-19453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bonneville

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Ammon

Registration District No. 7

File No. 5270

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 75

Hospital ____

FULL NAME OF CHILD Nina Lee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Apr. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Niels Lee	Lena Helmondollar
RESIDENCE	Ammon	Ammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) John O Mellar

(Physician or Midwife)

Address Idaho Falls, Ida.

Filed Apr 19 1912 [illegible]

Registrar

S-Y CO., 16670

MAR 21 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 7 — File No. 5279

No. ____, ____ St. — Primary Registration District No. 2027 — Registered No. 72

Hospital ____

FULL NAME OF CHILD Lorene Holden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 5, 1912

FATHER

FULL NAME	John Holden
RESIDENCE	Ida. Falls.
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	England
OCCUPATION	Machinist

MOTHER

FULL MAIDEN NAME	Mary A. Horsley
RESIDENCE	Idaho Falls
COLOR	White
AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	England
OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD

(Physician or Midwife)

Address Idaho Falls or Ida.

Given names added from a supplemental report

....., 19.....

Filed Apr 19 1912 W. Hammond

Registrar

S-Y CO., 16670

Registrar

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 7 — File No. 5280

No. ____, ____ St. — Primary Registration District No. 2027 — Registered No. 71

Hospital Garden Hall Simmons

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr. 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Carlos Simmons	Annie Hall
RESIDENCE	Ida. Falls	Ida. Falls
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Wyoming	Michigan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD

(Physician or Midwife)

Address Ida. Falls — R 1

Given names added from a supplemental report

....., 19.....

Registrar

Filed: Apr 19 1912 [illegible] Registrar

S-Y CO., 16670

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

Registration District No. 7 File No. 5281

No. —, St.

Primary Registration District No. 2027 Registered No. 70

Hospital —

FULL NAME OF CHILD John Desmond Hayes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	April 15 1912

FATHER		MOTHER	
FULL NAME	Jas D. Hayes	FULL MAIDEN NAME	Myrtle Hibbard
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, ~~then the father, householder, etc.,~~ should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. McComb M.D.

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 16 1912 W. Thomas

Registrar

S-Y CO., 16670

Registrar

JUL 18 1975

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS.

On 14 JULY 75 before me,
the undersigned, a Notary Public in and for said County and State,
personally appeared JOHN DESMOND
HAYES
,
, known to me
to be the person whose name subscribed to the within
instrument and acknowledged that HE executed the same.

Signature M. F. Earnhardt

M. F. EARNHARDT
Name (Typed or Printed)
Notary Public in and for said County and State

-117

OFFICIAL SEAL
M. F. EARNHARDT
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN BERNARDINO COUNTY
My Commission Expires July 19, 1976

FOR NOTARY SEAL OR STAMP

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 16 9 28 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5281

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hayes (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	John Desmond Hayes

Subscribed and sworn to before me this 14 day of July, 1976.

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed John Desmond Hayes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIF. } ss.
County of SAN BERNARDINO }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 7/17/75

Application to the Prudential Insurance Co. of America gives name as John D. Hayes. born Apr 15, 1912. dated June 2, 1939. viewed by VS

AUG 18 1976

Marriage licens from California gives namds John Desmond Hayes and the birde's name as Wanda Doris Lewis. dated Oct 24, 1934. viewed by VS

Social security card (553-07-3656) gives nameas John Desmond Hayes. dated 12/12/36. viewed by V. S.

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 7 — File No. 5282

No. ____, ____ St. — Primary Registration District No. 2027 — Registered No. 69

Hospital ____

FULL NAME OF CHILD Not Named Lila Browning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 13 1917

FATHER		MOTHER	
FULL NAME	James J. Browning Jr.	FULL MAIDEN NAME	Ada Poole
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Idaho Falls

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 16 1917 [signature] Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 8 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 619-15-010-319

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R 4 2 St.

Registration District No. 7 File No. 5283

Primary Registration District No. 2027 Registered No. 6 1

Hospital

FULL NAME OF CHILD Max Daniel Warrant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr 15 1912

FATHER		MOTHER	
FULL NAME	Willis F Warrant	FULL MAIDEN NAME	Lulu Hazell
RESIDENCE	Idaho Falls R 4 2	RESIDENCE	Idaho Falls R 4 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Home maker

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from above (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

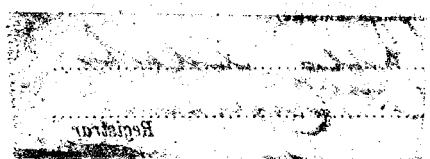
(Signature) Wm Cummins M D
Physician
(Physician or Midwife)

Address Idaho Falls Idaho

Filed Apr 17 1912 Wm Cummins
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 24 1975



455-102-010-284

PLACE OF BIRTH

Form V. S. No. H-6

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2027

File No. 5284

Registered No. 67

FULL NAME OF CHILD Frances Verdon Denning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	April 2, 1912

FATHER

FULL NAME: James Henry Denning

RESIDENCE: Ucon Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 59 (Years)

BIRTHPLACE: England

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma J Squires

RESIDENCE: Ucon Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: S. L. C. Utah

OCCUPATION: housewife

Number of child of this mother, including present birth: 13

Number of children, of this mother, now living, including present birth: 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Apr 2, at 3.0 A.M. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rancherry

Christian

(Physician or Midwife)

Address Ucon Bonneville Co. Idaho

Filed Apr 13 1912

Registrar

Given names added from a supplemental report

....., 19.....

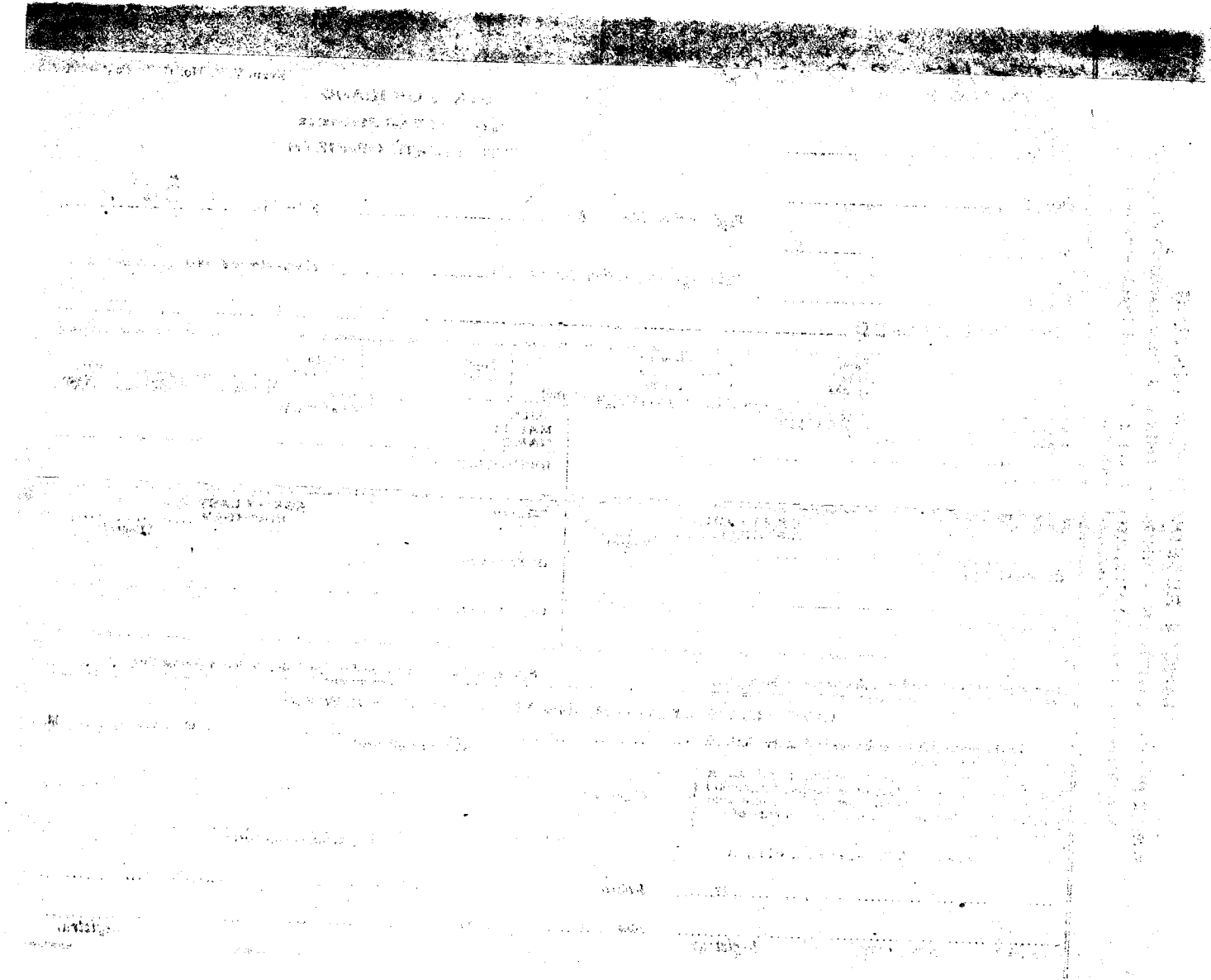
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



457 - 211-010 - 691

Amended 12-20-61

(Be sure the information is complete and accurate)

State File No. 5285
Local Reg. No. 66
Reg. Dist. No. 7

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): R.F.D. #3

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Irene
b. (Middle): Louise
c. (Last): Meppen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 11, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): August
b. (Middle):
c. (Last): Meppen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Germany

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Louisa
b. (Middle):
c. (Last): Franke

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: T. M. Bridges, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Apr. 13, 1912

20. REGISTRAR'S SIGNATURE: W. Kinnaird

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

GISTRAR in the district where the birth occurred, within 10 days after birth.
pondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner o the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occur red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by muni cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville,

City of Idaho Falls,

No. R. F. D. # 3. St.

Hospital

Registration District No. 7

File No. 5285

Primary Registration District No. 2027

Registered No. 66

FULL NAME OF CHILD Irene Louise Meppin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 10, 1912.

FATHER	MOTHER
FULL NAME: August Meppin,	FULL MAIDEN NAME: Lousia Franke,
RESIDENCE: Idaho Falls, Ida.,	RESIDENCE: Idaho Falls, Ida.
COLOR: white	COLOR: White.
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Germany.	BIRTHPLACE: Iowa.
OCCUPATION: Farmer.	OCCUPATION: Wife.

Number of child of this mother, including present birth: 9th.

Number of children, of this mother, now living, including present birth: 9.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Bridges. M.D.

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

4/11/12. 19....

Registrar

Filed Apr 13 1912

Registrar

S-Y CO., 16670

DEC 20 1961

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 5285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Irene Louise Meppin (Name on Original Certificate) who was born (Was Born or Died) on April 10, 1912 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Meppin	Meppen
Child's Date of Birth	April 10, 1912	April 11, 1912
Father's Last Name	Meppin	Meppen
Mother's First Name	Louisa	Louisa

Subscribed and sworn to before me this 11th day of Dec., 1961

W. H. Stadel

Notary Public, residing at Idaho Falls, Idaho

My commission expires Feb. 12, 1964

(Seal)

Signed Margaret Rose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

985 – E 24th St Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 1961

W. H. Stadel

Notary Public, residing at Idaho Falls, Idaho

My commission expires Feb. 12, 1964

(Seal)

Signed Marvin D. Crowell
(Signature of Any Credible Person)

Route 3 Box 292 Idaho Falls Ida
(Street Address, City, State)

FORM DH 60-155 L 12-5-61. 1 copy pd.

Own Child's Birth Cert. (Idaho Birth) #49-01471 gives full maiden name of mother as Irene Agnes Meppen - viewed by V.S.

Hospital Birth Cert., L.D.S. Hospital, Idaho Falls, Idaho, child born Dec. 13, 1940 gives full maiden name of mother as Irene Meppen, born April 11, 1912 at Idaho Falls, Idaho - viewed by V.S.

Photo Copy of Family Record, appears old, and unaltered gives full name as August Edward Meppen, born Mar. 12, 1870 also gives one child's full name as Irene Agnes Meppen, born April 11, 1912 at Idaho Falls, Idaho - viewed by V.S. also gives mother's first name spelled as Louisa -

Marriage Certificate, State of Utah, County of Salt Lake, married Nov. 28, 1932 gives full name of groom as Julius A. Ludwig and full name of bride as Irene Meppen - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #193767 gives full maiden name of mother as Louisa A. Franke - viewed by V.S.

Church Record, dated Mar. 25, 1913 gives full name of child as Irene Agnes Meppen and father's name as Aug. Meppen, child born April 11, 1912 - appears to be a baptismal certificate, T. Th. Tester was pastor - viewed by V.S.

27-102-010-783

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5286

Primary Registration District No. 2027 Registered No. 61

FULL NAME OF CHILD Thomas Ivia Spackman

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 2, 1912

FATHER		MOTHER	
FULL NAME	Charles A Spackman	FULL MAIDEN NAME	Rhea Finch
RESIDENCE	Hesis P.O Idaho	RESIDENCE	Hesis P.O Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Morgan Co Utah	BIRTHPLACE	Morgan Co Utah
OCCUPATION	Forest Ranger	OCCUPATION	housewife

Number of child of this mother, including present birth 8 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie J Finlay M.D.

(Physician or Midwife)

Address 265 E 1st St

Given names added from a supplemental report

....., 19.....

Filed Apr 13 1912

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAR 17 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5287

Primary Registration District No. 2027 Registered No. 64

FULL NAME OF CHILD Willie Clyde Titmus

Sex of Child: Male

Twin, Triplet, or other? Single and Number in order of birth 3

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth April 1, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: William Henry Titmus	FULL MAIDEN NAME: Clorinda Martha Roullaird
RESIDENCE: Idaho Falls Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 24 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Maine
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth: three

Number of children, of this mother, now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) G. W. Pendleton, M.D.

(Physician or Midwife)

Address Idaho Falls, Idaho

Filed Apr 9 1912 [illegible] Registrar

B-Y CO., 16670

K

DEC 15 1941

754 - 205-10-269

STATE FILE NO.

STATE OF IDAHO

Form V. S. No. 16—Rev. 1-1-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. ....., ... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2027

File No. 5289

Registered No. 62

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Apr. 5- 191.2

FATHER		MOTHER	
FULL NAME	Peder Pedersen	FULL MAIDEN NAME	Mary Ann Sorenson
RESIDENCE	Idaho Falls Idaho.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Tailor	OCCUPATION	Home wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4.20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kinnaird

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 1- 19.12 Wm Kinnaird

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 20 1972
NOV 8 1973

113-103-010-612

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5290
Local Reg. No.
Reg. Dist. No. 7

Amended 3/2/77

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Irwin
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alton
b. (Middle): Sylverous
c. (Last): Jacobson

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) April (Day) 3 (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Leslia
b. (Middle): LeRoy
c. (Last): Jacobson

8. AGE (At time of this birth): 27 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maude
b. (Middle): M.
c. (Last): Oakden

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: S. S. Fuller
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Idaho Falls
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: April 4, 1912
22. REGISTRAR'S SIGNATURE: W. Kinnaird
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time : 7 A M
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5290

Primary Registration District No. 2027 Registered No. 61

FULL NAME OF CHILD Selveris Jacobson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	April 3, 1912

FATHER		MOTHER	
FULL NAME	Leslie Jacobson	FULL MAIDEN NAME	Maude Ogden
RESIDENCE	Irwin Ida	RESIDENCE	Irwin Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Work

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or Midwife)

Address Idaho Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 4 1912 W. H. Hammond

Registrar

S-Y CO., 16670

MAR 2 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5290

Date Filed ..... 11 51 AM '77

The undersigned does solemnly swear that certain facts on the certificate of ..... birth (Birth or Death)
for Selveris Jacobson (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Selveris Jacobson	Alton Sylverous Jacobson
father's name	Leslie Jacobson	Leslia LeRoy Jacobson
mother's maiden name	Maude Ogden	Maude Malinda Oakden

Subscribed and sworn to before me this 16th day of February, 1977

Zora Miller

Notary Public, residing at Pocatello, Id

My commission expires March 1, 1979

(Seal)

Signed Donald F Jacobson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1977

Zora Miller

Notary Public, residing at Pocatello, Id

My commission expires March 1, 1979

(Seal)

Signed Mary Mae Jacobson

(Signature of Any Credible Person)

Jerome Idaho

(Street Address, City, State)

FORM DH 60-'55

CL 12/21/76 nm

Death notice in paper gives name of father as Leslia LeRoy Jacobson, 84, born Sept 17,1884 viewed by V. S.

Certif of Ordination to the office of Deacon gives name as Alton Sylverous Jacobson son of Leslie Jacobson and thw mother's name as Malinda M. Oakden. born July 31, 1920 axx dated April 5, 1925. viewed by V. S.

Certif of Blessing from LDS church gives name as Alton Sylvarus Jacobson son of Leslie Jacobson and Maud M. Oakden. born April 3, 1912 at Idaho Falls, Id ho. Blessed May 12, 1912. viewed by V. S.

Certif of Ordination in the Aaronic Priesthoood gives name as Alton Sylverous Jacobson of the Palisade Ward in East Rigby Stake. Ordained a Priest. dated Feb 4, 1962. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5291

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No.

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 60

Hospital

FULL NAME OF CHILD Wilbur James Dickens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	Mar 24, 1912

FATHER

FULL NAME James Dickens

RESIDENCE Idaho Falls

COLOR Wh AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE N.Y. City N.Y.

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Meda Hill

RESIDENCE Ida. Falls Ida.

COLOR Wh AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Idaho

OCCUPATION House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) D. S. Fuller M.D.

(Physician or Midwife)

Address Idaho Falls

Filed Apr 7 1912 W. Hammond Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

547-

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5292

Primary Registration District No. 227 Registered No. 59

FULL NAME OF CHILD Evelyne Empey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3rd	Yes	March 12, 1912

FATHER		MOTHER	
FULL NAME	Lewis Empey	FULL MAIDEN NAME	Hazel Anderson
RESIDENCE	Idaho Falls	RESIDENCE	D. F. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Fuller M D

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 4 1912 C. W. Hammond

S-Y CO., 16670 Registrar Registrar

APR 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5293

Registration District No. 7 File No. ____

Primary Registration District No. 2027 Registered No. 67

FULL NAME OF CHILD Flora Bertha Marker

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of birth Mar 26, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas Marker	FULL MAIDEN NAME	Berth Lungquest
RESIDENCE	Idaho Falls	RESIDENCE	27 Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Clerk	BIRTHPLACE	Sweden
		OCCUPATION	Home Duties

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S S Fuller MD

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 4 19 12 Registrar

S-Y CO., 16670

JUN 2 9 1971

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon Registration District No. 7 File No. 5294

No. ____, ____ St. Primary Registration District No. 2027 Registered No. 5-7

Hospital ____

FULL NAME OF CHILD Rosa Zitting

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 29, 1912

FATHER

FULL NAME: August A. Zitting

RESIDENCE: Ammon

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Susanna Crone

RESIDENCE: Ammon

COLOR: Wh AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD

(Physician or Midwife)

Address Idaho Falls - R. 1

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 4 1912 W. H. Cummard Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 1970

MAR 13 1970

615-208-376

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 7

File No. 5295

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 5-4

Hospital

FULL NAME OF CHILD Ella Winder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 28, 1912

	FATHER*	MOTHER
FULL NAME	Frank Winder	FULL MAIDEN NAME Ella Crofts
RESIDENCE	Iona Ida	RESIDENCE Iona, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John O. Mellor MD
(Physician or Midwife)

Address Idaho Falls - R. 1

Filed Apr 4 19 12 W. Duncan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 11 1973

FEB 27 1953

DC#8 225-010-78

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Ammon

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 File No. 5296

Primary Registration District No 2027 Registered No. 5-5-

FULL NAME OF CHILD Myrtle Smith

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			Yes	Nov. 25, 191 7

FATHER		MOTHER	
FULL NAME	Jacob L. Smith	FULL MAIDEN NAME	Sarah Hanson
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John O. Miller M.D.

(Physician or Midwife)

Address Idaho Falls - R. 1

Filed Jan 4 1918 W. Hammond
Registrar

SYMS - YORK CO., FTRS. & BDRS. 17326

PLACE OF BIRTH

693-110
025-893

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No ....., ... St.

Registration District No. 2043 File No. 5297

Primary Registration District No. 10 Registered No. 64

Hospital ~

FULL NAME OF CHILD Robert Willoughby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	~	~	yes	Apr 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Willoughby	Hilly
RESIDENCE	Cottonwood Ida	Cottonwood
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	Don't Know	Don't Know
BIRTHPLACE	Don't Know	Don't Know
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick

(Physician or ~~Midwife~~)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 16 19 12 G S Stockton Registrar

per HHR Sachs

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAR 1 3 1973

234-107-025-695

Amended 1-31-62

(Be sure the information is complete and accurate)

State File No. 5298
Local Reg. No. 63
Reg. Dist. No. 2042

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Allison b. (Middle): Fancho c. (Last): Stubblefield

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 7, (Year) 1912

FATHER OF CHILD

7. FULL NAME: a. (First) Fancho b. (Middle) c. (Last) Stubblefield

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Ark.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Olive b. (Middle) c. (Last) Wines

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Wis.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. D. Shinnick

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Cottonwood, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: April 16, 1912

20. REGISTRAR'S SIGNATURE: G.S. Stockton, per HBB

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY (WEEKS):

22b. WEIGHT AT BIRTH (LBS, OZS):

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Collonwood

No ~, ~ St.

Hospital ~

Registration District No 2042 File No. 5298

Primary Registration District No. 10 Registered No. 63

FULL NAME OF CHILD Stubblefield.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~	~	yes	April 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Stubblefield	Wife
RESIDENCE	Collonwood	Collonwood
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	Don't Know	16 Don't Know
BIRTHPLACE	Don't Know Ark.	Don't Know Wis.
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shumwick

Given name added from ~ application, ~ 19~

Peter Burke

Registrar

FEB 1 1962

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Lincoln

Certificate No. 5298

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stubblefield (Name on Original Certificate) who was born (Was Born or Died) on April 7, 1912 (Date of Event)
in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on April 7, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Allison Fancho Stubblefield
Full Name of Father	Fncos Stubbelfield	Fancho Stubblefield
Full Maiden Name of Mother	Wines	Olive Wines

Subscribed and sworn to before me this 11 day of April, 1961

Notary Public, residing at Reardan

My commission expires: June 21, 1962

(Seal)

Signed Olive Wines Stubblefield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1558 Southern Road, Reardan
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Lincoln

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of April, 1961

Notary Public, residing at Reardan

My commission expires: June 21, 1962

(Seal)

Signed Peter [illegible] Fairweather
(Signature of Any Credible Person)

1360 [illegible]
(Street Address, City, State)

FORM DH 60-155 CL 4-5-61. nm

Social Security Card, #518-24-0024 gives full name as Fancho Frank Stubblefield - viewed by V.S.

Another child's birth certificate on file: (Idaho Birth) #65662 gives full name of father as Fancho Stubblefield and full maiden name of mother as Obive Wines - viewed by V.S.

~~Photo Copy of Family Bible~~

Photo Copy of page from Family Bible, appears old gives information concerning the following persons, Fancho Stubblefield, born Dec. 5, 1882 in Arkansas - Olive Viola Wines, born July 4, 1895 in Wisconsin - Allison Fancho Stubblefield, born April 7, 1912 at Grangeville, Ida. - viewed by V.S.

Selective Service Registration Certificate, Oct. 16, 1940 gives full name as Allison Fancho Stubblefield, registrar for Local Board 1 - Beulah L. Dieze, Grangeville, Idaho - viewed by V.S.

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of* Idaho

City of Cottonwood

Registration District No. 2043 File No. 5299

No. ——, —— St.

Primary Registration District No. 10 Registered No. 62

Hospital ——

FULL NAME OF CHILD Margaret Rose Edmiston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	4. 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Shelby Edmiston	Neva Arnold Edmiston
RESIDENCE	Cottonwood Idaho	Cottonwood Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	27 (Years)
BIRTHPLACE	Brock Neb.	Oregon City Oregon
OCCUPATION	Grain buyer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shumack, M. D.

(Physician or Midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 27 1912 G S Stockton Registrar

per H Moore

....., Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 6 1944

City of Ferdinand Precinct — Registration District No. 2042 — File No. 5300

No. ____, ____ St.

Primary Registration District No. 10 — Registered No. 44

Hospital ____

FULL NAME OF CHILD HILDEGARD ELIZABETH Lehmeier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Lehmeier	Annie Staab
RESIDENCE	Ferdinand Precinct	Ferdinand Precinct
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

(Physician or ~~Midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed Apr 30th 1912 G S Stockton Registrar

per H Moore Sub Reg.

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated

CHILDS NAME ADDED FROM 1912 SROB PER LO 6/24/16 LY

Form V. S. No. 27B— 5M-12-12

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

5505

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Ferdinand
Street and House No.
County Idaho

Registered Number 61

Registration District No. 10

Sex of Child Female

Date of Birth, April (Month) 21 (Day) 1912 (Year)

Full Name Father John Lehmeier

Full Maiden Name Mother Annie Staab

I HEREBY CERTIFY that the child described herein has been named:

Hildegard Elizabeth Lehmeier
(Given name in full) (Surname)

as reported by John Lehmeier
(Father or ~~Mother~~)

G B Stroebel
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5301

City of Cottonwood Registration District No. 2042

No. ____, ____ St. Primary Registration District No. 10 Registered No. 60

Hospital ____

FULL NAME OF CHILD Alice Bernadine Terhaar

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 26, 1912

	FATHER	MOTHER
FULL NAME	Edward Joseph Terhaar	FULL MAIDEN NAME Rose Klapprich
RESIDENCE	Cottonwood, Ida.	Cottonwood, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	31 (Years)
BIRTHPLACE	Minn.	N. Dakota
OCCUPATION	Agent Cream Co.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

(Physician or Midwife)

Address Cottonwood, Idaho

Filed April 27 1912

G S Stockton Registrar

per Hosea Sicks

____ 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each, in order of birth stated.

[redacted]

MAY 31 1973

LASER RESERVED FOR READING
WITH LIBRARIAN'S PERMANENT RECORD
To [illegible] at [illegible] RETURN AT [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 2042 File No. 5302

No. ..... St.

Primary Registration District No. 10 Registered No. 27

Hospital .....

FULL NAME OF CHILD Millard Harold Whitson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. F. Whitson	Nora Tiemeyer
RESIDENCE	Cottonwood, Ida	Cottonwood, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 a.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or Midwife)

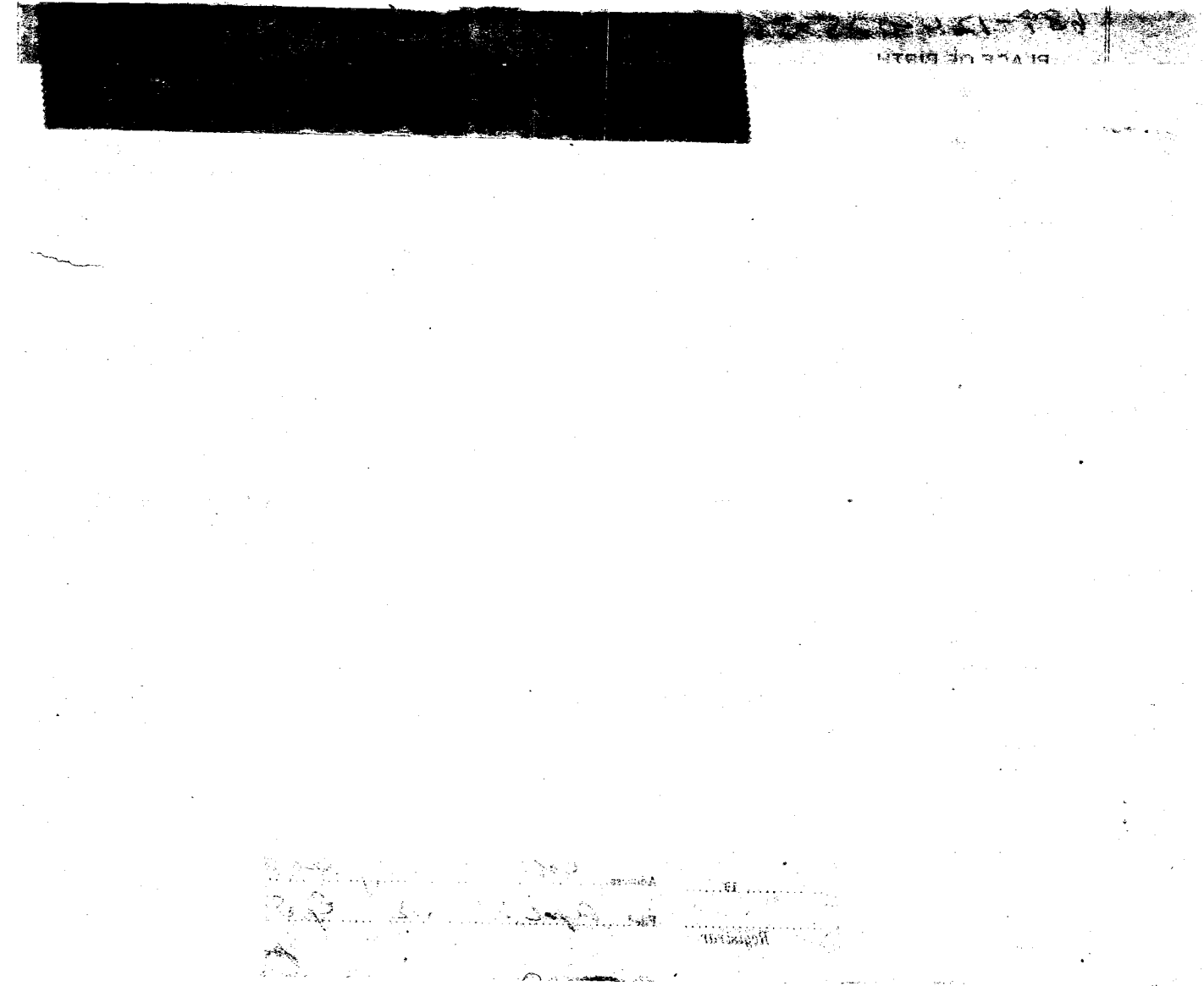
Given names added from a supplemental report

Address Cottonwood, Idaho

....., 19..... Filed Apr 26 1912 G S Stockton Registrar

Registrar per H Rogers Sub Reg

9-7 GR. 18670



PLACE OF BIRTH

[redacted] OF IDAHO

Bureau of Vital Statistics

County of Idaho

CERTIFICATE OF BIRTH

City of Cottonwood Precinct Registration District No. 2042 File No. 5303

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 58

Hospital ____

FULL NAME OF CHILD Alois John George Seubert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 18 1912

FATHER		MOTHER	
FULL NAME	Michael Seubert	FULL MAIDEN NAME	Mary Elizabeth Nuxoll
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Turner

(Physician or Midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 19 1912 G. S. Stockton Registrar

per H.W.D. Sub Reg.

B-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BIND

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Form V. S. No. 11-C—10m-6-31

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1—PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

Precinct of Cottonwood Registration District No. 2042 File No. 5304

No. ____, ____ St. Primary Registration District No. 10 Registered No. 57

Hospital ____

FULL NAME OF CHILD Mildred Cecelia Crosby

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April (Month) 12 (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Lloyd L. Crosby	FULL MAIDEN NAME	Kate Kopczynske
RESIDENCE	Cottonwood Precinct	RESIDENCE	Cottonwood Precinct
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. W. Farmer

(Physician or Midwife)

Address Cottonwood, Idaho

Filed Apr 18 1912 G. S. Stockton Registrar

per H. Bourke Jr Deputy

S-Y CO., 16670

SEP 1 4 1971

JUN 4 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Westlake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 5305

Primary Registration District No. 10 Registered No. 86

FULL NAME OF CHILD Inez Rachel Pratt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 22 1912

FATHER		MOTHER	
FULL NAME	William E Pratt	FULL MAIDEN NAME	Alice Myra Swatman
RESIDENCE	Westlake Idaho	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) H B Blake

(Physician or ~~Midwife~~)

Address Kenterville Idaho

Filed Apl 23 1912 G S Stockton Registrar

per Wm Burke Sub Reg.

S-Y CO., 16670

STATE OF IDAHO

CERTIFICATE OF BIRTH

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

5305

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Westlake
Street and House No.
County Idaho

Registered Number 56

Registration District No. 10

Sex of Child Female

Date of Birth, April (Month) 22 (Day) 1912 (Year)

Full Name Father William E Pratt

Full Maiden Name Mother Alice Myra Swatman

I HEREBY CERTIFY that the child described herein has been named:

Inez Rachel Pratt
(Given name in full) (Surname)

as reported by Alice M Pratt
([redacted] Mother)

G. S. Stockton
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JUN 2 2 1942

JAN 23 1969

APR 1 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kenteroville

Registration District No. 2042

File No. 5306

No. ____, ____ St.

Primary Registration District No. 10

Registered No. 2-3-

Hospital

FULL NAME OF CHILD Ruby ~~Mildred~~ Mc Henry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 21 1913

FATHER		MOTHER	
FULL NAME	Earl Mc Henry	FULL MAIDEN NAME	Esther Lannigan
RESIDENCE	Kenteroville Idaho	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician or ~~midwife~~)

Address Kenteroville Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 28 1913 G S Stockton Registrar

per H B Blake Subreg

S-Y CO., 16670

Registrar

APR 12 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-9-7-11

PLACE OF BIRTH

County of Idaho

City of Kenteroville

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2045 File No. 5307

Primary Registration District No. 12 Registered No. 5-4

FULL NAME OF CHILD Bodil Mathea Pedersen

Sex of Child: Female / Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth: April (Month) 12 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Matthias Pedersen	FULL MAIDEN NAME	Mary Bentsen
RESIDENCE	Kenteroville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H B Blake

(Physician or ~~Midwife~~)

Address Kenteroville Idaho

Filed April 18 1912 G S Stockton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kenteroville

Registration District No. 2042 File No. 5308

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 53

Hospital ____

FULL NAME OF CHILD Thekla Elizabeth Ruttman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 4, 1912

FATHER		MOTHER	
FULL NAME	Herman Ruttman	FULL MAIDEN NAME	Elizabeth Anna Regner
RESIDENCE	Kenteroville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician ~~or Midwife~~)

Address Kenteroville Idaho

Given names added from a supplemental report

____, 19____

Filed April 8th 1912 G S Stockton Registrar

____ Registrar

Joe H Bowles Sub Reg

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 2042 File No. 5309

No. —, —— St.

Primary Registration District No. 10 Registered No. 52

Hospital —

FULL NAME OF CHILD Virgil Christopher Gong

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	(To be answered only in event of plural births)		yes	4	29	1912

FATHER		MOTHER	
FULL NAME	George Gong	FULL MAIDEN NAME	Helen Tekawa
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Portland Ore	BIRTHPLACE	New Munich Minn
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed April 30, 1912 G. S. Stockton per Hooker Sub Reg

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-32 8001

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ——, —— St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 5910

Primary Registration District No. 10 Registered No. 51

FULL NAME OF CHILD Victoria Mary Anna Harmony

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	April 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben Harmony	Mary Wiels
RESIDENCE	Cottonwood	Cottonwood
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	St Louis Mo	Honolulu
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

(Signature) J. D. Shinnick

(Physician or Midwife)

Address ——

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

——, 19——

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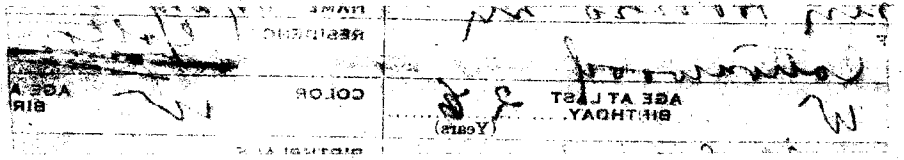
Registrar

Filed Apr 30 1912 G. S. Stockton
per Howard Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Tahoe Ridge

Registration District No. 10

File No. 5311

No. ____, ____ St.

Primary Registration District No. 2101

Registered No. 50

Hospital

FULL NAME OF CHILD Iris Irma Bowles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 5, 191 2

FATHER		MOTHER	
FULL NAME	Jackson Bowles	FULL MAIDEN NAME	Maude Sweedey
RESIDENCE	Tahoe	RESIDENCE	Tahoe
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housemaker

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 1/2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

(Physician or ~~Midwife~~)

Address Kamiah - Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed April 30 1912 G S Stockton Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

Registration District No. 10 File No. 5312

Primary Registration District No. 2044 Registered No. 49

FULL NAME OF CHILD Susie Myrtle Griner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Philip R Griner	Ora Duncan
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	33
BIRTHPLACE	Pennsylvania	Oregon
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Philip R Griner

Father
(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed April 28 1912 G S Stockton
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 1 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 9-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5313

Primary Registration District No. 1001 Registered No. 48

FULL NAME OF CHILD Teddy Francis Matot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1st	yes	April 24 1912

FATHER		MOTHER	
FULL NAME	Rev. Francis Matot	FULL MAIDEN NAME	Golden I. Simmons
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Musician	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slocum M.D.

(Physician or Midwife)

Address Grangeville Idaho

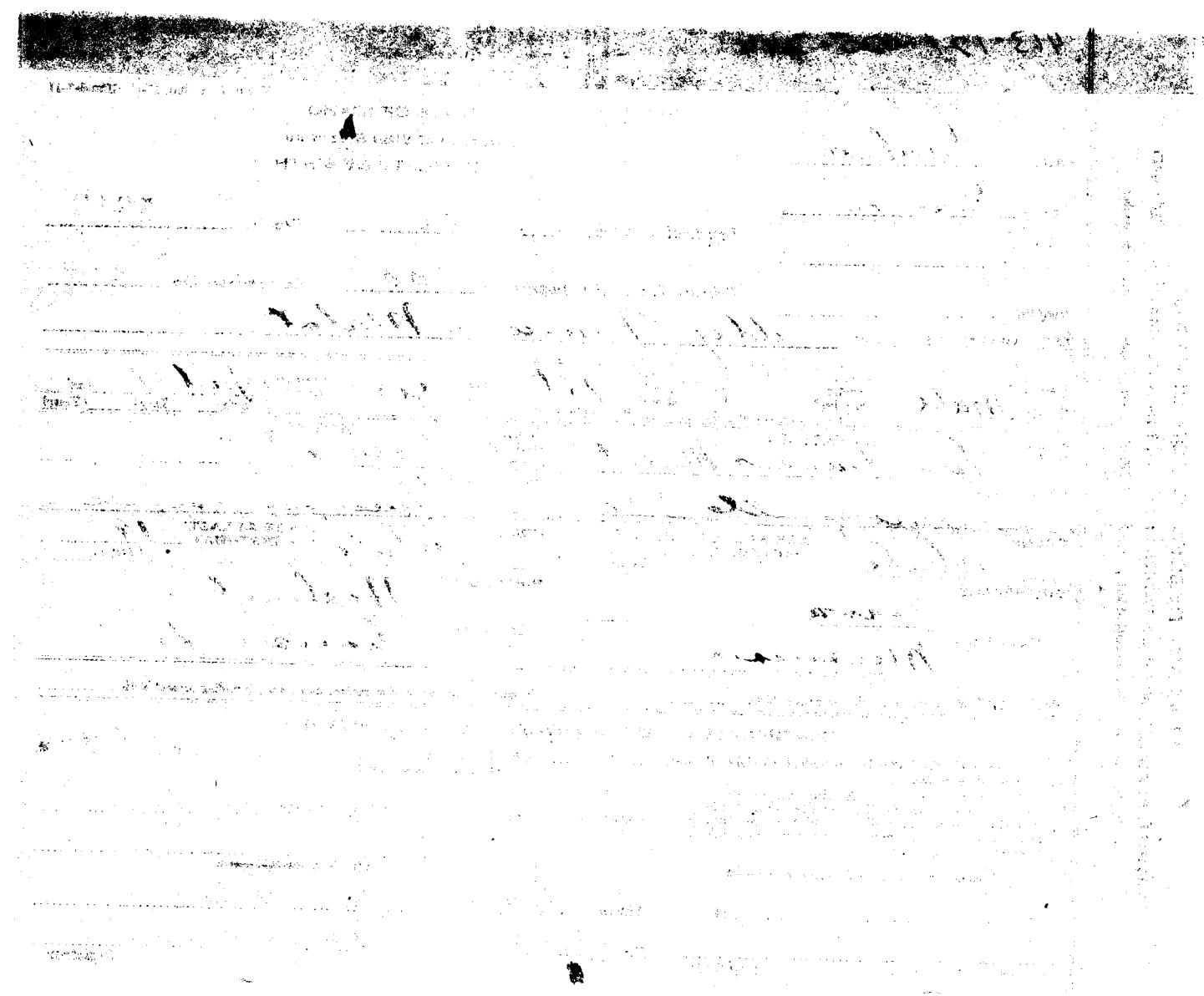
Filed April 26 1912 G. B. Stockton Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one children birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Space for Office Use

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 10

File No. 5314

No. ____, ____ St.

Primary Registration District No. 2101

Registered No. 47

Hospital

FULL NAME OF CHILD Vinton Huber Lovenes

Sex of Child: Male

Twin, Triplet, or other? (To be answered only in event of plural births)

and the order of birth

Legitimate? Yes

Date of birth: May (Month) 28 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Syvert E. Lovenes	FULL MAIDEN NAME	Ina Augusta Helgeson
RESIDENCE	Stites, Idaho	RESIDENCE	Stites, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Halstad, Minn.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Mabel Minn.
		OCCUPATION	Housewife

Number of child of this mother, including present birth: five

Number of children, of this mother, now living, including present birth: five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 30, 1912 Houston E Snyder Registrar

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-2-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5315

Primary Registration District No. 1001 Registered No. 46

FULL NAME OF CHILD Margaret Louise Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar J Harris	Emily J Cash
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	22 (Years)
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed April 10 1912 G. S. Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 8 File No. 5317

Primary Registration District No. 1034 Registered No. 128

FULL NAME OF CHILD IVAN Eaustan

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes.	Apr. 12, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Geo. E. Eaustan	FULL MAIDEN NAME Rose E. Perkins
RESIDENCE Bonners Ferry	RESIDENCE Bonners Ferry
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE England	BIRTHPLACE Kansas
OCCUPATION Merchant.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) E. E. Fry

Physician

(Physician or Midwife)

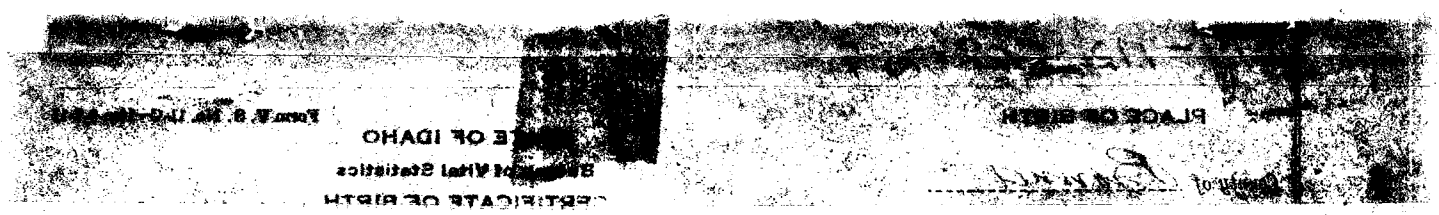
Address Bonners Ferry, Ida.

Filed Apr. 18, 1912. E. E. Fry

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boundary

Certificate No. 5317
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or ~~death~~)
for unnamed Causton (Name on original certificate) who (Was born or ~~died~~) on April 12, 1912 (Date of event)
in Bonners Ferry, Ida (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by his mother (Bible record, insurance policy, etc.) prepared on Dec. 26th. 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Causton	Ivan Causton

Subscribed and sworn to before me this 26th. day of Dec., 19 41.
A. M. Nagamara
Notary Public, residing at Bonners Ferry
My commission expires Oct 20 1943
[SEAL]

Signed Rosa E. Perkins-Causton
(Signature of parent or ~~attendant~~ if correcting a birth record; of ~~attendant, funeral director, informant~~ if correcting a death record; or other credible person.)
Mother
Bonners Ferry, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Boundary

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th. day of Dec., 19 41.
A. M. Nagamara
Notary Public, residing at Bonners Ferry
My commission expires Oct 20 1943
[SEAL]

Signed Rollie Bruce
(Signature of any credible person other than the previous affiant.)
Bonners Ferry, Idaho
(Street Address, City, State)

Received for filing on ____ By ____
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STAT

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner.

City of Bonners Ferry.

Registration District No. 4 File No. 5318

No. ....., ... St.

Primary Registration District No. 2034 Registered No. 17

Hospital .....

FULL NAME OF CHILD KENNETH EUGENE Dehlbom

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)		—	yes.	Apr. 15 1912.

	FATHER	MOTHER
FULL NAME	Herbert Dehlbom.	FULL MAIDEN NAME Minnie Parker.
RESIDENCE	Copeland	RESIDENCE Copeland.
COLOR	white. AGE AT LAST BIRTHDAY 31 (Years)	COLOR white AGE AT LAST BIRTHDAY 20. (Years)
BIRTHPLACE	Minn.	BIRTHPLACE Wash.
OCCUPATION	Laborer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Fry

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Apr. 18 — 1912 D. E. Fry. Registrar

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

OCT 17 1952

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 5318

State of WASHINGTON }
County of YAKIMA } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Kenneth Eugene Delhbom (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1912 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on About April 20, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kenneth Eugene Dehlbom
Given names ommited		

Subscribed and sworn to before me this 20th. day of July, A.D. 42
Notary Public, residing at Wapato
My commission expires Sept. 27, 1945 (Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 282 Wapato Wash. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Yakima } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July, 1942
Notary Public, residing at Spokane
My commission expires July 1943 (Seal)

Signed J. T. Parker (Signature of Any Credible Person Other Than Previous Year)
(Street Address, City, State)

JUL 28 1942

VITAL STATISTICS
JUL 28 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 5320

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 170

Hospital ____

FULL NAME OF CHILD Margaret Brashear Barker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1	Yes	April 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Barker	Ida Brashear
RESIDENCE	Sandpoint	Sandpoint
COLOR	white	white
AGE AT LAST BIRTHDAY	42 (Years)	35 (Years)
BIRTHPLACE	Michigan	Missouri
OCCUPATION	Editor & Publisher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) M. McKinnon

Physician
(Physician or Midwife)

Address Sandpoint

Filed April 17 19 12 M. McKinnon
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5321

County of Bonner

City of Laclede — Registration District No. 8 — File No.

No. —, — St. — Primary Registration District No. 1033 — Registered No. 148

Hospital —

FULL NAME OF CHILD Robert Harold Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2d	yes	Apr 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Brown	Emma Gunhilda Teigen
RESIDENCE	Laclede Idaho	Laclede Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Chicago	Rushford Minn
OCCUPATION	Mill employee	Housewife

Number of child of this mother, including present birth: two

Number of children, of this mother, now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. April 19 1912, at 7¼ A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W. Didier MD

Dr. F. W. Didier,

(Physician or Midwife) Laclede, Idaho.

Given names added from a supplemental report

....., 19.....

Address .....

Filed April 19, 1912. W. McKinnon

S-Y CO., 16670 Registrar

Registrar

NOV 18 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5322

County of Bonner

City of Sandpoint

No ____, ____ St.

Hospital ____

Registration District No. 8

Primary Registration District No. 2033

File No. ____

Registered No. 142

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes	Apr. 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Goss	Elsie Myers
RESIDENCE	Sand point	Sandpoint
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 30	White / 22
BIRTHPLACE	Texas	Oklahoma
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint

Filed Apr. 19, 1912 M. McKinnon

Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & RDRS. 17926

Dear Sir,

Please send me your catalogue and price list.

Yours faithfully,

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Kootenai ~~Addt~~

No. _____, _____ St.

Hospital _____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 5323

Primary Registration District No. 203B Registered No. 126

FULL NAME OF CHILD Anna Hook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female		second	yes	April (Month) 20 (Day), 1912. (Year)

FATHER	MOTHER
FULL NAME: Albert Clifton Hook	FULL MAIDEN NAME: Anna Grady
RESIDENCE: Kootenai, Idaho.	RESIDENCE: Kootenai, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Maberly, Missoura.	BIRTHPLACE: Ashland, Wisconsin.
OCCUPATION: R.R.Conductor.	OCCUPATION: Housewife

Number of child of this mother, including present birth... Second

Number of children, of this mother, now living, including present birth... two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) O. A. Sayle M.D.

(Physician or Midwife)

Address Sandpoint, Idaho.

Filed Nov 20 1912 M. McKinnon Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from supplemental report

Registrar

S-Y CO., 16670

STATE OF NEVADA

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5324

County of Bonner

City of Sandpoint

Registration District No. 8

No. ____, ____ St.

Primary Registration District No. 2033

Registered No. 134

Hospital ____

FULL NAME OF CHILD Pearl Lucy Oday

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		8	Yes	Apr. 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Oday	Mary Harris
RESIDENCE	Sand Point	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY	47 (Years)	30 (Years)
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Laborer	Laborer

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) M. M. Kinnon

Physician

(Physician or Midwife)

Address Sand. point

Filed Apr. 25 19 12 M. M. Kinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Neither breathes nor show
After birth.

(Give names added bel

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

Form V. S. No. 1-C—10m-9-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5325

Registration District No. 8 File No. ____

Primary Registration District No. 2033 Registered No. 14/3

FULL NAME OF CHILD JOHN HOWARD BLACKMAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	April 25 1912

FATHER		MOTHER	
FULL NAME	Arno Blackman	FULL MAIDEN NAME	Vera Flewelling
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Michigan
OCCUPATION	Forest ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or Midwife)

Address Sandpoint

Filed Apr. 28 1912 M. McKinnon Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. P. C.—10m-5-'11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Fresno

Certificate No. 5325

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on April 25, 1912, (Date of Event)
in Sandpoint, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge of older sister and brother. prepared on (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Howard Blackman

Subscribed and sworn to before me this
day of September, 10, 1943.
Mary Barton
Notary Public, residing at Tollhouse
My commission expires August 4, 1947
(Seal)

(Older Sister)
Signed Mrs. Elizabeth Gemmell.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 37, Tollhouse, California.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of September, 1943
John F. Donnelly
Notary Public, residing at Butte, Mont
My commission expires 1/5/11/43
(Seal)

(Older Brother)
Signed W E Blackman
(Signature of Any Credible Person Other Than Previous Year)
3030 Dixon Butte Montana
(Street Address, City, State)

OCT 4 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Cocolala

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 5326

Primary Registration District No. 2033 Registered No. 144

FULL NAME OF CHILD Lois Evelyn Bower

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		first	Yes	April 27, 1912

FATHER	MOTHER
FULL NAME: Paul M. Bower	FULL MAIDEN NAME: Emma Simons
RESIDENCE: Cocolalla, Idaho.	RESIDENCE: Cocolalla, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Spokane, Wash.	BIRTHPLACE: Louisburg, Penn.
OCCUPATION: Book keeper	OCCUPATION: Housewife

Number of child of this mother, including present birth: One.

Number of children, of this mother, now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Page M.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr. 27 1912 E. M. Mukinnon Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5327

County of Bonner

City of Priest River

Registration District No. 8 File No.

No. , St.

Primary Registration District No. 2 0 3 6 Registered No. 146

Hospital

FULL NAME OF CHILD Tena I. Lathrop

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	April 30 1912

FATHER	MOTHER
FULL NAME: Vernon Cady Lathrop	FULL MAIDEN NAME: Christina McDonald
RESIDENCE: Priest River	RESIDENCE: Priest River
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE:	BIRTHPLACE: Canada
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a live (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) E Denton McCarty MD

Physician

(Physician or Midwife)

Address Priest River Idaho

Filed May 3 19 12 E Denton McCarty Registrar

S-Y CO., 16670

11-6-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED NOV 6 1970 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5327

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lathrop (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1912 (Date of Event)
in Priest River (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Tena I. Lathrop

Subscribed and sworn to before me this 6th day of November, 19 70
Florence Cartright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

11461-10 Ave. Lo Hood River Oregon (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

U. S. Dept. of Commerce Census Record gives name as Tena I. Lathrop, counted in the family of Vernon C. and Mary A. Lathrop. Census taken Jan 1, 1920
Viewed bt V.s

NOV 6 1970

Priest River High School Diploma gives name as Tena I. Lathrop. Graduated May 29, 1930.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Mc Arthur

No. ____, ____ St.

Hospital ____

Registration District No. 8 — File No. 5328

Primary Registration District No. 2084 — Registered No. 132

FULL NAME OF CHILD Lehman,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes.	Mar. 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Michael Lehman	Frances Hanadar
RESIDENCE	Mc Arthur	Mc Arthur
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	30 (Years)
BIRTHPLACE	Wisconsin	Germany.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

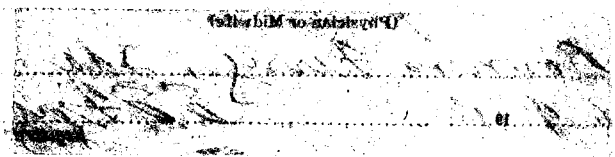
(Signature) E. W. Fry

Physician
(Physician or Midwife)

Address Bonners Ferry, Ida.

Filed Mar. 9 19 12 E. W. Fry
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sand Point Registration District No. 8 File No. 5329

No. ____, ____ St. Primary Registration District No. 2033 Registered No. 133

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Mar 12 1912

	FATHER	MOTHER
FULL NAME	Lee Hyatt	FULL MAIDEN NAME: Alice VanBlarcom
RESIDENCE	Sand Point	Sand Point
COLOR	White	White
AGE AT LAST BIRTHDAY	53 (Years)	36 (Years)
BIRTHPLACE	North Carolina	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Mc Kinnon

Physician

(Physician or Midwife)

Address Sand Point

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 12 1912 M. MacKinnon Registrar

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 8 File No. 5330

No. ____, ____ St.

Primary Registration District No. 2034 Registered No. 171

Hospital ____

FULL NAME OF CHILD Fred Sylvester Gallas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Wm Gallas	Mary Hooker Kerr
RESIDENCE	Bonner Co.	Bonner Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	32
BIRTHPLACE	Pittsburg Pa,	Virginia U.S.A.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth VII

Number of children, of this mother, now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

Physician (Physician or Midwife)

Address Bonners Ferry, Idaho

Filed April 1st 1912 E. E. Frye Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

[redacted] OF IDAHO.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5331

Registered No. 139

PLACE OF BIRTH

County of Bonner

City of Sand Point

No ....., ... St.

Hospital .....

Registration District No .....

Primary Registration District No. 1023

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1	yes	Mar. 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Spears	Lena Lang
RESIDENCE	Sand Point	Sand Point
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Indiana	Nebraska
OCCUPATION	mason	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sand Point

Filed Mar 22 1912 M. McKinnon Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

FEB 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5332

County of Bonner

City of Sand Point

Registration District No. 8 File No.

No. ....., ... St.

Primary Registration District No. 33 Registered No. 138

Hospital .....

FULL NAME OF CHILD EDWARD NEWTON RAMBO

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		1	yes	May 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh A. Rambo	Ethel Grant
RESIDENCE	Sand Point	Sand Point
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 18
BIRTHPLACE	Kansas	Wis.
OCCUPATION	Book Keeper	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address Sand Point Ida

May 22 - 12 M. McKinnon

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5332

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edward Newton Rambo

Subscribed and sworn to before me this 24
day of June, 1942

R. M. Mylar
Deputy County Auditor
Notary Public, residing at Tacoma Wn
My commission expires .....
(Seal)

Signed Ethel M Ferrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of July, 1942

Genevieve Henrich
Notary Public, residing at Tacoma
My commission expires March 15, 1946
(Seal)

Signed Betty Rambo
(Signature of Any Credible Person Other Than Previous Year)

R# 5, Box 964 Jac. Wn.
(Street Address, City, State)

JUL 16 1942

JUL 2 0 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. II-C

PLACE OF BIRTH

County of Bonner

City of Sand Point

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5333

Registration District No. 8 File No. ____

Primary Registration District No. 2033 Registered No. 136

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1	Yes	Mar. 26 1912

FATHER

FULL NAME	Andrew Bryslom
RESIDENCE	Sandpoint
COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	
OCCUPATION	

MOTHER

FULL MAIDEN NAME	Alma Anderson
RESIDENCE	Sandpoint
COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Michigan
OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKinnon

Physician (Physician or Midwife)

Address Sand Point

Filed Mar. 26 1912 M. M. McKinnon Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5334

County of Bonner

City of Sandpoint

No ..... St.

Registration District No. 8 File No. .....

Hospital .....

Primary Registration District No. 2033 Registered No. 137

FULL NAME OF CHILD Glen Dreier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes.	May 29 1912

FATHER		MOTHER	
FULL NAME	Albert Dreier	FULL MAIDEN NAME	Daisy Patrick
RESIDENCE	Sand Point	RESIDENCE	Sand Point
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Switzerland	BIRTHPLACE	West Virginia
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sand Point, Idaho

Filed May 29 19 12 M. McKinnon Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 23 1981

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 5335

Primary Registration District No. 2033 Registered No. 135

FULL NAME OF CHILD ____

Sex of Child: Male

Twin, Triplet or other? ____ and Number in order of birth: 1

(To be answered only in event of plural births)

Legitimate? yes

Date of birth: Mar. 29 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Walter Hill	FULL MAIDEN NAME: Mary Mitchel
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: W. Virginia	BIRTHPLACE: Minnesota
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar. 29 1912 M. McKinnon Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Copeland

No ____, ____ St.

Hospital ____

Registration District No. 8 File No. 5336

Primary Registration District No. 2034 Registered No. 129

FULL NAME OF CHILD Burton Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Mar. 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theron L. Edwards	Addie B. Kranz
RESIDENCE	Copeland, Ida.	Copeland, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician (Physician or Midwife)

Address Bonners Ferry

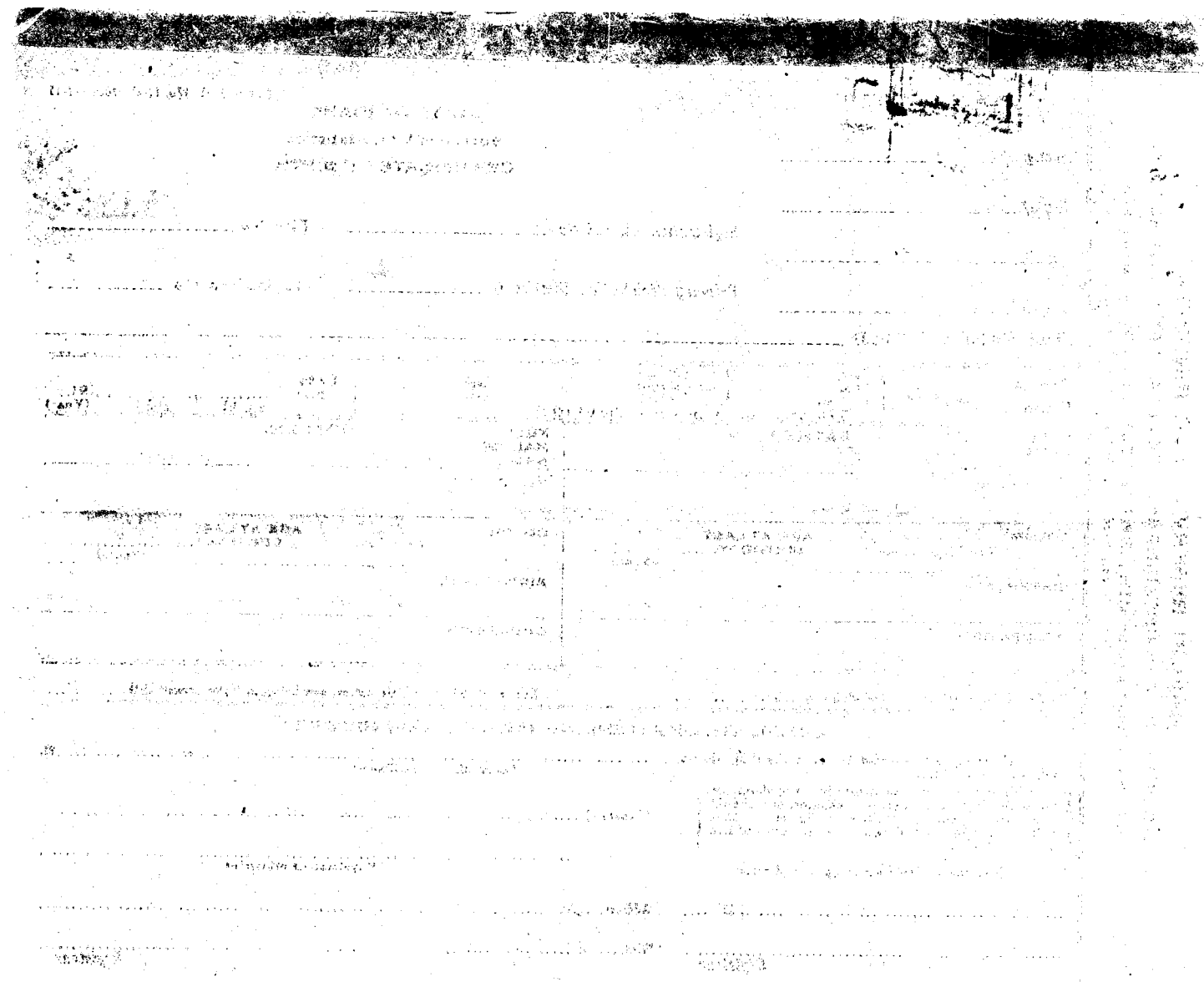
Given names added from a supplemental report

....., 19....

Filed Mar 31 st. 1912 E E Fry Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



[redacted]RTH

Form V. S. No. 11-C—[illegible] 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

No ____, Idaho St.

Registration District No. 32 File No. 5337

Hospital At Home.

Primary Registration District No. 2127 Registered No. 63

FULL NAME OF CHILD Clara Maetta Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	Feb 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Torger Kornelius Hansen	Pearl Maria Echelbarger
RESIDENCE	Reubens.	~~Echelbarger~~ Reubens
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	33 (Years)
BIRTHPLACE	District of Skogn, Norway	Town of Danville, Minnesota
OCCUPATION	Farmer.	Teaching P. Schools.

Number of child of this mother, including present birth 4 alive. 3 st-B. Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4-45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Jennie H. Risher

[redacted]

Address Winchester Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-20-1912 Ellen B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated

[redacted] DEC 2 6 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

Registration District No. 32 File No. 5338

No. —, —— St.

Primary Registration District No. 2127 Registered No. 59

Hospital —

FULL NAME OF CHILD Raymond Athol Sims

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twins	1st	Yes.	3 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Verner V. Sims	Fay Decker
RESIDENCE	Winona, Ida	Winona, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Galveston, Tex	Pomroy, Wash.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth. 1

Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burta MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Vollmer, Ida.

Filed 4-9- 1912 Ellen D. Rogers

Registrar

.....

Registrar

BYRUS - YORK CO., PTRS. & BDRS. 17326

DEC 12 1973

458-22-9371-666

PLACE OF BIRTH

Form V. S. No. 11-C-10m-6-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No ____, ____ St.

Hospital ____

Registration District No. 32 File No. 5340

Primary Registration District No. 2127 Registered No. 65

FULL NAME OF CHILD Hattie Elizabeth Woods Deyoe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single		Yes	May 22 1912

FATHER		MOTHER	
FULL NAME	Henry F. Deyoe	FULL MAIDEN NAME	Bertha Woods
RESIDENCE	Vollmer	RESIDENCE	Vollmer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Burke

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed. 5-9-1912. Elsie B. Rogers

.....
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 18 1958

DUP OF 1912 - 6725

DUP OF 1912-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5341

County of Lewis

City of Kamiah

Registration District No. 32

File No. 14

No. ....., ... St.

Primary Registration District No. 2128

Registered No. [redacted] 66

Hospital .....

FULL NAME OF CHILD Hank Morris Jaques

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	4 4 192

FATHER	MOTHER
FULL NAME: D.Franklin Jaques	FULL MAIDEN NAME: Letitia Alice Morris
RESIDENCE: Kamiah	RESIDENCE: Kamiah
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: California
OCCUPATION: Lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth ... 2nd.

Number of children of this mother, now living, including present birth ... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilbur H. McMichael

Physician (Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed M-6 ..... 1912 W Taylor M.D.

S-Y CO., 16670 Registrar

Registrar

RESIDENCE

COLOR

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5342

County of Lemhi

City of Clark's Mill

Registration District No. 32 File No.

No. , St.

Primary Registration District No. 2127 Registered No. 67

Hospital

FULL NAME OF CHILD (?) Mary Winona Pierce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe			Yes	4 - 7, 1912

FATHER	MOTHER
FULL NAME R. G. Pierce	FULL MAIDEN NAME Susie E. Staples
RESIDENCE Winchester, Idaho	RESIDENCE Winchester
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Washington	BIRTHPLACE Missouri
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

3 - 1 - 1912

Elton B. Rogers Registrar

Filed 4 - 7 - 1912 Elton B. Rogers Registrar

S-Y CO., 16670

STATE OF IDAHO

455-27-031-154

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5343

County of Lewis

City or Town Vollmer P.O.

Registration District No 32 File No.

No., St.

Hospital Primary Registration District No. 2127 Registered No. 68

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
females.	Twins	1	Yes	April 11 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Joe Meek	FULL MAIDEN NAME: Kate Anderson
RESIDENCE: Vollmer Lewis Co	RESIDENCE: Lewis Co Ida.
COLOR: Mixed Indian	COLOR: White
AGE AT LAST BIRTHDAY: 56 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Washington Co Or.	BIRTHPLACE: Audabon Co. Iowa
OCCUPATION: Farmer	OCCUPATION: house wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:30 A. M. on the date above stated.

(Signature) E. L. Burke M.D.

(Physician or Midwife)

Address Vollmer Ida

Filed 5-3- 1912 Elsie B. Rogers Registrar

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

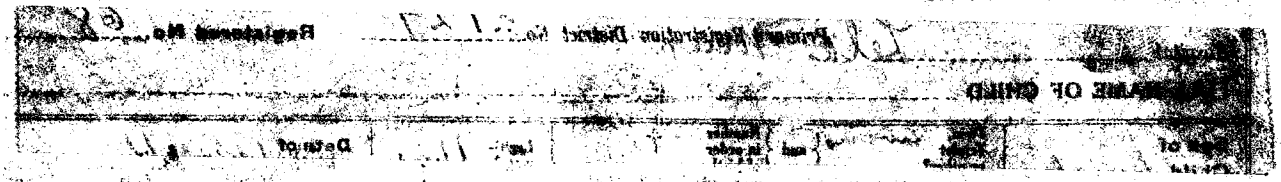
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 6 1973



455-21-0331-164

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer P. O.

Registration District No. 32 File No. 5344

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 69

Hospital ____

FULL NAME OF CHILD ~~Not Named~~ Letha Meek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twins	2	yes	April 11 1912

FATHER	MOTHER
FULL NAME: Joe Meek	FULL MAIDEN NAME: Kate Anderson
RESIDENCE: Vollmer	RESIDENCE: Vollmer
COLOR: mixed Indian AGE AT LAST BIRTHDAY: 56 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Washington Co. Or.	BIRTHPLACE: Audobon Co Iowa
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or dead) at 4:30 a.m. on the date above stated.

(Signature) O L Burke MD

(Physician or midwife)

Address Vollmer, Idaho

Filed 5-3- 1912 Elvira B. Rogers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 16 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Ilo

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 5345

Primary Registration District No. 2127 Registered No. 70

FULL NAME OF CHILD Leona Pearl Jacobson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	4 – 18 – 1912

FATHER		MOTHER	
FULL NAME	Joacim W Jacobson	FULL MAIDEN NAME	Maud Hart
RESIDENCE	Ilo, Idaho.	RESIDENCE	Ilo, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Colorado.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 – a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician

(Physician or Midwife)

Address Ilo Idaho

Given names added from a supplemental report

....., 19.....

Filed 5 – 1 1912 – Elmer P. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5346

County of ~~Lewis~~ Beaver Chesley

City of Chesley

No. ....., ... St.

Registration District No. 32 File No. .....

Primary Registration District No. 2127 Registered No. 71

Hospital .....

FULL NAME OF CHILD ~~Unreported~~ Mabel Guthrie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Apr 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Guthrie	Florence Draper
RESIDENCE	Chesley	Chesley
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	21 (Years)
BIRTHPLACE	Okaloosa Co. Iowa	Oakland Co. Mich
OCCUPATION	Laborer	house wife

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or Midwife)

Address Vollmer Idaho.

Given names added from a supplemental report

....., 19.....

Filed 8-0-1912 Elsie B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17226

DECEASED

own child's birth cert. #48-12447, shows name as Mabel Marie Guthrie, viewed by W.G.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 5346

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Guthrie (Name on Original Certificate) who was born (Was Born or Died) on Apr. 21, 1912 (Date of Event)
in Chesley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	unnamed Guthrie	Mabel Guthrie

Subscribed and sworn to before me this 6 day of June, 1962

Harold Bruffey

Notary Public, residing at Moscow Idaho
My commission expires 9/27/65
(Seal)

Signed Florence Guthrie (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1022 So. Lynn Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of June, 1962

Harold Bruffey

Notary Public, residing at Moscow Idaho
My commission expires 9/27/65
(Seal)

Signed Anna Draper (Aunt)
(Signature of Any Credible Person)

919 E 6th St. Moscow, Idaho
(Street Address, City, State)

FORM DPH 55. 155

1 Copy paid —

State of Idaho, County of Latah, Marriage License and Certificate, married Feb. 7, 1936 at Moscow, Idaho gives full name of groom as Eben Pope and full name of bride as Mabel Guthrie - viewed by V.S.

OCT 11 1965

JUL 15 1969

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 5347

Primary Registration District No. 2127 Registered No. 72

FULL NAME OF CHILD Elton Lee Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	4 – 22 – 1912

FATHER	MOTHER
FULL NAME George T Robertson	FULL MAIDEN NAME Amanda F Madsen
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wisc	BIRTHPLACE Minn.
OCCUPATION Drayman	OCCUPATION Hse.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Filed 4 – 27 – 1912 Elton P. Rogers Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 2017

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/20/41. wh

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth added

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 32 File No. 5348

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 73

Hospital ____

FULL NAME OF CHILD ~~Not named~~ Kenneth Orel Twilegar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Alfred Twilegar	Minnie Chambers
RESIDENCE	Ferdinand, Ida.	Ferdinand, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	25 (Years)
BIRTHPLACE	Jackson Co. Minn	Martin Co. Minn.
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~dead~~) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or ~~Midwife~~)

Address Wallmer, Ida.

Given names added from a supplemental report ____, 19____

Filed 5-3- 1912 Ellen B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

[redacted]

MAY 31 1968

437-126

PLACE OF BIR[redacted]

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Voelmer

Registration District No. 32 File No. 5349

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 74

Hospital ____

FULL NAME OF CHILD Unnamed Died Donald Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	4 - 26 1913

FATHER		MOTHER	
FULL NAME	George McGagan	FULL MAIDEN NAME	Mable Jackson
RESIDENCE	Voelmer Idaho	RESIDENCE	Voelmer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician

(Physician or Midwife)

Address Id. Idaho.

Given names added from a supplemental report

....., 19.....

Filed 5-1- 1913 Ellen B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Lewis

City of Forest

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32

Primary Registration District No. 2127

File No. 5350

Registered No. 73

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 2nd 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thad I. Maynard	Maud Richardson
RESIDENCE	Forest Ida.	Forest Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	42
BIRTHPLACE	Oregon	Illinois
OCCUPATION	Gen. Store Mgr.	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. E. McLaughlin

Physician

(Physician or Midwife)

Address Winchester - Idaho

Filed 5-10- 1912. Ellen B. Rogers Registrar

S-Y CO., 16670

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

PLACE OF BIRTH

County of Cassia

City of Bridge

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31

Primary Registration District No. 215

File No. 5351

Registered No. 57

FULL NAME OF CHILD Mabel Fern McGill

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	X (To be answered only in event of plural births)	1	yes	Apr. 30 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: James S McGill	FULL MAIDEN NAME: Anna Hurgentobler
RESIDENCE: Bridge Idaho	RESIDENCE: Bridge Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Baltimore Maryland	BIRTHPLACE: Utah
OCCUPATION: Rancher	OCCUPATION: House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:15 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. L. Latus

Physician

(Physician or midwife)

Address Malta Ida

Filed May 1 19 12 L. B. Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more-than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

New York Life Insurance Policy, no. 9 342 614 dated Jan. 12, 1926 gives full name of insured as Mabel Fern McGill, born April 30, 1912 at Bridge, Idaho - age of insuredat time policy was applied for-14 years old viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
State of Utah, Certificate of Birth, cert. copy of orr. birth cert., copy issued Aug. 20, 1962, child born Dec. 20, 1938 at Ogden, Utah to Fred Pryor Mason, age 32, born in Bloomington, Indiana and Mabel Fern McGill, age 26, born in Bridge, Idaho - viewed by V.S.
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5351

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed McGill (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 30, 1912 (Date of Event) in Bridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mabel Fern McGill

Subscribed and sworn to before me this 20th day of July, 1962

Notary Public, residing at Ogden, Utah

My commission expires 6-9-64

(Seal)

Signed Mabel Fern McGill Austin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1024 - Capitol St Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

K FORM DH 60-155 CL 7-10-62. ~~Tim~~ one copy pd. rec. #14824.

AUG 23 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Hazel

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 5352

Primary Registration District No. 2121 Registered No. 37

FULL NAME OF CHILD Alice Lucile Miller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	3-13-1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Louis Miller	Alice Rohwer
RESIDENCE	Hazel Idaho	Hazel Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 24	White / 21
BIRTHPLACE	Utah	Mexico
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Pol Johnson M.D

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19..... Address .....

..... Registrar Filed Apr 22 1917 D B Stockton Registrar

8-Y CO. 20174

[redacted]

9/23/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
'76 NOV 11 8 17 AM

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5352

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miller (Name on Original Certificate) who was born (Was Born or Died) on March 13, 1912 (Date of Event)
in -- (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Miller	Alice Lucile Miller
Place of Birth	blank	Hazel, Idaho (Cassia)

Subscribed and sworn to before me this 1st day of November, 1976

John Van Wagenen

Notary Public, residing at 16 Early Bowers Co Utah
My commission expires 1977
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1441 Springhill Dr. No. Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of November, 1976

John Van Wagenen

Notary Public, residing at Salt Lake Co.
My commission expires 16 July 1977
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Huntsville, Utah
(Street Address, City, State)

FORM DH 60-155

Certif of Birth from the LDS Church gives name as Alice Lucille Miller born March 13, 1912 at Hazel, Idaho. Father's name as George Lewis Miller and mother's name as Alice R. Rohwer. entered on record July 7, 1912. viewed by VS

NOV 30 1976

Marrige license from Utah gies names as Willard Spencer Johnson and Alice Lucille Miller. dated Oct 17, 1934. viewed by VS

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CASSIA

City of OAKLEY

No. ____ St.

Hospital ____

Registration District No. 31 File No. 5353

Primary Registration District No. 2126 Registered No. 27

FULL NAME OF CHILD DARVEL HAROLD Gee

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		1	Yes	4 – 2 – 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orrin A. Gee	FULL MAIDEN NAME	Lucy J. Dayley
RESIDENCE	Basin Idaho	RESIDENCE	Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Holmwood

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Apr 22 1912 L. B. Stoikeleger
Registrar

S-Y CO. 20174

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5353
Date Filed ..... A[illegible]

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Gee	Darvel Harold Gee

Subscribed and sworn to before me this 6th day of April, 1942.

C F Larson

Notary Public, residing at [illegible]

My commission expires [illegible]
(SEAL)

Notary Public in and for the County of Idaho
Residing at Lake City, Idaho
My Commission expires Jan. 20, 1943

Signed Ormus A Gee
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 31 File No. 5354

Primary Registration District No. 2126 Registered No. 58

FULL NAME OF CHILD Garvin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1	Yes	4 7 1912

FATHER		MOTHER	
FULL NAME	William M. Garvin	FULL MAIDEN NAME	Louisa Remington
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Pool Room operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Shawver

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Apr 22 1912 L. B. Shoshaugen Registrar

S-Y CO. 20174

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 5355

Primary Registration District No. 216 Registered No. 59

FULL NAME OF CHILD Garvin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2nd	yes	4, 7, 1911

FATHER		MOTHER	
FULL NAME	Wm M. Garvin	FULL MAIDEN NAME	Louisa Remington
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Pool Room Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Schauweker

Oakley Ida (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Apr 22 1912 L P Stocksleger Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each child must be stated.

[redacted] 11-C—20m-2-15-12

[redacted]

City of _____ Registration District No. 31 File No. 5356

No. _____ St. Primary Registration District No. 2126 Registered No. 60

Hospital _____

FULL NAME OF CHILD Louie Severe

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	Apr 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Don Carlos Severe	Myrtle Hunter
RESIDENCE	[redacted]	[redacted]
COLOR	White	White
AGE AT LAST BIRTHDAY	[redacted]	[redacted]
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Clerk in Mdse store	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Oldham MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

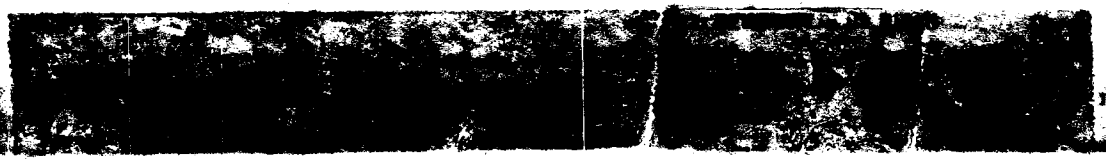
..... 19.....

..... Registrar

Filed Apr 22 1912 C B Stockdale Registrar

S-Y CO. 20174

Delayed on
a/c two blanks.
Expo.



L.D.S. Church Record, July 7, 1912 and Childs Birth Cert. #50-14929 viewed by Vital Statistics.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 5356

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Severe (Name on Original Certificate) who born (Was Born or Died) on April 8, 1912 (Date of Event)
in Cassia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on 31 May, 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Louie Severe
Louie Severe		

Subscribed and sworn to before me this 24 day of May, 1958.
Margaret L. Hooper
Notary Public, residing at St. Anthony
My commission expires
(Seal)

Signed Myrtle J. Severe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of May, 1958.
Margaret L. Hooper
Notary Public, residing at St. Anthony, Idaho
My commission expires
(Seal)

Signed Stella S. Hunter
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

NNCL 5-9-58 nm

JUN 10 1958

child's name amended 5/1/87 tlc

STATE OF IDAHO

Bureau of Vital Statistics

County of Cassia

CERTIFICATE OF BIRTH

City of ..... Registration District No. 31 File No. 535

No. ..... St. Primary Registration District No. 212 Registered No. 62

Hospital .....

FULL NAME OF CHILD Alma Jaren Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)
M.			Yes	March 13

FATHER		MOTHER	
FULL NAME	W. A. Johnson	FULL MAIDEN NAME	Hollis
RESIDENCE	Marion	RESIDENCE	[redacted]
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Wilson

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

..... Registrar Filed Apr 10 19 12 L. B. Stoikeley Registrar

2-V.CO.-16810

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

STATE OF IOWA

5/1/87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 5357
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Tolman (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 13, 1912 (Date of Event)

in Cassia, County, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Alma Jaren Tolman

Subscribed and sworn to before me this 1 day of May, 1987.

Notary Public, Louisa L. Clegg

Residing at Boise, Idaho

My commission expires April 3, 1991

(Seal)

x Myrtle P. Tolman
Signature of Applicant

+ 210 Randolph Pocatello Id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Baptism from LDS Church gives name as Alma Jaren Tolman born March 13, 1912 in Marion, Idaho. viewed by tlc

Own daughter's birth certificate on file in Idaho #322098. Gives father's name as Alma Jaren Tolman. child born Sept. 24, 1941. viewed by tlc

MAY 1 1987

236-219-016-281

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31 File No. 5358

No. ____, ____ St.

Primary Registration District No. 21/34 Registered No. 72

Hospital

FULL NAME OF CHILD Verna Dawn Stout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	4 19 1912

FATHER		MOTHER	
FULL NAME	Edwin Joseph Stout	FULL MAIDEN NAME	Zaliq Krall
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Mt Pleasant Utah
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Muter M D

Burley Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 9 1912 G B Buchanan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 27 1970

MARGIN RESERVED FOR BINDING—
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 5359

Primary Registration District No. 21 24 Registered No. 73

FULL NAME OF CHILD Grace Rayhance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		7	Yes	4 21 1912

FATHER		MOTHER	
FULL NAME	Harvey Rayhance	FULL MAIDEN NAME	Eliza Ward
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Springville Utah	BIRTHPLACE	Hiram Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Muter

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-9 1912 L B Shackelford Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 5360

Primary Registration District No 21 24 Registered No. 24

FULL NAME OF CHILD Robert Hauger Ingram

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		11	Yes	Nov. 28" 1912

FATHER	MOTHER
FULL NAME: Fred O. Ingram	FULL MAIDEN NAME: Norma White
RESIDENCE: Burley Ida. R.F.D.	RESIDENCE: Burley Ida. R.F.D.
COLOR: W	COLOR
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ind.	BIRTHPLACE: Ind.
OCCUPATION: Electrician	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1"

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Seary M.D.

(Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed 5-9 1912 L. B. Shockey Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-430523

255-22-016-255

PLACE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 5361

Primary Registration District No. 2174 Registered No. 711

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number if one of twins, triplets, etc. born	Legitimate?	Date of birth (Month)	(Day)	192 (Year)
M		1st	Yes	Nov	21	2

FATHER	MOTHER
FULL NAME Don Lamoreaux	FULL MAIDEN NAME Eva Bennett
RESIDENCE	RESIDENCE Albion Idaho
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR W	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	BIRTHPLACE Utah
OCCUPATION	OCCUPATION Dairy farmer

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Seary M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 9 1925 L. L. Blackburn Registrar

.....

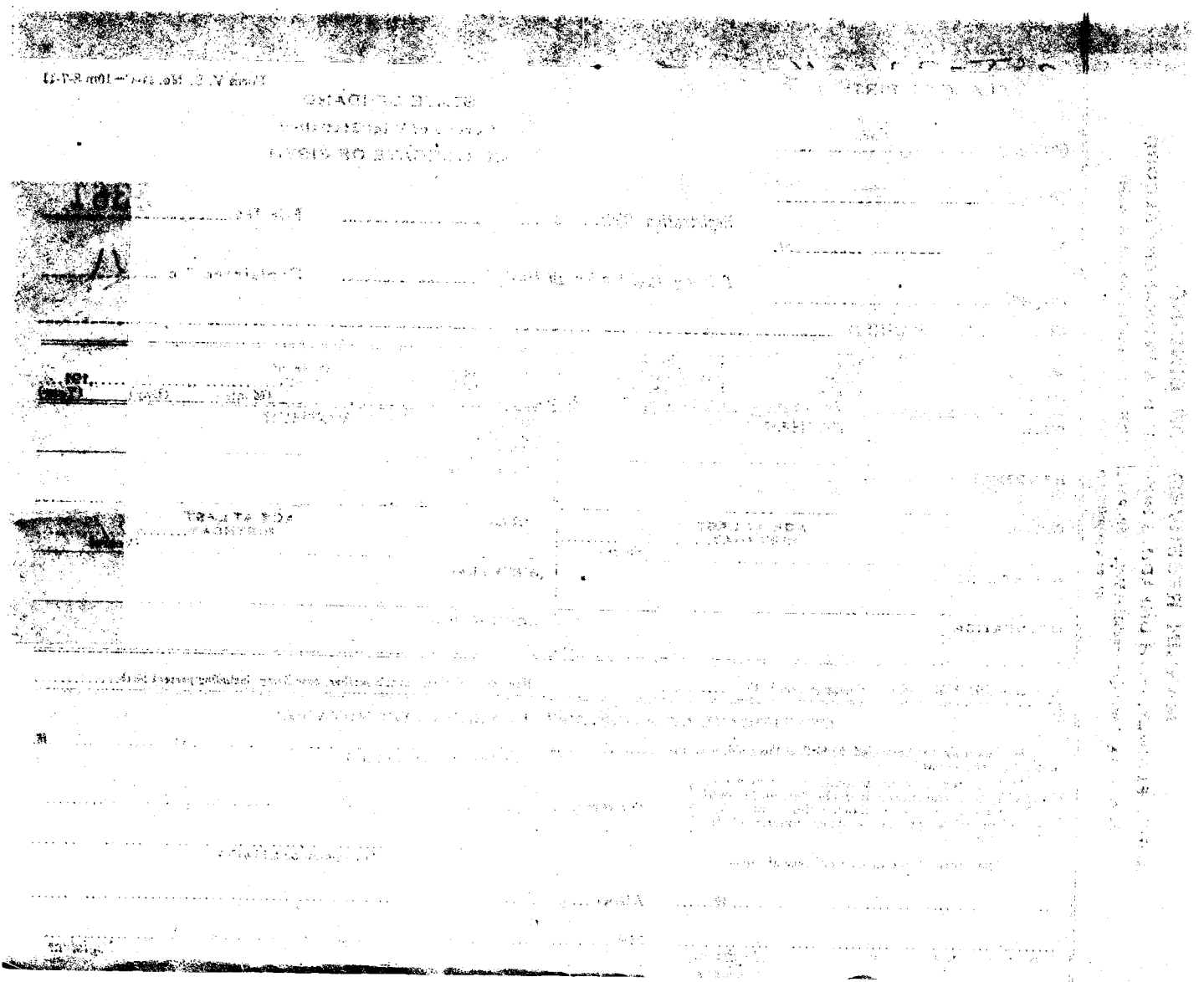
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 5362

Primary Registration District No 21st Registered No. 76

FULL NAME OF CHILD Joseph Albert Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Fourth		yes	4 — 4 1912

	FATHER	MOTHER
FULL NAME	(a) [illegible] Brown	FULL MAIDEN NAME Bessie Holland
RESIDENCE	Burley Ida.	RESIDENCE Burley Ida.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Mo
OCCUPATION	Transfer + Teamster	OCCUPATION Housewife

Number of child of this mother, including present birth Fourth

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a.M. on the date above stated.

(Signature) R. T. Seamons M.D.

(Physician or Midwife)

Address Burley Idaho

Filed N-9 19 12 W. B. Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 5363

Primary Registration District No. 214 Registered No. 63

FULL NAME OF CHILD Clarence Leslie Larson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one	8	Yes	April 2nd 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Larson	Florence Samuelson
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Sweden	America
OCCUPATION	Farmer	

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hilda Shallman

Midwife (Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1912 L. B. Stockebye Registrar

.....

S-Y CO., 16670 Registrar

449-102-0661933

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ..... St.

Hospital Residence

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—16m-9-12

CERTIFICATE OF BIRTH

5364

Registration District No. 31

File No. .....

Primary Registration District No. 2124

Registered No. 64

FULL NAME OF CHILD Charles Elmer Muir

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes	May 2 1912

FATHER		MOTHER	
FULL NAME	Arthur Muir	FULL MAIDEN NAME	Fannie Allen
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Scattland Co Missouri	BIRTHPLACE	Linn Co Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minter M. D

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed May 8 1912 P. B. Blackadder Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAR 2 3 1942

JUN 4 - 1953

MAR 7 1956

JAN 5 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Registration District No. 31

Primary Registration District No. 21st

File No. 5365

Registered No. 66

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one	2	no	4/15 1912

FATHER		MOTHER	
FULL NAME	Ray Gudmunsen	FULL MAIDEN NAME	Marian Adams
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Real Estate Man	OCCUPATION	Teacher

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Shallman

Midwife (Physician or Midwife)

Address Burley Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 8 1912 L B Stockdagen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 2132

File No. 5367

Registered No. 68

FULL NAME OF CHILD (died) Dossen

Sex of Child Male

Twin Triplet or other? Twin and Number in order of birth 1 2

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr. 24th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Engel Dossen	FULL MAIDEN NAME	Maline Olson
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed May 8 1912 L. B. Stockslager

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Near Burley

Registration District No. 31

File No. 5368

No. ..... St.

Primary Registration District No. 212

Registered No. 69

Hospital .....

FULL NAME OF CHILD Melba Pauline Polly

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Apr. 19th 1913

FATHER		MOTHER	
FULL NAME	H. C. Polly	FULL MAIDEN NAME	Anda Boner
RESIDENCE	Burley Idaho.	RESIDENCE	Burley Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept 8 1913 L. B. Stockberger Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATI[illegible]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 5369

Primary Registration District No. 2124 Registered No. 70

FULL NAME OF CHILD Elsie Emoline Potter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 13 1912

FATHER	MOTHER
FULL NAME C. H. Potter	FULL MAIDEN NAME Belle Potter
RESIDENCE Burley, Idaho	RESIDENCE Burley, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

~~Burley Idaho~~ M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley, Idaho.

Filed May 8 1912 L. B. Strickland

..... Registrar

Registrar

8-Y CO. 20174

OCT 29 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS - 5369

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Monterey } ss.

Certificate No. ~~91983~~

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elsie Caroline Potter (Name on Original Certificate) who was born (Was Born or Died) on about 13 Feb (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on ~~about 13 Feb~~ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	May Belle Potter	~~Iris June Potter~~ Elsie Caroline Potter ~~Mrs Belle Potter~~ mother

Subscribed and sworn to before me this 4th
day of November, 1940
Clark Stump
Notary Public, residing at Seaside Calif
My commission expires
(Seal) MY COMMISSION EXPIRES FEBRUARY 28, 1946

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
~~Highway 101~~ Seaside, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Monterey. } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of November, 1940
Clark Stump
Notary Public, residing at Seaside
My commission expires
(Seal) MY COMMISSION EXPIRES FEBRUARY 28, 1946

Signed Charles H Potter
(Signature of Any Credible Person Other Than Previous Year)
Seaside, Calif
(Street Address, City, State)

NOV 1 2 1942

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Near Burley

Registration District No. 31 File No. 5370

No. ____ St.

Primary Registration District No. 2136 Registered No. 71

Hospital ____

FULL NAME OF CHILD Nathan Junior Pankhurst

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr. 6. 1912

FATHER		MOTHER	
FULL NAME	N. J. Pankhurst	FULL MAIDEN NAME	Alice Moon
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1912 L. B. Stockslager
Registrar

.....
Registrar

CO. 33774

MAY 24 1949

JUL 6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 31 File No. 5371

Primary Registration District No. 2124 Registered No. 61

FULL NAME OF CHILD Warren Debbs Pierson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 26 1912

	FATHER	MOTHER
FULL NAME	Arnor M Pierson	FULL MAIDEN NAME Alma Burgh
RESIDENCE	Burley Idaho	RESIDENCE Burley Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE New York
OCCUPATION	Farmer	OCCUPATION School Teacher

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Febuary 26 (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hiatt

Midwife (Physician or Midwife)

Address Burley Idaho R.F.D. no 9

Given names added from a supplemental report

mar 7, 1912

Registrar

Filed apr 15 1912 B S Stockdale Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 14 1951

PLACE OF BIRTH

County of Cassia.

City of Burley

No. ..... St.

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 5372

Primary Registration District No. 2134 Registered No. 62

FULL NAME OF CHILD OSCAR ROBERT WINKS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one	7	Yes	3/27, 1917

FATHER		MOTHER	
FULL NAME	A. B. Winks	FULL MAIDEN NAME	Sylvia Bradle
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Shallman

Midwife (Physician or Midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Filed Apr 10 1917 [illegible] Registrar

..... Registrar

S-Y CO., 10670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 10 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5372

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Winks (Male Child) (Name on Original Certificate) who was born (Was Born or Died) on March 27, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Oscar Robert Winks

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
October, 1968

Notary Public, residing at Burley, Idaho
My commission expires April 29-1969.
(Seal)

Signed W. Earl Winks
(Signature of Any Credible Person)

1611 Wisconsin, Burley, Idaho
(Street Address, City, State)

FORM DN 60-155 CL 10-10-68.

Child's birth certificate for Thelma Rae Winks, File No. 294029 gives father's name as Oscar R. Winks, Child born 4/17/40. Viewed by V. S.

NOV 17 1969

Certificate of Baptism and Confirmation dated Nov. 26 and 1950 gives Thelma Rae Winks gives father's name as Oscar Robert Winks and mother's name as Ruth Edna McMillen. Child born April 12, 1940. From LDS Church Burley 3rd Ward and Burley Stake. Signed by Lawrence Holman. Viewed by V. S.

131-122-037-[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5373

County of Owyhee

City of D'Lamar

Registration District No. 30 File No. Idaho

No. —, St.

Hospital John Vincent Primary Registration District No. 2123 Registered No. 14

FULL NAME OF CHILD [redacted] acardagoitio

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	Jan 27 1917

FATHER	MOTHER
FULL NAME: Manuel Acardagoitio	FULL MAIDEN NAME: Eustaquia Malla Acardagoitio
RESIDENCE: South Mt. Idaho	RESIDENCE: South Mt. Owyhee Co Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Spain	BIRTHPLACE: Spain
OCCUPATION: Stockman & Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) Jan 27 nd 1917, at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer M.D.

(Physician or Midwife)

Address D'Lamar

Given names added from a supplemental report

....., 19.....

Filed May 10 1917 T D Farrer

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Form V. S. No. 11-C—10m-9-41

STATE OF IDAHO

Bureau of Vital Statistics

FEB 19 1942

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Owyhee

City of D'Lamar

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 5374

Primary Registration District No. 2133 Registered No. 18

FULL NAME OF CHILD Joyce Evelyn Townsand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes.	Apr 27 1912

FATHER		MOTHER	
FULL NAME	William Henry Townsand	FULL MAIDEN NAME	Ruth Bell Hayes.
RESIDENCE	D'Lamar	RESIDENCE	D'Lamar
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho.	COLOR	White
OCCUPATION	Blacksmith.	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Oregon.
		OCCUPATION	House wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — Apr 27 (Born alive or stillborn) at 12-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrar

Physician

(Physician or Midwife)

Address D'Lamar.

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 T. D. Farrar

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Owyhee

City of DeLamar

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5375

Registration District No. 30 File No. 1

Primary Registration District No. 2123 Registered No. 15

FULL NAME OF CHILD Minerva Victoria Bonomi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 19 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Bonomi	Mary Quarrell
RESIDENCE	DeLamar	DeLamar
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 37	White / 23
BIRTHPLACE	Switzerland	Italy
OCCUPATION	Miner - Store clerk	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Feb 19 - 17, at 8 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Farmer M.D.

(Physician or Midwife)

Address DeLamar, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 1917 J D Farmer

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

534-119-037-5536

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5376

County of Owyhee

City of D'Lamar

Registration District No. 30 File No. 1

No. ____, ____ St.

Primary Registration District No. 2123 Registered No. 17

Hospital ____

FULL NAME OF CHILD Louis Joseph [illegible], Yturri

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes.	Apr. 19, 1912

	FATHER	MOTHER
FULL NAME	Domingo Yturri	FULL MAIDEN NAME Maria Elorriaga
RESIDENCE	D'Lamar.	RESIDENCE D'Lamar,
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE Spain
OCCUPATION	Quartz Mill Man	OCCUPATION Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Farrer

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address D'Lamar Idaho

[illegible] Registrar

SYMS - YORK CO., PRES. & SUPL. [illegible]

Form V. S. No. 11-C—10m-5-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3378

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 5376

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Louis Iturri (Name on Original Certificate) who born (Was Born or Died) on Apr. 19, 1912 (Date of Event)
in DeLamar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Older Sister (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Iturri	Yturri
Name	Luis	Joseph Louis J. Yturri
Maiden name of mother	Maria Elorriaga	Maria Elorriaga

Subscribed and sworn to before me this 27
day of Feb., 19 42

Notary Public, residing at Boise, Ida

My commission expires 7-17-45
(Seal)

Signed Juanita Iturri Smith
(Signature of ~~parent~~ or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Owyhee

City of Hot Spring

No. ..... St.

Hospital .....

Form V. S. No. 2-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5377

Registration District No. 30 File No. .....

Primary Registration District No. 212 Registered No. 5

FULL NAME OF CHILD Lena Hariette Archubal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 10 1912

	FATHER	MOTHER
FULL NAME	Joseph Archubal	FULL MAIDEN NAME Stella Wilson
RESIDENCE	Hot Spring, Idaho	RESIDENCE Hot Spring, Idaho
COLOR	Spanish	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Spain	BIRTHPLACE Hot Spring Idaho
OCCUPATION	Day Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 10, at 9 - a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or Midwife)

Address Bruneau Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 19 12 T. D. Farrer

Per J. C. Bartlett Sub Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DUP OF 1912-341269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—Rev. 5-1-11

PLACE OF BIRTH

County of Owyhee

City of Bruneau,

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 5378

Primary Registration District No. 2121 Registered No. 4

FULL NAME OF CHILD Emily Bertchy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 1st 1912

FATHER		MOTHER	
FULL NAME	George Bertchy	FULL MAIDEN NAME	Belle Pennington
RESIDENCE	Bruneau Idaho	RESIDENCE	Bruneau Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Bruneau, Idaho	BIRTHPLACE	Bruneau Idaho
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 1st, at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address Bruneau, Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of Bruneau

No _____, _____ St.

Hospital _____

Registration District No. 30 File No. 5379

Primary Registration District No. 2121 Registered No. 6

FULL NAME OF CHILD Marie Montgomery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 18 1913

FATHER		MOTHER	
FULL NAME	Albert Montgomery	FULL MAIDEN NAME	Cora Tuttle
RESIDENCE	Bruneau Ida	RESIDENCE	Bruneau
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 18, at 11-a.m. (Born alive or stillborn) on the date above stated.

(Signature) J. C. Bartlett

Physician (Physician or Midwife)

Address Bruneau, Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Filed Apr. 19 2 T. D. Frazer

Registrar

Per J. C. Bartlett Sub. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

317-128-020-279

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Form V. S. No. H-C-10m-6-40-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 20

File No. 5380

No. ____, ____ St.

Primary Registration District No. 2026

Registered No. 26

Hospital ____

FULL NAME OF CHILD James Albert Carr ~~Carr~~ unnamed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1st	Yes	Apr 28 1917

FATHER		MOTHER	
FULL NAME	Jas albert Carr	FULL MAIDEN NAME	Lucy Spillett
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Ida
OCCUPATION	Clerk	OCCUPATION	None

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hartley

(Physician or ~~Midwife~~)

Address Mt Home

Given names added from a supplemental report

....., 19.....

Filed 5-1 19 2

W. L. Frazier

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2/18/41 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form U. S. No. D-C—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountainhome

Registration District No. 20

File No. 5381

No. ..... St.

Primary Registration District No. 2022

Registered No. 27

Hospital .....

FULL NAME OF CHILD Marion Maroni Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 /29 /1912

FATHER	MOTHER
FULL NAME: Birt Z. Smith	FULL MAIDEN NAME: Mary Johnson
RESIDENCE: Mountainhome	RESIDENCE: Mountainhome
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Pendleton, Oregon.	BIRTHPLACE: Little Sioux, Iowa.
OCCUPATION: Barber	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. R. Hanger

..... (Physician or Midwife)

Address Mt Home

Filed May 1 1912 W. L. Trogden Registrar

S-Y CO., 16670

DEC 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STA[illegible] Form V.S. No. 1 Rev. 1921

Bureau [illegible]

CERTIFI[illegible]

County of Elmore

City of Mountain Home

Registration District No. 2 8

File No. 5382

No. ____, ____ St.

Primary Registration District No. 20-20

Registered No. 2 6

Hospital ____

FULL NAME OF CHILD Ida Mae Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Apr. 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred T. Smith	Ida Mae Hard
RESIDENCE	Oreana	Oreana
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	22
BIRTHPLACE	Ilion, Indiana	Rocky Bar Ida
OCCUPATION	Farmer	Farmers Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) April 27, at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Hanger

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address At Home

Filed 5-1 19 12 W.L. Thayer

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 5383

No. ____, ____ St. Primary Registration District No. 2020 Registered No. 23

Hospital ____

FULL NAME OF CHILD Patrick Olney Daugherty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	April 18 1912

	FATHER	MOTHER
FULL NAME	Frank Daugherty	FULL MAIDEN NAME Louisa C Meiskey
RESIDENCE	Mountain Home	RESIDENCE Mountain Home
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE Nevada
OCCUPATION	Contractor	OCCUPATION House Wife

Number of child of this mother, including present birth 10 Number of children of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 18, 1912 at 9.10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M R Hennyon

Midwife
(Physician or Midwife)

Address Mtn Home, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4-23 1912 W. L. Frazier
Registrar

S-Y CO., 16670

[redacted]

NOV 23 1942

FEB 26 1987

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

2-17-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 27 1967
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 5383

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Olney Daugherty (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1912 (Date of Event) in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
first name	omitted	Patrick

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Patrick O Daugherty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2912 NE 48th Vancouver Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February, 19 67

Notary Public, residing at Vancouver
My commission expires March 30 1968
(Seal)

Signed Mark H Colbert
(Signature of Any Credible Person)

2711 NE 48th Vancouver Wash
(Street Address, City, State)

FORM DH 60-155

FEB 28 1967

Naval Reserve Identification card issued July 28, 1947 given name as Patrick Olney Daugherty. Issued by the U.S. Navy. V. S. Sprague, Lt. Viewed by V. S.

MAY 4 1976

Union Book Issued Aug 1, 1952 by International Union of Operating Engineers lists name as Patrick Olney Daugherty. G. L. Wesling, Pres. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

P. S. In case of twins, the one born first is to be considered as child No. 1, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 20

File No. 5384

No. Idaho St.

Primary Registration District No. 2020

Registered No. 24

Hospital Durward

FULL NAME OF CHILD Baxter Berry DURWARD BAXTER BERRY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M Boy			Yes	April 7, 1912

FATHER	MOTHER
FULL NAME: Lowery L. Berry	FULL MAIDEN NAME: Florence J. Williams
RESIDENCE: Sunny Side	RESIDENCE: Sunny Side
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Missoura	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 7, 1912 at 5 40 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. Hanaga

Midwife (Physician or Midwife)

Address Mountain Home Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-12 1912 W. L. Fraziers

Registrar

B-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 5384

Date Filed May - 25 '42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baxter Berry (Name on Original Certificate) who was born (Was Born or Died) on April 7 - 1912 (Date of Event)
in Mountain Home, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Selective Service Registration (Bible Record, Insurance Policy, Etc.) prepared on Oct - 16 - 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name to be corrected	Baxter Berry	Durward Baxter Berry

Subscribed and sworn to before me this 25th day of May, 1942

Notary Public, residing at NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My commission expires My Commission Expires Dec. 3, 1944
(Seal)

Signed Mrs Florence Etter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Viola Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May, 1942

Notary Public, residing at NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My commission expires My Commission Expires Dec. 3, 1944
(Seal)

Signed Bertha Berry
(Signature of Any Credible Person Other Than Previous Year)

Potlatch Ida
(Street Address, City, State)

MAY 27 1942

JUN 30 1971

1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

PLACE OF BIRTH — STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 5385

No. ____, ____ St.

Primary Registration District No. 2820

Registered No. 29

Hospital

FULL NAME OF CHILD Janet Elizabeth Park

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	April 6 1912

FATHER		MOTHER	
FULL NAME	Stanton Park	FULL MAIDEN NAME	Adda Calloway
RESIDENCE	Mountain Home, Idaho	RESIDENCE	Mountain Home, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kane.	BIRTHPLACE	Idaho
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician (Physician or Midwife)

Address Mountain Home, Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed May 6 1912 W. L. Frazier Registrar

B-Y CO., 10670

JUL 3 1 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Orofino.

No. ....., ... St.

Hospital .....

Registration District No. 17 File No. 5386

Primary Registration District No. 2078 Registered No. 23

FULL NAME OF CHILD Peter Funkhouser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Absa Funkhouser	Lily Wilson
RESIDENCE	Orofino Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	29
BIRTHPLACE	Iowa	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 1 1912 J. M. Fairly

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17928

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Clearwater

City of Orofino

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5387

Registration District No. 17 File No.

No. , St.

Primary Registration District No. 2078 Registered No. 24

Hospital

FULL NAME OF CHILD Leroy Dean Frazier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. E. Frazier	Edith Maxfield
RESIDENCE	Orofino Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Kans.	Mo.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dailey

Physician

(Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Filed May 2 19 12 J. M. Dailey

Registrar

.....

Registrar

SUBS - YORK CO., PTRS. & ROSS 17288

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

25-2-11-018-937

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5388

County of Owyhee

City of Oreana

Registration District No. 17 File No.

No. , St.

Hospital Primary Registration District No. 2028 Registered No. 28

FULL NAME OF CHILD Laura Maria Bertrand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. H. Bertrand	Lina M. Lee
RESIDENCE	Arsaka Ida	Arsaka, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	56	32
BIRTHPLACE	Vermont	Calif.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was John Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gainey

Oreana Physician (Physician or Midwife)

Address Oreana, Ida.

Given names added from a supplemental report

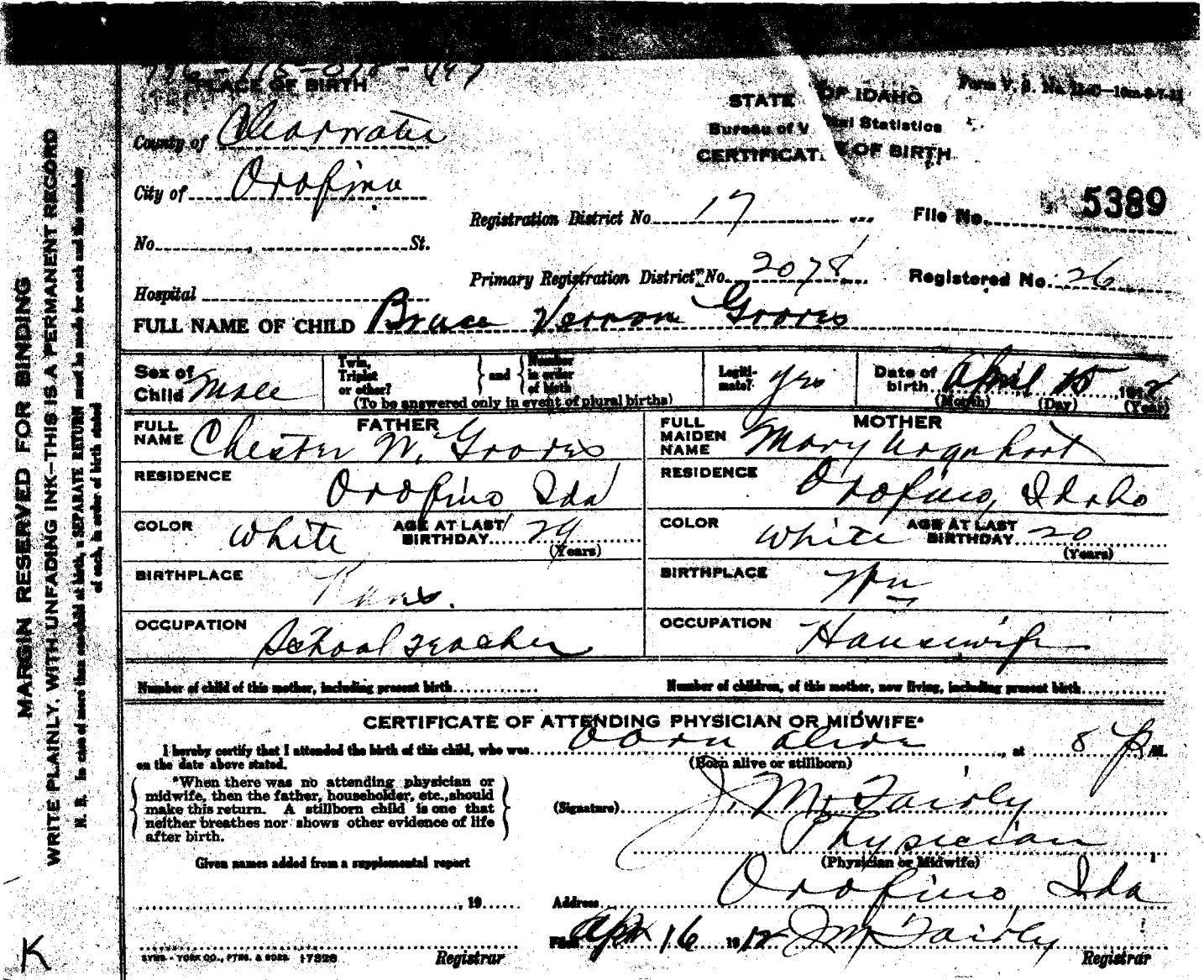
....., 19.....

Filed April 11 1912 J. M. Gainey Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 12-C—10m-9-17-21

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 17

File No. 5389

No. ____ St.

Primary Registration District No. 2074

Registered No. 26

Hospital

FULL NAME OF CHILD Bruce Vernon Grotzo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester W. Grotzo	Mary Morgenroot
RESIDENCE	Orofino Ida	Orofino, Ida. Ro
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Penn.	Penn
OCCUPATION	Retail Trader	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 16 1922 J. M. Darby

Registrar

SYRACUSE - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

K

MAR 24 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5390

County of Clearwater

City of Orofino

No. ..... St.

Registration District No. 17 File No. .....

Hospital .....

Primary Registration District No. 2078 Registered No. 27

FULL NAME OF CHILD Irene Matilda Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 19[illegible] (Year)
Female			Yes	April 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Austin	Bessie Crockett
RESIDENCE	Orofino Ida	Orofino Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	33
BIRTHPLACE	Me	Mo.
OCCUPATION	Mgr. Water System	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Gaisly

Physician

(Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 20 1917 D M Gaisly

Registrar

BYNS - YORK CO., PTRS. & SDRS. 17526

MAY 28 1974

613-28

PLACE OF

Form V. S. No. 11-C—10m-6-7-11

OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Alea

City of Russell

No. ..... St.

Hospital .....

Registration District No. 17 File No. 5391

Primary Registration District No. 2078 Registered No. 28

FULL NAME OF CHILD Olive Maud Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 28 1912

	FATHER	MOTHER
FULL NAME	Edward E. Walker	FULL MAIDEN NAME Silvia Kalmorgan
RESIDENCE	Russell Ida	RESIDENCE Russell Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Filed Apr 28 1912 J. M. Fairly

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—

N. B. In case of twins also give date of birth, and BRIEFLY of each, in order of birth

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5391

~~1960~~

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Russell
Street and House No.
County Clearwater

Registered Number 2-1961

Registration District No. 17

Sex of Child Female

Date of Birth, April 28 (Month) (Day) 1912 (Year)

Full Name of Father Edward E. Walker

Full Maiden Name of Mother Alvira Kalmorgan

I HEREBY CERTIFY that the child described herein has been named:

Alice Maud Walker
(Given name in full) (Surname)

as reported by E. E. Walker
(Father or Mother)

J. M. Finley
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

SEP 7 1961

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 5-15-23

County of Clearwater

City of Orofino

Registration District No. 17 File No. 5392

No. St.

Primary Registration District No. 2078 Registered No. 29

Hospital

FULL NAME OF CHILD Hilrsa Viola Tyra

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 29 1912

FATHER

FULL NAME Boas Tyra

RESIDENCE Orofino Ida

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Kan

OCCUPATION Laborer Sawmill

MOTHER

FULL MAIDEN NAME Olga M. Meifert

RESIDENCE Orofino Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Wis

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gainey

Physician

(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 29 1912 J. M. Gainey

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

84-1234-5678-90

Form V. S. No. 11-C—Dec-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

176-107-018-235

PLACE OF BIRTH

Form V. S. No. 11-0—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5393

County of Clearwater

City of Weippe

No. ..... St.

Registration District No. 17 File No. .....

Primary Registration District No. 2078 Registered No. [redacted]

Hospital .....

FULL NAME OF CHILD Walter Steele Gaffney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	January 7 1912

	FATHER	MOTHER
FULL NAME	Frank Gaffney	FULL MAIDEN NAME Becke Steele
RESIDENCE	Weippe, Ida	RESIDENCE Weippe, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	46 (Years)	44 (Years)
BIRTHPLACE	California	BIRTHPLACE Kentucky
OCCUPATION	Clerk, Gen'l Store	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3/8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) [signature]

(Physician or Midwife)

Address .....

Filed May 8 1912 J. M. Kinsley Registrar

BYRNE - YORK CO., PTRS. & STRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each until the number of each, in order of birth, is stated.

PLACE OF BIRTH

County of Gooding

City of Near Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 5394

Registration District No. 17 File No. .....

Primary Registration District No. 2078 Registered No. 31

FULL NAME OF CHILD Susie Marie Albers

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John H. Albers	FULL MAIDEN NAME	Burenna Mullen
RESIDENCE	Near Orofino	RESIDENCE	Near Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Earle W. Horswell

(Physician or midwife)

Address Orofino Idaho

Filed May 1 1912 J. McCarthy Registrar

S-Y CO. 20174

Form U.S. No. 10-300a (10-55)
STATE OF HAWAII
PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Near Orofino

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 5395

Primary Registration District No. 2078 Registered No. 32

FULL NAME OF CHILD RUBY MAE STUART

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr 17 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Archie L. Stuart	FULL MAIDEN NAME	Eva Burton
RESIDENCE	Near Orofino	RESIDENCE	Near Orofino
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle N. Foswell (Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report

..... 19.....

Filed May 1 1912

..... Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5395

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Preau, Idaho
Street and House No.
County Clearwater

Registered Number
Registration District No. 17

Sex of Child Female

Date of Birth, April 17 (Month) (Day) 1912 (Year)

Full Name of Father Archie L. Stuart

Full Maiden Name of Mother Evaline Burton

I HEREBY CERTIFY that the child described herein has been named:

Ruby Mae Stuart
(Given name in full) (Surname)

as reported by A. L. Stuart
(Father or Mother)

J. M. Darby
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...Health of Ohio

CERTIFICATE OF BIRTH

City of Lafayette — Registration District No. 16 — File No. 5396

No. ..... St. — Primary Registration District No. 2117 — Registered No. 81

Hospital .....

FULL NAME OF CHILD Margaret Lucile Wann

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 1, 1912

FATHER		MOTHER	
FULL NAME	Norman Wann	FULL MAIDEN NAME	Mary A Wright
RESIDENCE	Lafayette	RESIDENCE	Lafayette
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ecuador
OCCUPATION	Merchant	OCCUPATION	Home Work

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Margaret Lucile Wann at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Alley

(Physician or Midwife)

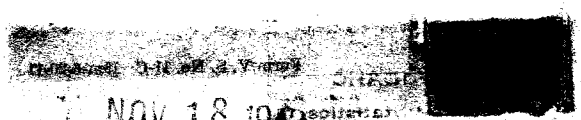
Address .....

Given names added from a supplemental report

Lafayette, Ind. May 2 19 12

John M. Alley
Registrar

Filed May 10 19 12 L J Parker
Registrar



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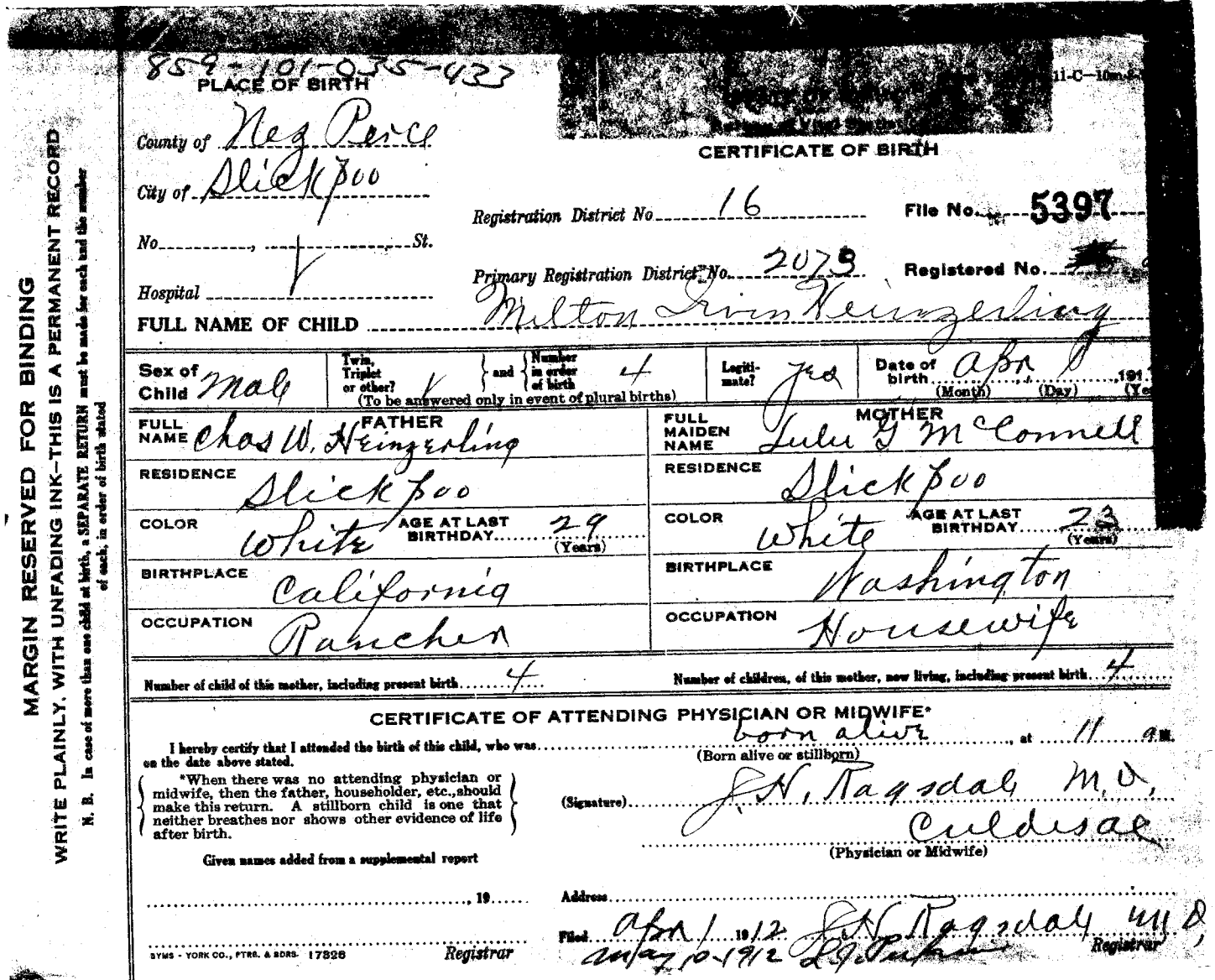


85-9-101-035-433

PLACE OF BIRTH

County of Nez Perce

City of Slickpoo

No _____, _____ St.

Hospital V

CERTIFICATE OF BIRTH

Registration District No 16 File No. 5397

Primary Registration District No 2079 Registered No. [redacted]

FULL NAME OF CHILD Milton Irvin Heingerling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	V	4	Yes	Apr 9

FATHER		MOTHER	
FULL NAME	Chas W. Heingerling	FULL MAIDEN NAME	Julia G McConnell
RESIDENCE	Slickpoo	RESIDENCE	Slickpoo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	California	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Ragsdale M.D.

Culdesac

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed April 1, 1912 J. N. Ragsdale M.D.

April 10-1912 L.G. Parker Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MAR 23 1953

Form V. S. No. 11-C—Issued 20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5398

County of Hesperia

City of Melrose

Registration District No. 16

No. ____ St. ____

Primary Registration District No. 2074

Registered No. 83

Hospital ____

FULL NAME OF CHILD Hazel Irene Card

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	One	yes	April 7th 1912

FATHER		MOTHER	
FULL NAME	Charles R. Card	FULL MAIDEN NAME	Leta Adams
RESIDENCE	Melrose Idaho.	RESIDENCE	Melrose
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wash
OCCUPATION	Farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living born at 5-a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Kerrington

Physician Surgeon

(Physician or Midwife)

Address Gifford Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-30-1912 E E Hatta Registrar

May 10-1912 L J Perkins

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

MAR 14 1946

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 5399

Primary Registration District No. 1009 Registered No. 84

FULL NAME OF CHILD Robert William Hoke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 9, 1912

FATHER	MOTHER
FULL NAME: Samuel R Hoke	FULL MAIDEN NAME: Effie B. Vaughn
RESIDENCE: Lewiston	RESIDENCE: Lewiston
COLOR: W	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Penn	BIRTHPLACE: Warren Co. Iowa
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6th

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Nourse

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

Apr 19, 1912

L. J. Perkins
Registrar

Filed May 10 1912 L. J. Perkins
Registrar

9-Y CO., 16670

JUL 1 C 1974

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston — Registration District No. 16 — File No. 5400

No. 419 Snake River Ave — Primary Registration District No. 1009 — Registered No. 86

Hospital —

FULL NAME OF CHILD — Reed — Elmer Eugene Reed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 14 1912

FATHER		MOTHER	
FULL NAME	Eugene Reed	FULL MAIDEN NAME	Dettie Ahrendt
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth —

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Tydd

Physician

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

..... 19.....

Filed May 16 1912 L J Perkins

Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-216
035-249

F BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Rexburg, Ida. Registration District No. 16 File No. 5401

No. ....., ... St. Primary Registration District No. 2014 Registered No. 86

Hospital .....

FULL NAME OF CHILD Flora May Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	One	Yes	April 16th, 1912

FATHER		MOTHER	
FULL NAME	John T. Davis	FULL MAIDEN NAME	Ella Smith
RESIDENCE	Rexburg Idaho.	RESIDENCE	Rexburg Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Home Wife.

Number of child of this mother, including present birth One. Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Farrington

Physician Surgeon (Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Filed 4-30 19 12 E. E. Watts Registrar

May 10 - 1912 L. T. Perkins

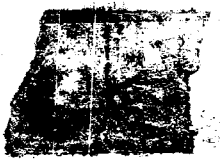
S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 17 1944



Amended 5/17/71

766-116-035-294

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5402
Local Reg. No.
Reg. Dist. No. 16

1. PLACE OF BIRTH

a. COUNTY: NezPerce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lapwai

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: NezPerce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lapwai

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Richard b. (Middle): Taylor c. (Last): Powers

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Apr. (Day) 16, (Year) 1912

FATHER OF CHILD

7. FULL NAME a. (First): Jean b. (Middle): Hubert c. (Last): Powers

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Teacher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Katherine b. (Middle): c. (Last): Kiddoo

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John N. Alley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lapwai, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 10, 1912

22. REGISTRAR'S SIGNATURE: L.J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

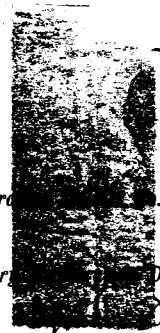
PLACE OF BIRTH

County of Lapwai

City of Mt Pierce

No. ____, ____ St.

Hospital ____



STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registrar's ____ File No. 5402

Primary ____ District No. 2117 Registered No. 87

FULL NAME OF CHILD John H. Power Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	4 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H Power	Esther Redmon
RESIDENCE	Lapwai	Lapwai
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Ida.	Ida.
OCCUPATION	Teacher	Home work

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was John H Power Jr (Born alive or stillborn), at 5 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. McAlley

Lapwai Ida

(Physician or Midwife)

Given names added from a supplemental report

April 16 19 12

John H. McAlley

Registrar

Address ____

Filed May 10 19 12 L J Perkins

Registrar

S-Y CO., 19670

MAY 17 1971

4-16-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 10 1971
Bureau of Vital Statistics

State of ..... Certificate No. 5402

County of ..... ss. Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John H. Powers Jr. (Name on Original Certificate) who was born (Was Born or Died) on April 16, 1912 (Date of Event)
in Lapwai (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baby Book Record (Bible Record, Insurance Policy, Etc.) prepared on April 23, 1912 (Give Date) ..... are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	John H. Powers, Jr.	~~Richard T. Powers~~ Richard Taylor Powers
Father's name	John H. Powers	Jean Hubert Powers

Subscribed and sworn to before me this 30th day of April, 19 71

Signed Mary C Powers Jochobbe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lyle F Thompson
Notary Public, residing at 36 3 Post Road Perris Calif
My commission expires (Street Address, City, State)
(Seal)

OFFICIAL SEAL
LYLE F. THOMPSON
NOTARY PUBLIC-CALIFORNIA
RIVERSIDE COUNTY
My Commission Expires Mar. 8, 1975

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Riverside ss. 618 Indian Circle, Perris, Calif. 92370

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April, 19 71

Signed Robert C Kadelka
(Signature of Any Credible Person)

OFFICIAL SEAL
ARLENE C. SCHAICH
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires June 7, 1974

Notary Public, residing at 318-C Alameda Costilla
My commission expires 6-7-74 (Street Address, City, State)
(Seal) Laguna Hills Calif 92653

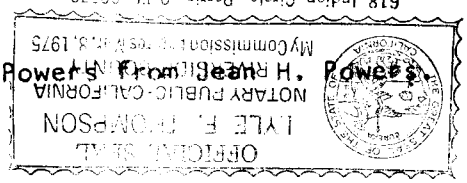
C.C. (P)

FORM DH 60-155

Page from Baby book gives child;s name as Richard Taylor Powers born to J. H. Powers and Katherine E. Powers. Born Apr. 16, 1912 at Lapwai, Idaho. Viewed by V. S.

Certif. of Baptism from Church of St James, Perris, Calif. Name as Richard T. Powers child of Jean Powers and Katherine Kiddoo. Born in Lapwai, Idaho on Apr. 16, 1912 Was baptized April 9, 1955 by Rev. Cornelius J. Waldo. Dated 4/9/55. Viewed by V. S

Telegram to Mrs. T. B. Powers from Jean H. Powers. Dated April 17, 1912. Viewed byVS



967-119-035-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5403

County of Nez Perce

City of Lewiston or Culdesac

Registration District No. 16 File No.

No. ....., ... St.

Primary Registration District No. 2073 Registered No. 88

Hospital .....

FULL NAME OF CHILD Berton Henry Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	r	2nd	yes	Apr. 19, 191[illegible]

	FATHER	MOTHER
FULL NAME	Clark Rogers	FULL MAIDEN NAME: Etta Alcorn
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Kentucky	Ky.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or ~~Midwife~~)

Address Culdesac Ida.

Given names added from a supplemental report

....., 19.....

Filed Apr 20 1912 J. H. Ragsdale Registrar

Mar 10-1912 K. J. [illegible] Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Middle name taken from certificate #302869

Dup of 12-302869

967 119 035 -133

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No. 221

1. **PLACE OF BIRTH:** (a) County Nez Perce (b) City Lewiston
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Burton Henry Rogers
5. Date of Birth (Month, day, year) April 19 1912
6. Sex. Male.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Clark Rogers
11. Color or Race
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Olcorn
17. Color or Race
18. Age at time of THIS birth 24 years
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov. 22, 1940 (Date received) (b) Milton A. Buske (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Nez Perce Idaho } ss.
County of Nez Perce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Etta Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Burton Henry Rogers (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Buske (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Etta Brown Name
Lapwai Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of November 1940.

(SEAL) Phil J Weigand Notary Public, residing at Lewiston Idaho

Dec. 2, 1940. L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

2045-21 of 2047

764-220-035-459

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Leland

Registration District No. 16 File No. 5404

No. ____, ____ St.

Primary Registration District No. 2076 Registered No 89

Hospital ____

FULL NAME OF CHILD Nellie Irene Goudzward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	April 20, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Goudzward	FULL MAIDEN NAME	Elizabeth DeRiley
RESIDENCE	Leland, Idaho	RESIDENCE	Leland, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Stonebrumer M.D.

(Physician or Midwife)

Address Leland Idaho

Given names added from a supplemental report

..... 19.....

Filed May 10 1912 L. J. Perkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1K

655-127-035-641

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Culdesac

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 5405

Primary Registration District No. 2073 — Registered No. 90

FULL NAME OF CHILD James A. Overman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Y	1	Yes	Apr. 27, 1912

	FATHER	MOTHER
FULL NAME	James Overman	Ethan Oman
RESIDENCE	Culdesac Idaho	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Wn	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 5 30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician ~~or Midwife~~)

Address Culdesac

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr. 27, 1912 — May 10-1912 — J. H. Ragsdale Registrar — L. J. Tuttle

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified copy issued Feb. 28, 1941.

756-122-035-556

PLACE OF BIRTH

Form V. S. No. 11-C—15m-9-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 16

File No. 5406

No. ____, ____ St.

Primary Registration District No. 2117

Registered No. 91

Hospital ____

FULL NAME OF CHILD Jerry N. George

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, with the number of each, in order of birth stated.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	May 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jerry George	Ray Nevins
RESIDENCE	Barsina, Ada Co.	Barsina Ada Co
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Ga.	Ga.
OCCUPATION	Engineer	Home Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jerry N. George (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John W. Alley

Lakeview (Physician or Midwife)

Given names added from a supplemental report

Jun 22, 1912

John W. Alley Registrar

S-Y C 16670

Address ____

Filed May 10 1912 L. J. Carlson Registrar

MAY 2 0 1976

563-229-035-297

Form V. S. No. 11-C—15m-6-29-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

5407

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nezperce

City of Gofford

No. ..... St.

Hospital

Registration District No. 16 File No. .....

Primary Registration District No. 2074 Registered No. 92

FULL NAME OF CHILD ~~Not Named~~ Dorothy Evelyn Colt

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single (To be answered only in event of plural births)	Two	yes.	April 29th, 1912

FATHER		MOTHER	
FULL NAME	Earl. I. Colt	FULL MAIDEN NAME	Cleo Sigman
RESIDENCE	Gofford Idaho.	RESIDENCE	Gofford, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23.	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	Home Keeper

Number of child of this mother, including present birth Two.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born ~~alive or stillborn~~), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. J. Herrington

Physician & Surgeon

(Physician or Midwife)

Address Gofford Ida.

Filed May 6 1912 L. J. Parkin

Registrar

S-Y CO., 16670

APR 28 1964

JAN 19 1944

NOV 5 1975

315-201-035-663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Key Puce

City of Lapwai

Registration District No. 16 File No. 5408

No. ____, ____ St.

Primary Registration District No. 217 Registered No. 93

Hospital ____

FULL NAME OF CHILD Mary Elizabeth Lane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				8 / 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Roy C. Lane	Mary Hollaren
RESIDENCE	Lapwai	Lapwai
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Wash	Wash
OCCUPATION	Merchant	Home Work

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Mary Elizabeth Lane (Born alive or ~~stillborn~~) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley

(Physician or Midwife)

Address Lapwai, Idaho

Given names added from a supplemental report

Roy C. Lane, 1912

John N. Alley Registrar

Filed May 10 1912 L. J. Perkins Registrar

S. V. Co., 16670

05-006-353

[redacted] CE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No 68, Ash St.

Registration District No 23 1007

Primary Registration District No 1007

File No. 5409

Registered No. 112

Hospital No

FULL NAME OF CHILD Marion Ketchum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 5, 1912

FATHER		MOTHER	
FULL NAME	Jas Ketchum	FULL MAIDEN NAME	Margaret Beckley
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Mich.
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

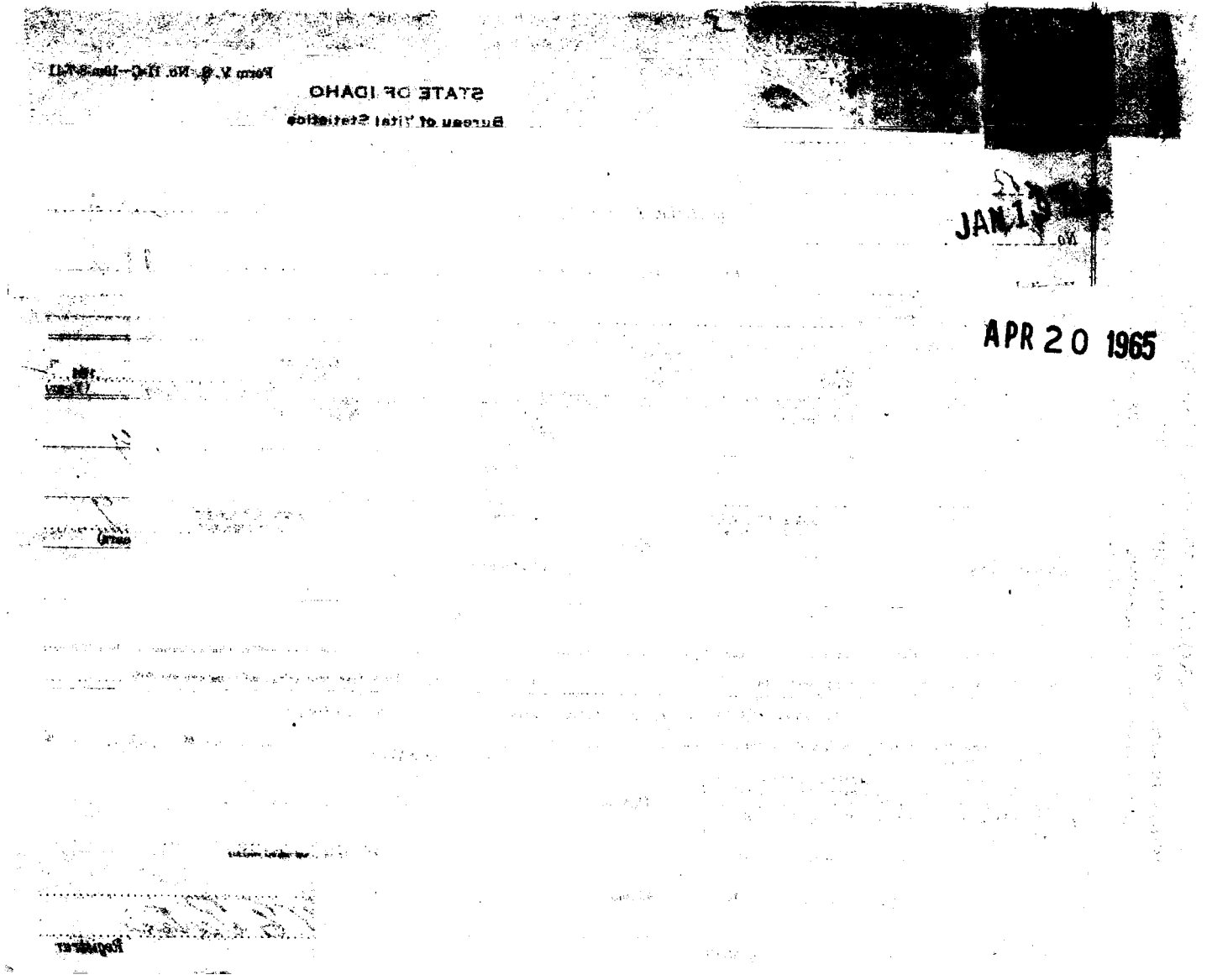
Filed Apr 9 1912 W E Parker
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


JAN 19
APR 20 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

389-201-006-133

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5410

County of Bingham

City of Blackfoot Ward # 1

Registration District No. 13

File No.

No. No St.

Hospital No

Primary Registration District No. 2033

Registered No. 113

FULL NAME OF CHILD Dellu Christensen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	(To be answered only in event of plural births)			Yes	Apr.	1	1912

FATHER		MOTHER	
FULL NAME	William R. Christensen	FULL MAIDEN NAME	Dellu Allen
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 9 1912 M. E. Paine

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Modification No. 1

912-102-006-493

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Rursidle

No. ____, ____ St.

Hospital ____

Registration District No. 13 File No. 5411

Primary Registration District No. 2053 Registered No. 114

FULL NAME OF CHILD John Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Mall			Yes	Apr 2 1912

FATHER	MOTHER
FULL NAME J. F. Rasmusen	FULL MAIDEN NAME Pauline Michelsen
RESIDENCE Bladfod R. F. D. No. 2	RESIDENCE Bladfod R F D No. 2
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Denmark	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 29 (Years)
	BIRTHPLACE Denmark
	OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed April 9 1912 M. E. Rubie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

File No. 5-2-13

Registered No. 1114

Amended 7-8-57

PLACE OF BIRTH

296-228-006-415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 5412

Primary Registration District No. 2053 Registered No. 115

FULL NAME OF CHILD Thelma Loretta Brown

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 28, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	T. D. Brown	FULL MAIDEN NAME	Amelia Davis
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Filed April 9, 1912 W. E. Patrie

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-10—8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot ward #2

Registration District No. 13 File No. 5412

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 115

Hospital ____

FULL NAME OF CHILD William Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				yes	Mar (Month) 25 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	J. D Brown.	FULL MAIDEN NAME	Amelia Davis
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	50
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 9 19 12 M. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

JUL 9 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5412

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Wilbur Brown (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1912 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Sept. 4, 1921 - show both Own child's Certs. 255208 & 293046 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Bible Record - viewed by v.s.	(PHOTISTATIC COPY) Federal Census Record for Jan 1, 1920 gives parents correct names. Viewed by V.S.	
Child's name	Wilbur Brown	Thelma Loretta Brown
Date of birth	March 25, 1912	March 28, 1912

Subscribed and sworn to before me this 13 day of March 1957

Notary Public, residing at Rexburg Idaho
My commission expires apr 15, 1958
(Seal)

Signed Clifford Daniels
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

674 Lincoln Blackfoot Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of March 1957

Notary Public, residing at Rexburg Idaho
My commission expires apr 15, 1958
(Seal)

Signed Walter E Brown
(Signature of Any Credible Person)

95 So 2nd St Blackfoot Idaho.
(Street Address, City, State)

595-209-006693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Mpella

No ____, no St.

Hospital no

Registration District No 13 File No. 5413

Primary Registration District No. 2053 Registered No. 116

FULL NAME OF CHILD LaRue Nielson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apr 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George O. Nielson	Nora Williams
RESIDENCE	R.F.D. 3 Blkfoot	R.F.D No 3 Blkfoot
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Utah	W. Virginia
OCCUPATION	farmer	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 7:0 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 13, 19 12 W. E. Patrie Registrar

Registrar

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SYMS - YORK CO., PTRS. & BORS. 17826

OCT 17 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS FEB 14 4 22 PM '74

State of ..... } ss.
County of ..... }

Certificate No. 5413

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nielson (Female) (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1912 (Date of Event)
in Wapello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Unnamed	LaRue Nielson

Subscribed and sworn to before me this 4th day of February, 19 74.

Notary Public, residing at Odessa, Ector Co., Texas
My commission expires June 1, 1975
(Seal)

Signed La Nelle Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2105-A West 10th, Odessa, Texas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas } ss.
County of Ector }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 19 74.

Notary Public, residing at Odessa, Ector Co., Texas
My commission expires June 1, 1975
(Seal)

Signed Winfred H. Rozzell
(Signature of Any Credible Person)
2105-A West 10th, Odessa, Texas
(Street Address, City, State)

FORM DH 60-155 CL 10/17/73

Certificate of M Award for Faithful Attendence gives name as LaRue Nielson. School Dist. No. 7, Bingham Coutny. school month ending April 11, 1924. signed by Edith Gordon, Teacher. Viewed by V. S.

MAR 1 2 1974

Obiviously old piece of paper gives name as Larue Nielson, Baptized June 5, 1920. by Alphie A. Clark, Priest. Was confirmed June 6, 1920. Viewed by V. S.

493-109-8962

PLACE OF BIRTH

County of Bingham

City of Rimrock

No ____, St.

Hospital no

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 5414

Primary Registration District No 253 Registered No. 117

FULL NAME OF CHILD Milton Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	Apr. 9, 1912

FATHER		MOTHER	
FULL NAME	Lorenzo Miles	FULL MAIDEN NAME	Maggie Robbins
RESIDENCE	Blkfoot R.F.D 2	RESIDENCE	Blkfoot R.F. 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	—

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Filed Apr 18 1912

..... Registrar ..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4

844-236-006-466

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural

Registration District No 13 File No. 5415

No ....., ... St.

Primary Registration District No. 2253 Registered No. 118

Hospital .....

FULL NAME OF CHILD Dorothy R. Hudson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	/	/	Yes	March 30 1912

FATHER		MOTHER	
FULL NAME	Clyde Hudson	FULL MAIDEN NAME	Lennie Downing
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Mo
OCCUPATION	Sugar factory Employe	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 03 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 13 1912 W. E. Lehrie

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5415

Date Filed April 13, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Dorothy Ruth Hudson (Name on Original Certificate) who born (Was Born or Died) on March 30, 1912 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unamed	Dorothy Ruth Hudson

Subscribed and sworn to before me this 15th day of January, 1972

Notary Public, residing at Blackfoot

My commission expires March 15, 1972

(Seal)

Signed Nola Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

699 So Shoup Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 C.L. ICC pk - Rec # 16042 6-17-69

School record from Balckfoot High Scool gi es name as Dorothy Hudson born Mar. 30, 1912/ Date of entrance Sept. 1927. Viewedby V. S.

JUN 2 8 1972

Insurance Policy from The Paul Revere Life Insurance Co., Worcester, Mass. gives name as Dorothy R. Mishew. Dated Dec. 15, 1957. Viewed by V. S.

5-75-

487-209-006-553

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 218 Stout Ave. St. Registration District No. 13 File No. 5416

Hospital No Primary Registration District No. 1007 Registered No. 119

FULL NAME OF CHILD Dorotha L. Dygert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	Apr 9 1912

FATHER	MOTHER
FULL NAME Roy Dygert	FULL MAIDEN NAME Eva Nettleton
RESIDENCE Blackfoot Stout Ave	RESIDENCE Stout Ave
COLOR W AGE AT LAST BIRTHDAY 35 (Years)	COLOR W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Indiana
OCCUPATION Attorney	OCCUPATION —

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 13 19 12 W. E. Price

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIR

Form V. S. No. 11-C—10m-9-11

AHO

tatistics

F BIRTH

K415

Address

Filed

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JAN 20 38
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of Ada. }

Certificate No. 5416

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dygert (Name on Original Certificate) who born (Was Born or Died) on April 9, 1912 (Date of Event)
in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Confirmation (Bible Record, Insurance Policy, Etc.) prepared on Sunday May 25, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
		Marriage License Wyoming - Nov. 27, 1930 - viewedby vital stat.
Child's Name	~~Dorothy~~ Unnamed	Dorotha L. Dygert

Subscribed and sworn to before me this 9 day of Sept, 1937

Hazel L. Hurlbert
Notary Public, residing at Eagle, Ida
My commission expires Sept 28, 1940
(Seal)

Signed Mrs. Eva L. Dygert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Payette, Star Rt. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Sept, 1937

Hazel L. Hurlbert
Notary Public, residing at Eagle, Ida
My commission expires Sept 28, 1940
(Seal)

Signed Mrs. Sarah Lunt
(Signature of Any Credible Person)
1916 E 30th St Oakland Cal
(Street Address, City, State)

FORM DPH 55. 155

1 copy paid

JAN 24 1958

281-114-006-462

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5417

County of Bingham

City of Blackfoot Ward

Registration District No 13

No No number St.

Primary Registration District No 2053

Registered No. 120

Hospital No

FULL NAME OF CHILD Jas Valentine Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Feb 14 1912

FATHER

FULL NAME: Alfred Shaw

RESIDENCE: Blackfoot

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: England

OCCUPATION: Sugar - Laborer

MOTHER

FULL MAIDEN NAME: Mary Ellen Moss

RESIDENCE: Do

COLOR: W

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: England

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

(Physician or Midwife)

Address Blackfoot

Filed Apr 13 1912 M. E. Patrie Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registrar

154-210-006-39L

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No 13 File No. 5418

No ____, ____ St.

Primary Registration District No. 2253 Registered No. 121

Hospital ____

FULL NAME OF CHILD Sara Isabell Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			yes	april 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Andrew Anderson	FULL MAIDEN NAME	Dora Isabell Crawford
RESIDENCE	Thomas ward	RESIDENCE	Thomas ward
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	wife and mother

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

midwife (Physician or Midwife)

Address Blackfoot R. 4 Box 215 Idaho

Given names added from a supplemental report

....., 19.....

Registrar

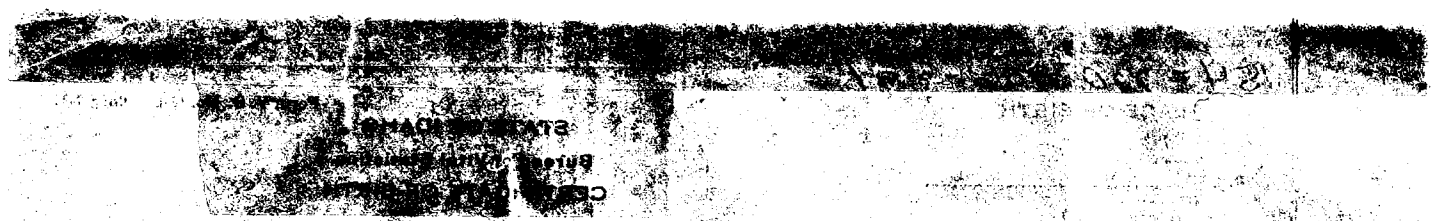
Filed Apr 16 1912 M. E. Patrie Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613-207006-568

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 13 File No. 5419

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 122

Hospital ____

FULL NAME OF CHILD Erma Fackrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 7, 1912

FATHER	MOTHER
FULL NAME Rodolph Proctor Fackeral	FULL MAIDEN NAME Nelly Sousia Eoyf
RESIDENCE Thomas Ward	RESIDENCE Thomas
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION wife and mother

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

midwife (Physician or Midwife)

Address Blackfoot R. F. D. No. 2 Ida.

Given names added from a supplemental report

....., 19.....

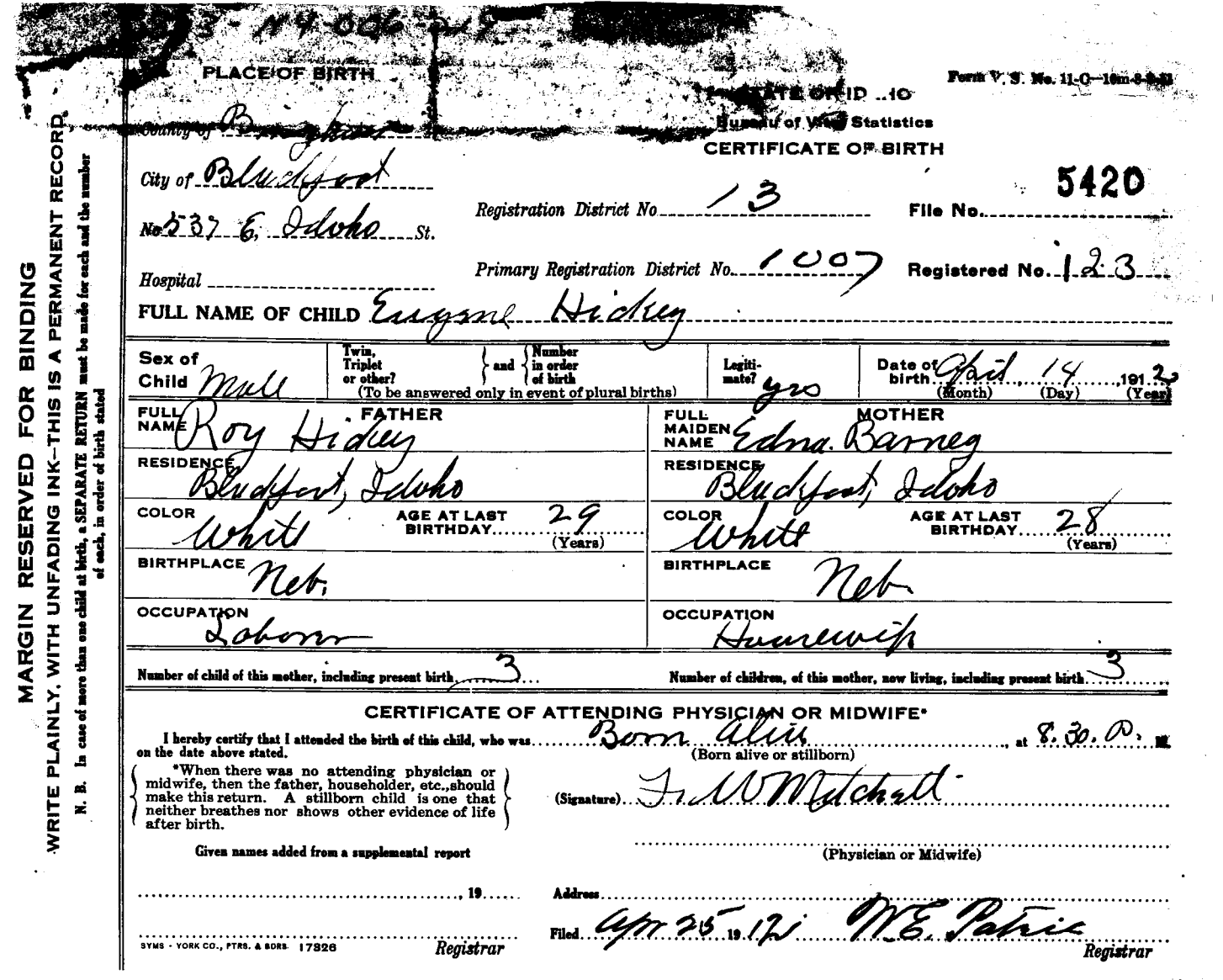
Registrar

Filed April 16 1912 W. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 1 7 1977



PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 537 E. Idaho St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-6-23

Registration District No. 13

File No. 5420

Primary Registration District No. 1007

Registered No. 123

FULL NAME OF CHILD Eugene Hidley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 14 1922

FATHER		MOTHER	
FULL NAME	Roy Hidley	FULL MAIDEN NAME	Edna Barney
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed April 25 1922 M. E. Patric

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

APR 8 1942

CERTIFICATE OF BIRTH

File No. 5420

Registered No. 1-43

MAKE ALL ENTRIES FOR BIRTH RECORD WITH PERMANENT RECORDING INK—THIS IS A PERMANENT RECORD

Registrar

318-219-606-249

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5421
Local Reg. No.
Reg. Dist. No. 13

Amended 4/10/78

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Wanda
b. (Middle): Grace
c. (Last): Taylor

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 19, 1912

Time: 10:45 PM

FATHER OF CHILD

7. FULL NAME
a. (First): Edwin
b. (Middle):
c. (Last): Taylor

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rose
b. (Middle):
c. (Last): Smith

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Apr. 25, 1912

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VITAL STATISTICS, BOISE, IDAHO.

306-27

PLACE OF BIRTH

Form V. S. No. II-C—10m-8-7-11

County of [redacted]

City of Downtown

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 5421

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2053 Registered No. 124

FULL NAME OF CHILD Gail Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin Taylor	Rose Smith
RESIDENCE	Bluefoot, Idaho #1	Bluefoot, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.45 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mc[illegible]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed April 25 1912 M. E. Patrie

SYMS - YORK CO., PTRS. & BDRS. 17326

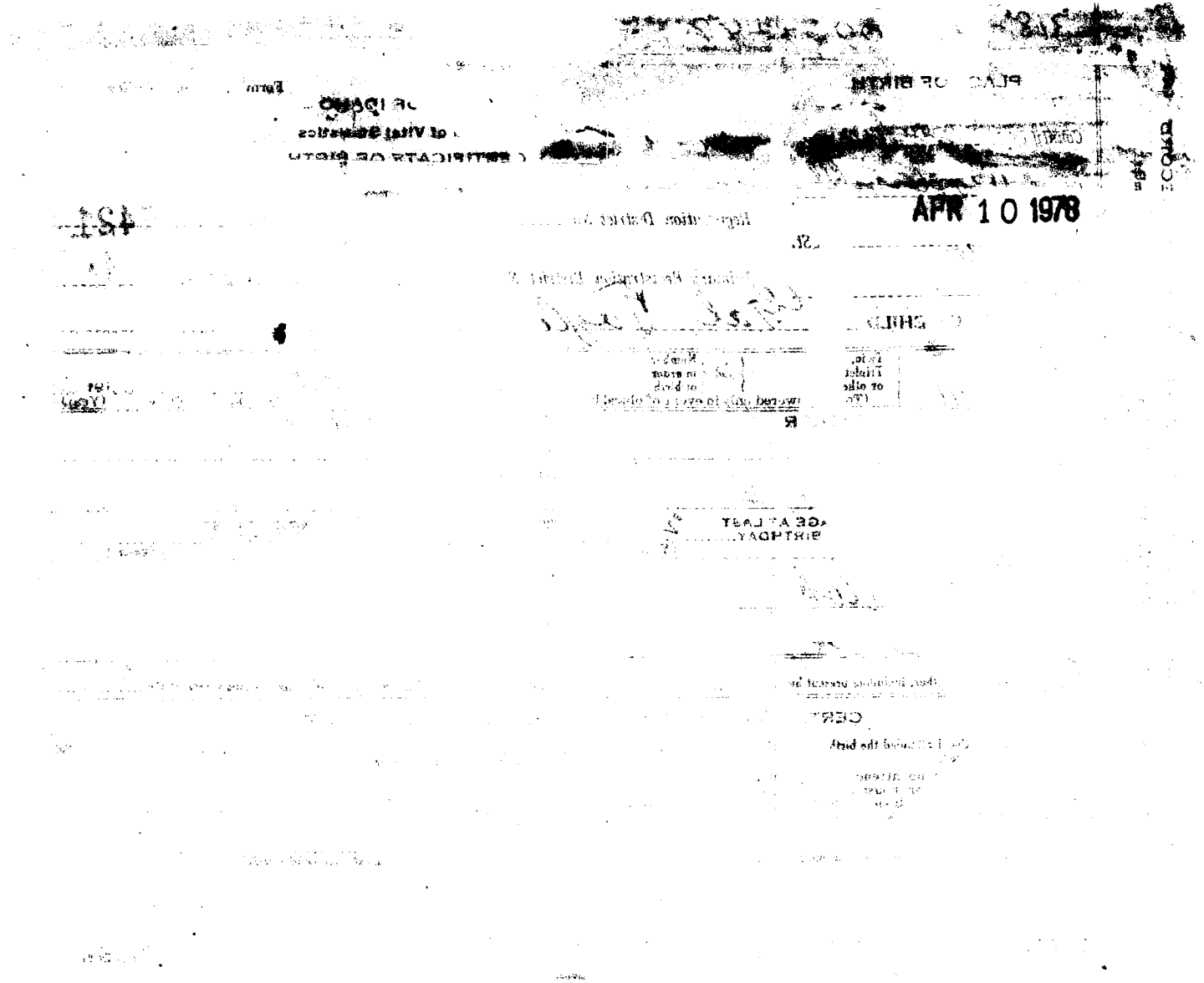
Registrar

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


APR 10 1978

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 19 10 19 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Weber } ss.

Certificate No. 5421

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gale Taylor (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1912 (Date of Event)
in Porterville, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License (Bible Record, Insurance Policy, Etc.) prepared on Feb 6, 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Gale Taylor	Wanda Grace Taylor
birthplace	Porterville, Idaho	Blackfoot, Idaho

Subscribed and sworn to before me this 14th day of
Dec, 19 77
Boyd A. Hadley
Notary Public, residing at Ogden Utah
My commission expires 4-24-79
(Seal)

Signed Bryan Neal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1265 - 36th Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of
Dec, 19 77
Boyd A. Hadley
Notary Public, residing at Ogden Utah
My commission expires 4-24-79
(Seal)

Signed Paul Dennis Neal
(Signature of Any Credible Person)
115 Parkway Clearfield UT 84015
(Street Address, City, State)

FORM DH 60-155

CL 12/8/77 nm

Marriage certificate from Utah gives names as Alonzo Brigham Hadley and the birde's name as Wanda Grace Taylor. dated Feb 8, 1932. viewed by V. S.

Application for Social Security & Accounty Number (528-40-3158) gives name as Wanda Grace Taylor. (name on cord is Grace T. Hadley married name) born in Blackfoot, Idaho. born April 19, 1912. father's name as Edwin Taylor and mother's name as Rose May Smith. viewed by V. S.

daughter's birth certif from Utah gives name as Norma Grace Hadley born April 21, 1933. mother's name as Wanda Grace Taylor, born in Blackfoot, Idaho. father's name as Alonzo Brigham Hadley. viewed by V. S.

697-226
006-219

Amended 6/12/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5422
Local Reg. No.
Reg. Dist. No. 13

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Groveland
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Groveland
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Emarien
c. (Last): Wixom

4. SEX: female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 26, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Justin
b. (Middle):
c. (Last): Wixom

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Susan
b. (Middle):
c. (Last): Bailey

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. L. P. Batway

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 29, 1912

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Form V. S. No. 11—10m-6-00-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

Registration District No. 13 File No. 5422

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 125

Hospital Home

FULL NAME OF CHILD Mary Viola Wixom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	4th 26

FATHER		MOTHER	
FULL NAME	Heston Wixom	FULL MAIDEN NAME	Susan Bailey
RESIDENCE	Groveland	RESIDENCE	Groveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Gateway

Blackfoot Idaho (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Apr 29 19 12 M. E. Patrie Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 7 1973
JUN 1 3 19

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 5422

Date Filed May 15 - 75

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Viola Wixom (Name on Original Certificate) who was born (Was Born or Died) on April 26, 1912 (Date of Event)
in Groveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Mary Viola Wixom	Mary Emarien Wixom

Subscribed and sworn to before me this 16th day of May, 19 75

Notary Public, residing at Blackfoot, Idaho
My commission expires October 10, 1977
(Seal)

Signed Mary Emarien Wixom Bond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RS Box 247 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of May, 19 75

Notary Public, residing at
My commission expires
(Seal)

Signed Lola Lee Hess (Sister)
(Signature of Any Credible Person)

R#4 Box 153 Blackfoot, Ida.
(Street Address, City, State)

FORM DH 60-155 CL 3/17/75 lcc pd rec. # 3922

XMemberXXX

291-121-006-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No No St.

Hospital No

Registration District No 13 File No. 5423

Primary Registration District No 1007 Registered No. 136

FULL NAME OF CHILD Edward GOOD Bradley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	April 21st 1912

FATHER		MOTHER	
FULL NAME	Edward Bradley	FULL MAIDEN NAME	Delia Maude Hood
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

(Physician or Midwife)

Address Blackfoot

Filed April 30 19 12 M. E. Petrie Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP001912-60085

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 5423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edward Bradley, Jr. (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) ~~prepared on~~ I am the mother of this child, ~~are:~~ (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edward, Jr.	Edward Good Bradley
Date	April 22nd	April 21, 1912

Subscribed and sworn to before me this 11th
day of June 19 42

Notary Public, residing at Blackfoot, Idaho

My commission expires June 10, 1943
(Seal)

Signed Adelia Mendell Bradley Corey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

10 N. E. Main St. Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 13 1942

JUN 17 1940

652-223-006 #434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 13 File No. 5424

No. No, St.

Hospital No

Primary Registration District No. 1007 Registered No. 127

FULL NAME OF CHILD Rachel Robitha Nust

Sex of Child: Female	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Apr 23 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Fred C. Nust	FULL MAIDEN NAME: Clara McMullin
RESIDENCE: Blackfoot	RESIDENCE: Do
COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Mrs.	BIRTHPLACE: Utah
OCCUPATION: Trader	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phy. (Physician or Midwife)

Address Blackfoot

Filed Apr 30 1912 M. E. Patrie Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAY 22 1959

DUPONT 1913 - UCSD

26 -009-632

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5425

5425

County of Bonner

City of Sand Point

No ____, ____ St.

Hospital ____

Registration District No 8

Primary Registration District No 2033

File No. 5425

Registered No. 141

FULL NAME OF CHILD FRANCES LORRAINE SWANSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	Yes	Apr. 18, 1912

FATHER		MOTHER	
FULL NAME	Arvid E. Swanson	FULL MAIDEN NAME	Lillian Olson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	New York	BIRTHPLACE	Minnesota
OCCUPATION	Sailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

____, 19____

____ Registrar

Filed April 18 1912 M. McKinnon Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of KING }

Certificate No. 5425

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth ~~Xx~~ (BIRTH OR ~~DEATH~~)
for Frances Lorraine Swanson (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR ~~DIED~~) on Apr. 18, 1912 (DATE OF EVENT)
in Sand Point, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by State Board of Health (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 10, 1943 (GIVE DATE), are:

Boise Idaho.

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Frances Lorraine Swanson

Subscribed and sworn to before me this 5 day of March, 19 43.

Notary Public, residing at Seattle
My commission expires July 6, 1945
(SEAL)

Signed Frances Lorraine Swanson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

314 Bay Bldg, Seattle, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March, 19 43.

Notary Public, residing at Seattle
My commission expires July 6, 1945
(SEAL)

Signed Durrel E Swanson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

314 Bay Bldg Seattle Wash
(STREET ADDRESS, CITY, STATE)

Frances A Magnuson

Received for filing on MAR 8 1943 By
(REGISTRAR'S SIGNATURE)

MAR 9 1943

693 - 12 [redacted] -84[illegible]

PLACE O[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

B

County of Bingham

City of Gashen

Registration District No. 33

File No. 5426

No. ____ St.

Primary Registration District No. 210-2

Registered No. 28

Hospital ____

FULL NAME OF CHILD Herald Wilcox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				4-29-1912

FATHER		MOTHER	
FULL NAME	Cyp Wilcox	FULL MAIDEN NAME	Anna Gunnison
RESIDENCE	Gashen	RESIDENCE	Gashen
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-9-1912 Edwin Cutler M.D.

Registrar

.....

Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-203-0061-399

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5427

County of Bingham

City of Basalt

No. ....., ... St.

Hospital .....

Registration District No. 23

File No. 4

Primary Registration District No. 2152

Registered No. 12

FULL NAME OF CHILD Charles Lyons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		yes	Apr 3 1912

FATHER		MOTHER	
FULL NAME	George Lyons	FULL MAIDEN NAME	Emma Briddle
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Hyde Park utah	BIRTHPLACE	Orderville utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Alice F. Sessions

midwife
(Physician or Midwife)

Address Shelley Ida Route #1

Filed 4-12 1912 Edwin Taylor M.D.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

389-206-006-432

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5428

County of Bingham

City of Goshen

Registration District No 33 File No. 1

No ....., ... St.

Primary Registration District No. 20 Registered No. 2

Hospital .....

FULL NAME OF CHILD Zella Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				yes	Apr. 1st, 1912

FATHER	MOTHER
FULL NAME: William Peter Christensen	FULL MAIDEN NAME: Anna Janet McBride Christensen
RESIDENCE: Goshen	RESIDENCE: Goshen
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Hyrum Utah	BIRTHPLACE: Hyrum Utah
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

(Physician or Midwife) midwife

Given names added from a supplemental report

....., 19.....

Address Shelley R.F.D. #1

Filed 4-12-1912 Edna Fisher M.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

SEP 27 1967
OCT 2 1974

254-210-006-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0 Rev. 2-15-12

PLACE OF BIRTH

County of Bingham

City of Taylor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH No. 5429

Registration District No. 33 File No. 15

Primary Registration District No. 2152 Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Kemp	Rose Nelson
RESIDENCE	Taylor, Ida.	Taylor, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	42
BIRTHPLACE	Moroni, Ut.	Sanpete Co., Ut.
OCCUPATION	Farmer	Housekeeper.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler, M.D.

Phys. (Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-9 1912

S-Y CO. 20174

..... Registrar

..... Registrar

196-210-006-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ——— St.

Hospital

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5430

Registration District No. 33 File No.

Primary Registration District No. 215-2 Registered No. 16

FULL NAME OF CHILD Elnora Ellen Gifford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1st	Yes	4 10 1912

FATHER	MOTHER
FULL NAME George Alvin Gifford	FULL MAIDEN NAME Florence Ellen Chaffin
RESIDENCE Jaysonville	RESIDENCE Jaysonville
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE South City Bevier Co. Utah	BIRTHPLACE Salt Lake City.
OCCUPATION Farmer.	OCCUPATION Housekeeper

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edna Carters

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

19

Filed 5-9- 1912

S-Y CO. 20174

Registrar

Registrar

445-123-806-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-5-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5431

County of Bingham

City of Taylor

No. / St.

Registration District No. 53 File No. 2

Primary Registration District No. 2152 Registered No. 1

Hospital

FULL NAME OF CHILD ORTIE RUSSELL MUNSEE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	4 - 23 1912

	FATHER	MOTHER
FULL NAME	Chas. Frank Munsee	FULL MAIDEN NAME Katherine Clark
RESIDENCE	Taylor, Ida.	RESIDENCE Taylor, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	Ogden, Utah	BIRTHPLACE Mountain Green, Ill.
OCCUPATION	Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Potter M.D.
(Physician or midwife)

Address Taylor, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-9 1912 Calvin Cutler
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHILDS NAME ADDED PER 1912 SROB PER LO 6/27/16 LY

DUP OF 1912-7063

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5431

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Tailor
Street and House No.
County Bannock }

Registered Number 1
Registration District No. 33

Sex of Child Son

Date of Birth, 4 (Month) 23 (Day) 1912 (Year)

Full Name of Father: Chas. Frank Summers

Full Maiden Name of Mother: Katherine Clark

I HEREBY CERTIFY that the child described herein has been named:

Artis Russell Summers
(Given name in full) (Surname)

as reported by Chas. Frank Summers
(Father or Mother)

Edwin Cutler Jr.
(Local Registrar)
Bx K.

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

This birth was reported in Bingham Co.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249 PLACE OF BIRTH 006-85-6

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH No. 5432

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 33 File No. 5

Primary Registration District No. 3152 Registered No. 3

FULL NAME OF CHILD Helen Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	4 25 1912

FATHER		MOTHER	
FULL NAME	Alma Burke	FULL MAIDEN NAME	Aseneth Howard
RESIDENCE	Woodville, Ida.	RESIDENCE	Woodville, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Virgin City, Ut.	BIRTHPLACE	Rockland, Ida.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Edwin Pinder M.D.

Phys.
(Physician or midwife)

Address Shelley Idaho

Filed 5-9 1912 Edwin Pinder M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

355-216-006-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U.C. [illegible]

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH No. 5433

Registration District No. 33 File No. 6

Primary Registration District No. 2152 Registered No. 4

FULL NAME OF CHILD ERMA EVAUGHN BENJAMIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Benjamin	Grace Lenora Taylor
RESIDENCE	Shelley Ida.	Shelley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Taylor Co. Iowa	Taylor Co. Iowa
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Edwin Cather M.D.

Phys.
(Physician or midwife)

Address Shelley Idaho

Filed 5-9-1912 Edwin Cather M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

5-Y CO. 20174

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Fom V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5433

SUPPLEMENTAL REPORT OF BIRTH

MAR 15 1955

Place of Birth
City Shelley
Street and House No.
County Bingham

Registered Number 4
Registration District No. 38

Sex of Child F

Date of Birth, April (Month) 16 (Day) 1912 (Year)

Full Name of Father Lawrence Baugaman

Full Maiden Name of Mother Grace Laura Taylor

I HEREBY CERTIFY that the child described herein has been named:

Brenda Breughan Baugaman
(Given name in full) (Surname)

as reported by Grace Laura Baugaman
(Father or Mother)

Edwin Cutler Jr. D.
(Local Registrar)
per A.

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

FEB 2 19

FEB 2 1973

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 3-10-11

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5434

Registration District No. 33 File No. 9

Primary Registration District No. 2152 Registered No. 7

FULL NAME OF CHILD Ruby Afton Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	..... and	.....	Yes	4 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. W. Thompson.	Sarah Warren Downs
RESIDENCE	Shelley, Idaho.	Shelley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Fountain Green, Ut.	Nephi, Ut.
OCCUPATION	Farmer & Sheep-raiser	Housekeeping

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Edwin Cutler M.D.

Phys.
(Physician or midwife)

Address Shelley, Idaho

Filed 5-9 1912 Edwin Cutler M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

FEB 7 1969

553 - 113-006 [illegible]

Form V. S. No. 11-C Rev. 2-11-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. [illegible] St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

* 5435

Registration District No. 33 File No. 19

Primary Registration District No. 2152 Registered No. 8

FULL NAME OF CHILD Leonard Elonzo Littlefield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sidney Elonzo Littlefield	Anna Louisa Mitchell
RESIDENCE	Shelley Idaho.	Shelley, Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 24	White / 23
BIRTHPLACE	Henryville, Ut.	Idaho Falls, Ida.
OCCUPATION	Day Laborer	Housekeeper.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-9-1912 Edwin Cutler

Registrar

S-Y CO. 20174

Registrar

APR 5 1943

415-205-006-144

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Gashen

No ____, Ida St.

Hospital ____

Registration District No 33

File No. 5436

Primary Registration District No 252

Registered No. 17

FULL NAME OF CHILD Lila May Monson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Legal	Mar 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Monson	Rebecca Amundsen
RESIDENCE	Goshen Ida	Goshen Ida
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Hyrum Utah	An Christania Norway
OCCUPATION	Farmer	Farmers wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 3/5-12, at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Alice M. Dennis

mid wife

(Physician or Midwife)

Address Shelley Ida R. F. D. No 1

Filed Mar 16 1912 Edwin Carter M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

168-130-006-485

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

B

County of Bingham

City of Basalt

Registration District No. _____ File No. 5437

No. _____ St.

Primary Registration District No. _____ Registered No. 27

Hospital _____

FULL NAME OF CHILD William WAYNE Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 30 1913

FATHER		MOTHER	
FULL NAME	Ezra W. Johnson	FULL MAIDEN NAME	Ada Wyse
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 3/4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-7 19 13 Edwin Carlton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5437
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Wm. E. Johnson	William Wayne Johnson

Subscribed and sworn to before me this 3rd
day of January, 19 42
Jos. W. Gutchess
Notary Public, residing at Twin Falls Ida
My commission expires January 7 — 1944
[SEAL]

Signed William E. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

367-125-006-493

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11.C—20m-2-15-12

CERTIFICATE OF BIRTH

03

Registration District No. 53

File No. 5438

Primary Registration District No. 215-2

Registered No. 26

FULL NAME OF CHILD Clinton Harrison Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Mar 25 1912

FATHER		MOTHER	
FULL NAME	Harrison Cox	FULL MAIDEN NAME	Nellie Miller
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-9 1912

S-Y CO. 20174

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 7 9 24 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 5438B

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cox (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar 25, 1912 (Date of Event)
in Jamestown, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father's Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Clinton Harrison Cox

Subscribed and sworn to before me this 30th day of June, 19 77

Pat Jordan

Notary Public, residing at Idaho Falls, Id.
My commission expires 6/15/79
(Seal)

Signed Nellie M. Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

215 E. Locust Shelley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5/12/77

Certif of Blessing from the LDS Church gives name as Clinton Harrison Cox son of Harrison Cox and Nellie Miller. Born March 25, 1912 at Jamestown, Idaho. Blessed June 2, 1912. viewed by V. S.

JUL 11 1977

Certif of Ordination to the Holy Priesthood gives name as Clinton Harrison Cox ordained a Teacher onf Mar 4, 1928. born Mar 25 1912 in Jamestown. father's name as Harrison Cox and mother's name as Nellie Miller. Baptized July 4, 1920. viewed by V. S.

415-222-606-897

Amended 4-9-63

(Be sure the information is complete and accurate)

State File No. 5439
Local Reg. No. 25
Reg. Dist. No. 33

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Nettie
b. (Middle):
c. (Last): Davenport

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Mar. (Day) 22, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Ezra
b. (Middle):
c. (Last): Davenport

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Paradise, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Martha
b. (Middle): A.
c. (Last): Higley

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
5	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Elizabeth J. Rappleye

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Shelley, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 5-9-1912

20. REGISTRAR'S SIGNATURE: Edwin Cutler, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...RECORD TYPEWRITTEN ABOVE IN DUPLICATE. THIS CERTIFICATE MUST be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Mail to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec, 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner o the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occur red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by muni cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certifi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

DECEASED

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 8 1963
Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 5439

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nettie Davenport (Name on Original Certificate) who was born (Was Born or Died) on Mar. 22, 1912 (Date of Event)
in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Age (at time of this child's birth)	29	32 - Nov. 14, 1879
Father's Birthplace	Idaho	Paradise, Utah
Mother's Age (at time of this child's birth)	25	27 - Feb. 12, 1885
Number of Other Children born to this Mother	4	

Subscribed and sworn to before me this 31 day of March, 1963

Notary Public, residing at Idaho Falls, Idaho
My commission expires 3-31-65
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

569 Gladstone, Idaho Falls, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of March, 1963

Notary Public, residing at Idaho Falls, Idaho
My commission expires 3-31-65
(Seal)

Signed Marthell Davenport (Signature of Any Credible Person)

569 Gladstone, Idaho Falls, Idaho (Street Address, City, State)

FORM DH 60-155

CL 3-26-63. one copy pd.

Own Child's Birth Cert. on file: (Idaho Birth) #387578 gives correct Information - viewed by V.S.

Photo Copy of Family Record, gives full name of father as Ezra Sperry Davenport, born Nov. 14, 1879 at Paradise, Cache Co., Utah and full name of mother as Martha Arminta Higley, born Feb. 12, 1885 at Bluffdale, Cache Co., Utah - also gives one child's full name as Nettie Davenport, born Mar. 22, 1912 at Woodville, Idaho - record shows this child to be the sixth child - viewed by V.S.

Photo Copy of Letter written by Hyrum E. Hanson, Assistant Recorder, Church of Jesus Christ of Latter Day Saints, The Logan Temple, Logan, Utah, dated May 20, 1950 - letter concerns books and records of the Logan Temple - states "I have today examined the record of marriages solemnized in the said Logan Temple and I find therein recorded the marriage of Ezra Sperry Davenport, born November14, 1879, at Paradise, Cache County, Utah, and Martha Arminta Higley, born February 12, 1885, at Bluffdale, Salt Lake County, Utah. They had previously been married August 9, 1902 at Parker, Fremont County, Idaho. They were re-married December 17, 1902 by Thomas Morgan, with M.D. Hammond and J.F. Sorensen as Witnesses. Recorded in our Book A, Page 13, No. 232." - viewed by V.S.

Amended 3-14-63

(Be sure the information is complete and accurate)

State File No. 5439
Local Reg. No. 25
Reg. Dist. No. 33

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Nettie
b. (Middle):
c. (Last): Davenport

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Mar. (Day) 22, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Ezra
b. (Middle):
c. (Last): Davenport

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Martha
b. (Middle): A.
c. (Last): Higley

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
4	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Elizabeth J. Rappleye

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Shelley, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 5-9-1912

20. REGISTRAR'S SIGNATURE: Edwin Cutler, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...a record typewritten thereon in compliance with law. Must be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Forward to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 13 1963
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 5439

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Davenport (female child) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 22, 1912 (Date of Event)
in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nettie Davenport
Full Maiden Name of Mother	Minie	Martha A. Higley

Subscribed and sworn to before me this 9th day of March, 1963

Notary Public, residing at Idaho Falls, Idaho
My commission expires 3-30-65
(Seal)

Signed Martha A Davenport
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3-6-63. nm

L.D.S. Church Cert. of Blessing, April 31, 1912 gives full name as Nettie Devenport, daughter of Ezra Devenport and Martha A. Higley, born Mar. 22, 1912 at Woodville, Idaho. - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, June 6, 1920 gives full name as Nettie Davenport, daughter of Ezra Sprey Davenport and Martha A. Higley, born March 22, 1912 at Woodville, Idaho. - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #261888 gives full maiden name of mother as Nettie Davenport - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 5439

Primary Registration District No. 2102 Registered No. 25

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Mar. 22 1912

FATHER		MOTHER	
FULL NAME	Ezra Davenport	FULL MAIDEN NAME	Irene
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	white	AGE AT LAST BIRTHDAY (Years)	29
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn), at 5-[illegible] A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho.

Given names added from a supplemental report

..... 19.....

Filed 5-9 19 12 Edwin Cutler Registrar

..... Registrar

S-Y CO. 20174

MAR 14 1963

APR 9 1963

219-202-006-$61

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 33 File No. 5440

Primary Registration District No. 215-2 Registered No. 24

FULL NAME OF CHILD Lola Barrow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	May 2nd (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Lenorad Barrow	FULL MAIDEN NAME	Anni Noaks
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Salt Lake	BIRTHPLACE	Utah
OCCUPATION	Black Smith	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5-9- 19 12 Edwin Cutler M.D.

Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Dec-2-15-13

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

595-215-006-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Goshen

No ____, ____ St.

Hospital ____

Registration District No. 33 File No. 5441

Primary Registration District No. 2152 Registered No. 19

FULL NAME OF CHILD Anona Bertha Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	March 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester F. Nielsen	Bertha Lavora Jacobsen
RESIDENCE	Goshen	Goshen
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Hyrum Utah Co. Utah	Fountain Green Utah
OCCUPATION	Farmer	Farmer's wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Fessions

Midwife (Physician or Midwife)

Given names added from a supplemental report

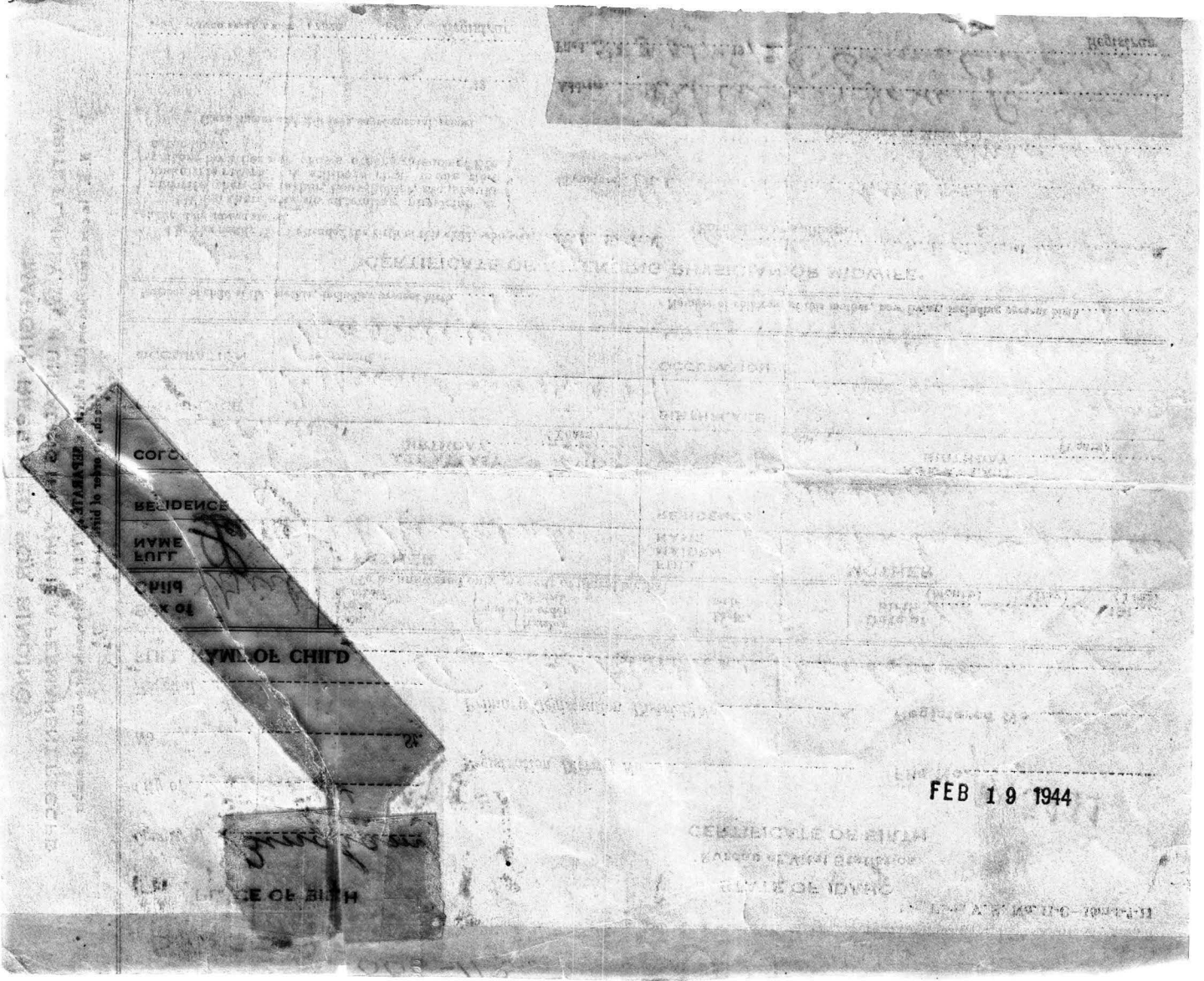
....., 19.....

Address Shelley Idaho Rt. 2 - 1

Filed 3-20-19 12 Edwin Cutler M.D. Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



FEB 19 1944

343-222-006-386

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

5442

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital

Registration District No. 33 File No. 14

Primary Registration District No. 2152 Registered No. 14

FULL NAME OF CHILD Maurine Cutler

Sex of Child: Female

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 3 (Month) 22 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Edwin Harris Cutler	FULL MAIDEN NAME	Myrtle Elizabeth Thorn
RESIDENCE	Shelley, Ida.	RESIDENCE	Shelley, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Glendale, Ut.	COLOR	White
OCCUPATION	Teacher.	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Pleasant Grove, Ut.
		OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Phys. (Physician or midwife)

Address Shelley Idaho

Filed 5-9- 1912 C. C. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

555-231-006-521

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5443

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 33 File No. 7

Primary Registration District No. 2152 Registered No. 5

FULL NAME OF CHILD Olga Everett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 31 1912

FATHER		MOTHER	
FULL NAME	Geo. Leroy Everett	FULL MAIDEN NAME	Melona Ekanger
RESIDENCE	Woodville, Ida.	RESIDENCE	Woodville, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ogden, Ut.	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 5-P- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 5-9- 19 12 Edwin Cutler M.D.

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 3 1963

465-231-006-296.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5444

Registration District No. 33 File No. 8

Primary Registration District No. 2152 Registered No. 6

FULL NAME OF CHILD Zelda Marlene Montague

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 31 1912

FATHER

FULL NAME: Wm. Albert Montague

RESIDENCE: Woodville, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Hannah Brown

RESIDENCE: Woodville, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Evanston, Wyo.

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Phys.
(Physician or midwife)

Address Shelley Ida.

Given names added from a supplemental report

....19....

Filed 5-9-1912 Edwin Cutler
Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-113-006-884

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5445

County of Bingham

City of Basalt

No. ..... St.

Registration District No. 33 File No. 11

Primary Registration District No. 2152 Registered No. 9

Hospital .....

FULL NAME OF CHILD William Andrew Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 13 1912

FATHER

FULL NAME Hans A. Johnson

RESIDENCE Basalt, Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Bear Lake Co., Ida.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nora C. Hymas

RESIDENCE Basalt, Ida.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Bear Lake Co. Ida.

OCCUPATION Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Edwin Cutler M.D.

Phys. (Physician or midwife)

Address Shelley, Idaho

Filed 3-9 1912 Edwin Cutler M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

DUP OF 1912-323619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 25-066-335

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

5446

Registration District No. 33 File No. 12

Primary Registration District No. 2152 Registered No. 10

FULL NAME OF CHILD Leraun Pearl Berg.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	3 22 1912

FATHER		MOTHER	
FULL NAME	John A. Berg	FULL MAIDEN NAME	Vena Clemmensen
RESIDENCE	Basalt, Ida.	RESIDENCE	Basalt, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Norway	BIRTHPLACE	Ovid, Ida.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Phys. (Physician or midwife)

Address Shelley Idaho

Filed 5-9 1912 Edwin Cutler M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

JAN 3 0 1970

JUN 1 7 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

PLACE OF BIRTH

County of Binghams

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

4 5447

Registration District No. 33 File No. 13

Primary Registration District No. 2152 Registered No. 11

FULL NAME OF CHILD Lemaun Earl Berg.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2nd	Yes	3 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Berg	Lena Clemmensen
RESIDENCE	Basalt, Ida.	Basalt, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	40 (Years)
BIRTHPLACE	Norway	Ovid, Ida.
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) Edwin Custer M.D.

Physo. (Physician or midwife)

Address Shelley Idaho

Filed 5-9- 1913 Edwin Custer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

NOV 3 1943

365-23-1040 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5448

County of Shoshone

City of Wallace

No ____, ____ St.

Registration District No. 28

Primary Registration District No. 1011

Registered No. 13

Hospital Providence

FULL NAME OF CHILD Catherine Constans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
F	One	1st	yes	March 21 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Constans	FULL MAIDEN NAME	Anna Dunham
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Minn
OCCUPATION	Deputy Sheriff	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Dra Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

April 4, 1912

E. Leo Lumley Registrar

Filed Apr. 3, 1912 E. Leo Lumley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

818-161-040-213

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No ..... St.

Hospital Providence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5449

Registration District No 38

File No. .....

Primary Registration District No. 1011

Registered No. 14

FULL NAME OF CHILD Thomas Earl Hayes

Sex of Child Male

Twin, Triplet or other? Only and Number in order of birth 1st

Legitimate? Yes

Date of birth Apr. 1, 1912 (Month) (Day) (Year)

FATHER

FULL NAME Charles Hayes

RESIDENCE Gem Idaho

COLOR W

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Kans.

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Hazel Bathurst

RESIDENCE Gem Idaho

COLOR W

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Joplin Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:20 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed Apr. 3, 1912 A. Leo Langley

Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

1/2/41 L. B.

213-102-040-314

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5450

County of Shoshone

City of Wallace

Registration District No. 28

No. ____, ____ St.

Primary Registration District No. 1011

Registered No. 15

Hospital ____

FULL NAME OF CHILD Theo. Joseph Salvoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	2d	yes	Apr. 2 1912

FATHER		MOTHER	
FULL NAME	Alexander Salvoy	FULL MAIDEN NAME	Mary Caldalero
RESIDENCE	Wallace Ida.	RESIDENCE	Wallace, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace, Ida.

Given names added from a supplemental report

April 6, 1912

H. Leo Langley Registrar

Filed April 3, 1912 H. Leo Langley Registrar

SYMS - YORK CO. PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 18 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital Hope

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28

File No. 5451

Primary Registration District No. 1011

Registered No. 16

FULL NAME OF CHILD Marguerite Miriam Morrow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		1	yes	April 2 1912.

	FATHER	MOTHER
FULL NAME	Bayard S. Morrow.	Grace Benton
RESIDENCE	Gem,	Gem,
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Challis, Idaho	Grangeville, Idaho.
OCCUPATION	Mining Engineer.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard C. Stevens M.D.

Physician (Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

April 25, 1912

H. Leo Langley Registrar

Filed Apr. 4, 1912 H. Leo Langley Registrar

S-Y CO., 16670

FEB 23 1971

469-208-040-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5452

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28 File No.

No. ....., ... St.

Hospital Providence Primary Registration District No. 10 11 Registered No. 17

FULL NAME OF CHILD Evelen Agnes Dorsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
F	one	1st	yes	Oct 5 (Month) (Day) 1912 (Year)

FATHER

FULL NAME Dan Dorsey

RESIDENCE Success Mine

COLOR W AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Kate Greitz

RESIDENCE Success Mine

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Downey

Physician

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

Apr. 25, 1912

E. Leo Dingley Registrar

Filed Oct. 10, 1912 E. Leo Dingley Registrar

EVANS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 545
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County Shoshone (b) City Wallace
   (c) Street address or R. F. D. No. Canyon Ave
   (d) Name of Hospital or Maternity Home: Providence Hospital
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home _____ Days
   In THIS County _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street address or R. F. D. No. _____
   (e) How long has MOTHER lived in Idaho? _____ yrs.
   (f) Mother's mailing address (for registration notice): _____ Same
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Helen Agnes Dorsey

5. DATE OF BIRTH (Month, day, year) April 8-1912

6. Sex Female

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Daniel Dorsey

11. Color or Race W

12. Age at time of THIS birth 49 yrs.

13. Birthplace Ashland Wisconsin
    (City or Town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Success Mine

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Gritz

17. Color or Race W

18. Age at time of THIS birth 36 yrs.

19. Birthplace Waverly Minn
    (City or Town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business _____

22. Was a standard serological test for syphilis performed? Yes _____ No _____ Approximate date _____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %

24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

25. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, ~~stillborn~~) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.).

26. Attendant's OWN signature J. A. Glowery, M. D. (D.O., Midwife, etc.)
    and address Wallace Ida Date 11/4/12

27. (a) _____ (Date received) (b) _____ (Registrar's signature)

28. Given name added on _____ by _____ (Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Hauser

No. ..... St.

Hospital Hope

FULL NAME OF CHILD Laura Mathilda Olson

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5453

Registration District No. 28

Primary Registration District No. 1011

File No. .....

Registered No. 18

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	April 7, 1912

FATHER		MOTHER	
FULL NAME	Otto A. Olson	FULL MAIDEN NAME	Sophie Louise Carlson
RESIDENCE	Hauser	RESIDENCE	Hauser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Mining Operator	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward C. Sanders M.D.

(Physician or Midwife)

Address Hauser Idaho

Filed April 11, 1912 E. Leo Lewis

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16870

256-1H-040-133

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 5454

No. ..... St.

Primary Registration District No. 1016

Registered No. 19

Hospital Providence

FULL NAME OF CHILD Raymond Arthur George

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	1st	yes	Apr 14 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Arthur T. George	FULL MAIDEN NAME Lydia Allen
RESIDENCE	Hecla Mine	RESIDENCE Hecla Mine
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE Kansas
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 12 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. Mowary

Physician

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PRESERVED FOR BINDING

JAN 5 1960

OCT 29 1973

OCT 11 19

C [illegible] 176-0660-217

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C—1[illegible]-20-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28 File No. 5455

No. ____, ____ St.

Primary Registration District No. 1011 Registered No. 20

Hospital ____

FULL NAME OF CHILD Robert Lewis Whelan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	5th	yes	April 16th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph T. Whelan	Mary Kane
RESIDENCE	Wallace, Ida	Wallace, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	32
BIRTHPLACE	Ontario Can.	Minn.
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) May L. Smith, M.D.

(Physician or Midwife)

Address Wallace, Ida

Given names added from a supplemental report

..... 19.....

Filed Apr. 26, 1912 H. Leo Langley

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

393-230-042-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

AMENDED July 31, 1946

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 5457

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Marcelle Tillery
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 30 1912

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: B. R. Tillery	FULL MAIDEN NAME: Edna Griffin
RESIDENCE: Buhl	RESIDENCE: Same
COLOR: W. AGE AT LAST BIRTHDAY: 35 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Merchant	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. H. Murphy

M. D.
(Physician or midwife)

Address Buhl, Idaho

Filed May 1, 1912 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 0 8 [illegible] 23 File No. 5457

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Baby Tillery.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	4 30 1912

FATHER		MOTHER	
FULL NAME	B. R. Tillery.	FULL MAIDEN NAME	Rosa Griffin
RESIDENCE	Buhl	RESIDENCE	Same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	35.
BIRTHPLACE	Mo.	COLOR	W.
OCCUPATION	Marshall.	AGE AT LAST BIRTHDAY (Years)	24.
		BIRTHPLACE	Mo.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mumpley M. D.

(Physician or Midwife)

Address Buhl Ida

Filed May 1 1912 J. H. Mumpley Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 5457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Tillory (Name on Original Certificate) who born (Was Born or Died) on April 30, 1912 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Tillory	Marcelle Tillery
Surname	Tillory	Tillery

Subscribed and sworn to before me this day of July 24, 1946, 19

Marshall Chapman
Notary Public, residing at Twin Falls, Idaho

My commission expires Jan. 28, 1946
(Seal)

Signed B. R. Tillery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

170-8th Ave N. Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of July 24, 1946, 19

Marshall Chapman
Notary Public, residing at Twin Falls, Idaho

My commission expires Jan. 28, 1946
(Seal)

Signed Capt. A. A. Monson MC-USNR
(Signature of Any Credible Person)

34 No. Oak St., Ventura, Calif.
(Street Address, City, State)

MAR 2 1 1966

154-125-042-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Buhl Twin Falls

City of Buhl

Registration District No. ~~2087~~ 23 File No. 5458

No. ....., ... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Lawrence Anderton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M.			Yes	4	25	1912

FATHER

FULL NAME R. J. Anderton

RESIDENCE 1/2 Mi W. of Buhl

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Richfield Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Taylor

RESIDENCE ~~Paravan~~ 1/2 Mi W of Buhl.

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Paravan Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. McClusky M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 4-26 1917 J. T. McCrosky Registrar

..... Registrar

S-Y CO., 16670

I have lifted inward to notify me when child is named

O. McClusky

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 5458

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unamed	William Lawrence Anderson

Subscribed and sworn to before me this 27 day of January, 1943

Notary Public, residing at Meridian

My commission expires May 7 1943
(SEAL)

Signed W. L. Anderson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R. 1. Meridian Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN [illegible]

NOV 1 0 1976

459-21-0[illegible]844

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 2087

File No. 5459

No. ____, ____ St.

Primary Registration District No. 2087

Registered No. ____

Hospital ____

FULL NAME OF CHILD Georgeanna Vliet

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)			Yes	4, 14, 1912

FATHER		MOTHER	
FULL NAME	George Vliet	FULL MAIDEN NAME	Millie Anna Hudson
RESIDENCE	Twin Falls Co. of Filer	RESIDENCE	Twin Falls Co. Filer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Des Moines Iowa	BIRTHPLACE	Harrison Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-20 1912 J. T. Wrigley

Registrar

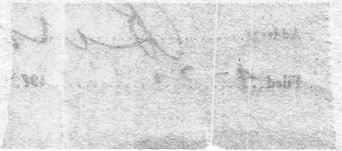
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 5459

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Elsie Vliet (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Apr 14, 1912 (DATE OF EVENT)
in Filer, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Apr 14 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Elsie	Elsie Georgeanna Vliet

Subscribed and sworn to before me this 18th
day of May 1942
Notary Public, residing at Seattle
My commission expires
(SEAL)

Signed Millie A Vliet
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1275 - Augusta St
(STREET ADDRESS, CITY, STATE) Seattle

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash.
County of King } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 18th
day of May 1942
Notary Public, residing at Seattle
My commission expires
(SEAL)

Signed Peggy Mae Vliet
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1725 - Augusta St. Seattle
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 20 1942 By
(REGISTRAR'S SIGNATURE)

JUN 5 1973

MAY 2 2 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 20872 3 File No. 5460

No. —— St.

Primary Registration District No. 2087 Registered No. ——

Hospital —

FULL NAME OF CHILD ——

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Apr 7, 1912

FATHER		MOTHER	
FULL NAME	Clyde C Davis	FULL MAIDEN NAME	Eva Rothrock
RESIDENCE	7½ M S C Buhl	RESIDENCE	7½ Mile S C of Buhl
COLOR	W.	AGE AT LAST BIRTHDAY	24 (Years) / 21 (Years)
BIRTHPLACE	Sherman Tex	BIRTHPLACE	Eugene Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. McClusky M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 4-12 1912 J. W. Mumley

S-Y CO., 16670

Registrar

Registrar

213-204-042-619

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No ....., ... St.

Registration District No 2687 23

File No. 5461

Primary Registration District No. 2687

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Jane Kalina

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	4 4 1912

FATHER		MOTHER	
FULL NAME	P. J. Kalina.	FULL MAIDEN NAME	Maude Warncke.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	31.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	24.
BIRTHPLACE	Wis.	BIRTHPLACE	S. D.
OCCUPATION	Gents Furnishings.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murphy, M. D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-5 1912 J. W. Murphy Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Riverside } ss.

Certificate No. 5461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Jane Valina (Name on Original Certificate) who was born (Was Born or Died) on April 4th, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Valina	Mary Jane Kalina

Subscribed and sworn to before me this 5th
day of November 1942
Lena Callison
Notary Public, residing at Elsinore, Calif.
My commission expires Nov.1, 1946
(Seal)

Signed Charles Joseph Kalina Father.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
114 So Main St, Elsinore, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Riverside } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of November 1942
Lena Callison
Notary Public, residing at Elsinore, Calif.
My commission expires Nov.1, 1946
(Seal)

Signed Maud Frances Kalina Mother
(Signature of Any Credible Person Other Than Previous Year)
Elsinore, Calif.
(Street Address, City, State)

MAY 5 1961

NOV 10 1942

651-201-042-255

PLACE OF BIRTH

Name added 1-31-79

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No ....., ... St.

Hospital .....

Registration District No 2087 23 File No. 5462

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Marjorie Elizabeth Weaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	4 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. D. Weaver.	Emma Brunet.
RESIDENCE	Buhl.	Dana.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	50.	45.
BIRTHPLACE	Pa.	Pa.
OCCUPATION	Plasterer.	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mumpley. M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 4-2 1912 J. H. Mumpley Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 16 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 5462
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Weaver (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 1, 1912 (Date of Event)
in (Twin Falls Co) Buhl, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Baby Weaver	Marjorie Elizabeth Weaver

Subscribed and sworn to before me this 7th day of February, 1979.
Notary Public, Julia Sue Dalrymple
Residing at Rock Point Mo. 64482
My commission expires Jan. 23, 1981
(Seal)

Margie E Konopik
Signature of Applicant
RT 1 Box 203 Rosebud, Mo.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction letter Jan. 12, 1979 1 copy pd Oct.13,1967
$2.00 ck ret.

Holding for clerk

1-31-79

Father's Obituary gives name of daughter as Marjorie Weaver Konipik. Father died January 3, 1938. Father's name D. C. Weaver.
Viewed by V.S.

Own child's birth certificate issued by the State of Nebraska, under # G 5727 gives name of mother of Francie Jospeh Konopik, Jr. as Marjorie Elizabeth Weaver. Son born April 2, 1936, in Cuming County Nebraska.
Viewed by V.S.

Insurance Policy issued Sept. 16, 1939, gives name as Marjorie E. Konopik, born April 1, 1912, in Buhl, Idaho.
Viewed by V.S.

213-230-042-251

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5463

County of Twin Falls

City of Filer

Registration District No. ~~2087~~ 23

No. ____, ____ St.

Primary Registration District No. 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Jean Kalbfleisch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem			yes	Apr 30, 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Kalbfleisch	Missie Genie Knapp
RESIDENCE	Filer	Filer
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Kan	Wash.
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-1 1912 J. T. Murphy

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1965

MAR 8 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-121-042-492

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5464

County of Twin Falls

City of Filer

Registration District No. n 3

No. ____, ____ St.

Primary Registration District No. 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD Died unnamed Premature 7 months

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	1st	Yes	Apr. 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Smith	Lura Misel
RESIDENCE	Filer	Filer
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Missouri Pulaski Co.	Crooked Tree Ohio
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth... 4

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Agnew

Physician

(Physician or Midwife)

Address Filer

Given names added from a supplemental report

....., 19.....

Filed Apr 28 1912 John T Coughlan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

693-263-042-312

PLACE OF BIRTH

County of Twin Falls

City of Filer

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 5466

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD Josephine Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem				Yes	Apl 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh Ellis	Eva Labrum
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Wash Co Utah	Sandy Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

M. D. (Physician or Midwife)

Address Filer Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr. 28 1912 John L Coughlin Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 8 1968

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

449-112-042-369

PLACE OF BIRTH

Amended 10-17-74

County of Twin Falls

City of Filer

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 5467

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD LEI Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes.	April 17 1917

FATHER		MOTHER	
FULL NAME	Hazelead Murphy	FULL MAIDEN NAME	Mabel Lorain
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Dr. A A Newberry

M. D.

(Physician or Midwife)

Address Filer, Ida

Filed April 24 1917 John T Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

STMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No. .....

NAME			
RESIDENCE			
COLOR	AGE AT LAST BIRTHDAY..... (Years)	COLOR	AGE AT LAST BIRTHDAY..

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5467

OCT 17 3 27 PM '74

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unaamed Murphy (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1912 (Date of Event)

in Filer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted Murphy	Lei Murphey
Father's last name	Murphy	Murphey

Subscribed and sworn to before me this 17th day of October, 19 74

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Callie E. Murphey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with Idaho, # 211105 gives name of father as Lei Murphey. Child born Feb. 24, 1933.
Viewed by V.S.'

Idaho State Automobile Ass'n AAA gives name as Lei Murphey. Card Issued Novebmer 3, 1969

OCT 17 1974

Viewed by V.S.

Idaho Condensed Brand Certificate gives name as Lei Murphey Route# 1 Kuna, Idaho. Brand renewed July 1, 1969 # 518 18 6061.
Viewed by V.S.

Family Record gives child as Lei ~~Murphy~~ Murphey born April 12, 1912 in Filer, Idaho. to Hezekeah Murphey and Mabel Lorain. Family record obviously old.
Viewed by V.S

652-T2T-042-355

PLACE OF BIRTH

Form V. S. N. 11-C Rev. 1918

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

Registration District No. 23

Primary Registration District No. 2085

File No. 5468

Registered No. ____

FULL NAME OF CHILD WILLARD CALVIN WEBSTER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Mail			yes	Apr 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wellens ~~Webster~~ Webster	Anna Tennant
RESIDENCE	Kimberly Idaho	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	46
BIRTHPLACE	Wisconsin	Pa
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1200 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Boyd M.D.

(Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 23 1912 Julius T. Coughlan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 5468

Date Filed AP

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Willard Calvin Webster (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1912 (Date of Event)
in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed	Willard Calvin Webster
name of father	Wells Webster	Wellens Webster

Subscribed and sworn to before me this 8th day of April, 1942

Geo. A. Dawson
Notary Public, residing at Twin Falls Ida

My commission expires Aug 20-1944
(Seal)

Signed Evelyn G. Tate
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death, record; or other credible person.)

Kimberly, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1942

Geo. A. Dawson
Notary Public, residing at Twin Falls Ida

My commission expires Aug 20-1944
(Seal)

Signed Merritt Eigsnor
(Signature of Any Credible Person Other Than Previous Year)

Kimberly Ida
(Street Address, City, State)

APR 1 5 1942

219-114-042-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, 7 Ave E St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 5469

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Paul Barnes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren H. Barnes	Julia E Lancey
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Mass	Pa
OCCUPATION	Civil Engineer	housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.V. Boyd MD

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr. 24 1912 John H. Coughlin Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Sacramento } ss.

Certificate No 5469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for None Given (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by "Baby Book" (Bible Record, Insurance Policy, Etc.) prepared on approximately April 17, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Paul Barnes
father's name	H.H.	Warren H. Barnes

Subscribed and sworn to before me this 25th day of February, 1944

Roy Cuckovich

Notary Public, residing at Roy Cuckovich
Notary Public in and for the County of Sacramento, State of California
My commission expires My commission expires October 27, 1947
(Seal)

Signed Warren H. Barnes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5648 Miles Ave. Oakland. Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Sacramento } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February, 1944

Roy Cuckovich

Notary Public, residing at Roy Cuckovich
Notary Public in and for the County of Sacramento, State of California
My commission expires My commission expires October 27, 1947
(Seal)

Signed E L Garrigan
(Signature of Any Credible Person Other Than Previous Year)

1169 Perkins Way
(Street Address, City, State)
Sacramento

MAR 15 1963

MAR 1 1964

443-107-042-239

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, 2 Main St.

Hospital ____

Registration District No. 23

File No. 5470

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD CHARLES H. MULL, JR.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Mail			Yes	April 7, 191?

FATHER		MOTHER	
FULL NAME	Chas H Mull	FULL MAIDEN NAME	Ethel Straw
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	~~Twin Falls~~ Pa
OCCUPATION	Civil Engineer	OCCUPATION	house wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd M D (Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

..... 19....

Filed Apr 10 1917 John T Coughlin Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 5470

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Mull (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 7th, 1912 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by statement of Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 13th, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Mull	Charles H. Mull, Jr.

Subscribed and sworn to before me this 13
day of February, 19 42
J. Burnard Hayden
Notary Public, residing at Vista, Calif
My commission expires June 19-1943
(SEAL)

Signed Chas. N. Mull Sr.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
P.O. Box 125, Vista, California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of February, 19 42
J. Burnard Hayden
Notary Public, residing at Vista, Calif
My commission expires June 19-1943
(SEAL)

Signed Ethel F. Mull
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1030 E. Ocean Blvd Long Beach Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

45-6-228-0V)-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 23 — File No. 5471

No. ____, ____ St. — Primary Registration District No. 2085 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy Alice Dew

Sex of Child: Female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of birth: 4 (Month) / 28 (Day) / 1912 (Year)

FATHER		MOTHER	
FULL NAME	John B. Dew	FULL MAIDEN NAME	Harriet A. Bennett
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Real Estate Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-30 1912 John F. Coughlin Registrar

.....

Registrar

S-Y CO., 16670

Certified Copy issued Jan. 24, 1941. E.W.

NOV 1 8 1974

499-208-042-214

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 23 File No. 5472

No. ____, ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Gertrude Urie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. Urie	Elsie Baum
RESIDENCE	Jerome Ida	Jerome Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Colorado	Decatur, Ill.
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D. N. G. Pike

Physician
(Physician or Midwife)

Address Twin Falls Ida.

Filed 4-30 1912 John F. Douglass
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 6 1973

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls,

City of ,,

No. 262, 3d ave E St.

Hospital

Registration District No. 23 File No. 5473

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Infant Hunter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	Apl. 16, 191.2

FATHER		MOTHER	
FULL NAME	Wm E. Hunter	FULL MAIDEN NAME	Maude Lowther
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	West Va.
OCCUPATION	Engineer O.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Worden M.D.

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr. 17 1912 John L. Coughlin
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-128-042-719

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

No ....., ... St.

Registration District No 23 File No. 5474

Primary Registration District No. 2083 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Maximilian Stark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No		Yes	4 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Stark	Blanche Parker
RESIDENCE	Rock Creek Ida	Rock Creek, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	30 (Years)
BIRTHPLACE	Wisconsin	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Tyler

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-30 1912 John J. Coughlan Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/3/41 L. B.

SEP 16 1948

633-225-041-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Milner

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 2091

File No. 5475

Registered No. .....

FULL NAME OF CHILD Ottemann

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 29 1912

FATHER		MOTHER	
FULL NAME	J. B. Ottemann	FULL MAIDEN NAME	Cressie Summers
RESIDENCE	Milner, Idaho	RESIDENCE	Milner, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb.	BIRTHPLACE	Ohio
OCCUPATION	Locomotive Fireman	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed May 1 19 12 John T. Houghton Registrar

..... Registrar

S-Y CO. 20174

DUP OF 1912-319053

669-204-014-363

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No 923, North 7th St.

Hospital

Registration District No. 22 File No. 5476

Primary Registration District No. 2008 Registered No. 44

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Apr. 4 1912

FATHER		MOTHER	
FULL NAME	Bert G. Forbes	FULL MAIDEN NAME	Eva Cole
RESIDENCE	North Ninth St. Payette	RESIDENCE	with husband
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or Midwife)

Address Payette, Idaho

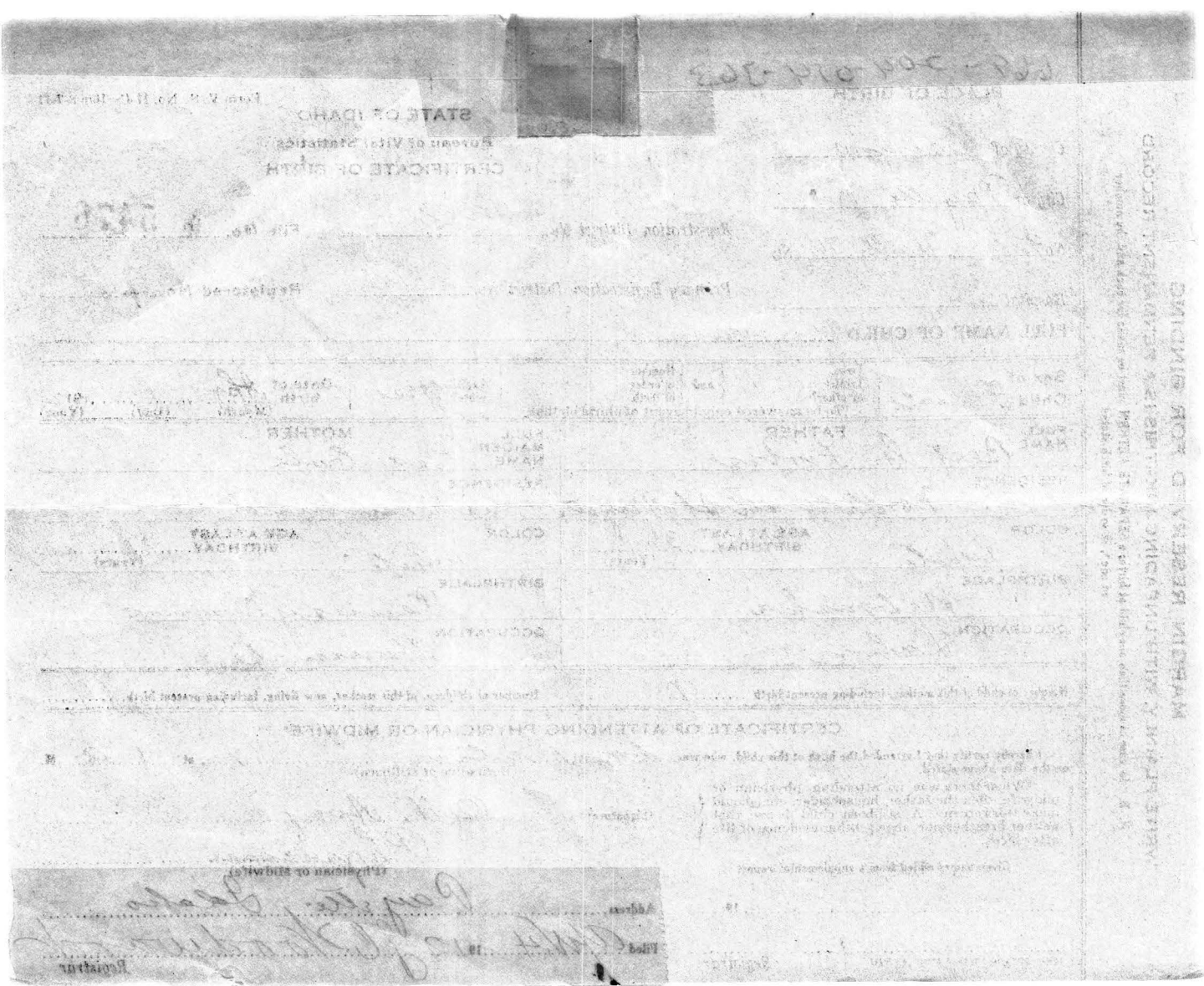
Filed Apl 4 1912 J. C. Woodward
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Cassyun

City of Payette

No. ____, ____ St.

Hospital Woodward Hosp.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 5477

Primary Registration District No. 2008 Registered No. 46

FULL NAME OF CHILD William Rudolph Hollenbeck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 16, 1912

	FATHER	MOTHER
FULL NAME	William M Hollenbeck	FULL MAIDEN NAME Lovella Rudolph
RESIDENCE	Payette, Ida. R 7 D#1	RESIDENCE Payette, Ida. R 7 D#1
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	New York	BIRTHPLACE Ill.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 2-10 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward, M.D.

T Phys.

(Physician or Midwife)

Address Payette Ida

Given names added from a supplemental report

....., 19.....

Filed April 20, 1912 J C Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

21-2-679-014-689

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

Registration District No. 22

File No. 5478

Primary Registration District No. 2008

Registered No. 47

FULL NAME OF CHILD BERNARD W. BAKER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	4 / 19 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Dwight Baker	Pearl White
RESIDENCE	Payette Idaho	Payette Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 40	White / 28
BIRTHPLACE	Grant Park Ill	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch M.D.

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 20 1912 19 J C Woodward Registrar

S-Y CO., 16670

MAR 17 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 5378

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for (Name on Original Certificate) who born (Was Born or Died) on April 19, 1912 (Date of Event) in Payette Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal recollection (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
neme	not named	Bernard W.Baker

Subscribed and sworn to before me this 13th day of March, 1942

W.R.Mecum

Notary Public, residing at Payette, Idaho

My commission expires July 5,1944.

(Seal)

Signed Pearl White Baker

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1942

W.R.Mecum

Notary Public, residing at Payette, Idaho

My commission expires July 5,1944

(Seal)

Signed J.D. Baker

(Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho.

(Street Address, City, State)

MAR 19 1942

255-2-2-014-862

PLACE OF BIRTH

Form V. S. No. 1-6, Jan-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 22 File No. 5479

No. , St.

Primary Registration District No. 2008 Registered No. 48

Hospital

FULL NAME OF CHILD Mary Kathryn Beehler

Birth Card, Form 1 mailed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	April 22nd, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John William Beehler	Annie Jane Hostetler
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27 yrs	25 yrs
BIRTHPLACE	Indiana	Garrett Co. Md
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Crispin Wright, M.D.
Twin Falls, Idaho
(Physician or Midwife)

Address

, 19

Filed May 7 1912 J. C. Woodward
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 27B—1M-8-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5479

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Fruitland
Street and House No.
County Canyon

Registered Number 48
Registration District No. 22

Sex of Child Female

Date of Birth, April 22 1912
(Month) (Day) (Year)

Full Name Father: John William Buhler

Full Maiden Name Mother: Annie Jane Hostetler

I HEREBY CERTIFY that the child described herein has been named:

Mary Katherine Buhler
(Given name in full) (Surname)

as reported by Annie Buhler
(Father or Mother)

J Ellwood Evans
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD. BOISE

DEC 2 2 1975

365-128-014-459

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

No ____, ____ St.

Hospital

Registration District No 22 File No. 5480

Primary Registration District No 2008 Registered No. 49

FULL NAME OF CHILD Robert Sidney Loveland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	April 28, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. H. Loveland	Ida Meinkie
RESIDENCE	Three miles South of Payette.	With husband
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	33 (Years)
BIRTHPLACE	Ohio	Wisconsin
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Filed May 7 1912 J. C. Woodward Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & RDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS RETURN must be made in duplicate

6-12-41 U.S.T.

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 3 File No. 5481

No. ____, ____ St.

Primary Registration District No. 2009 Registered No. 50

Hospital ____

FULL NAME OF CHILD William Dennis Keef

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Apr 29, 1912

FATHER		MOTHER	
FULL NAME	Geo Keef	FULL MAIDEN NAME	Myrtle Clemens
RESIDENCE	New Plymouth, Ida	RESIDENCE	New Plymouth, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 7 1912 J.C. Woodward Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 13 1967

DEC 15 1942

DUP OF 1912-304552

238-108-014-344

Form V. S. No. 11-C—Rev-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No 5483

County of Canyon

City of Emmett

Registration District No. 22 File No.

No. ____, ____ St.

Primary Registration District No. 2018 Registered No. 52

Hospital

FULL NAME OF CHILD Henry Wayne Schnecloth

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-- (To be answered only in event of plural births)	2	yes	4 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adolph Schnecloth	Amy E.Cudy
RESIDENCE	Near Emmett Ida	Near Emmett Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Wash.	##. Calf.
OCCUPATION	Rancher	H,W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 8 1912 J.C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-285464

955-213-014-795

Form V. S. No. 2-O—Rev. 6-30-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of _____ Registration District No. 3 File No. 5484

No. _____, _____ St. Primary Registration District No. 2010 Registered No. 5-3

Hospital _____

FULL NAME OF CHILD Hellen Preble Reed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	4-13-12

FATHER		MOTHER	
FULL NAME	John Lee Reed	FULL MAIDEN NAME	Nellie Preble
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 4-13-12 at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife) MD

Address Emmett Ida

Given names added from a supplemental report

_____, 19____

J. L. Reynolds Registrar

Filed 4-29 1912 J. O. Woodward Registrar

S-Y Co., 1647

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 17 1963

c.c. 5/26/41. w.h.

PLACE OF BIRTH

Bureau of Vital Statistics

County of Canyon — CERTIFICATE OF BIRTH — No. 5485

City of Emmett — Registration District No. 3 — File No.

No. ____, ____ St. — Primary Registration District No. 2010 — Registered No. 54

Hospital Keenan Bushnell Maine

FULL NAME OF CHILD Keenan Bushnell Maine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	4-14-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ely Bushnell Maine	Martha Keenan (Maine)
RESIDENCE	Emmett	
COLOR	W	W
AGE AT LAST BIRTHDAY	34 (Years)	35 (Years)
BIRTHPLACE	Wisconsin	Ohio
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 4-14-12. at 10 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

M.D. (Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19....

Registrar

Filed 4-18- 1912 J. L. Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 3 1948

APR 2 7 1951

MAR 15 1966

STATE OF IDAHO

5485

Board of Health—Bureau of Vital Statistics

I hereby certify that the child

of Guy B. Mains
(Name of Father)

and Martha Keenan
(Maiden Name of Mother)

Born on 4-16-13 19

has been named Keenan Bushnell Mains

Martha Keenan Mains
(Signature of Father or Mother.)

THIS SIDE IS FOR THE ADDRESS ONLY.

DR. J. C. WOODWARD
PAYETTE, IDAHO

PLACE OF BIRTH

County of Canyon

Department of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5486

City of ____ Registration District No. 3

No. ____, ____ St. Primary Registration District No. 2010 Registered No. 55

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	4 - 30, 1912

	FATHER	MOTHER
FULL NAME	James Andrew Kaygard	Mary Elizabeth Gardner
RESIDENCE	Emmett Ida	Emmett Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	33 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn) on the date above stated. 4-30-12 at 6 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed 5-1-1912 J. L. Reynolds Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-21-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

KESGARD

DUP OF 1912-302884

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bann — CERTIFICATE OF BIRTH

City of Pocatello — Registration District No. 19 — File No. 5487

3 miles west of — Primary Registration District No. 1002 — Registered No. 57

No. Pocatello St.

Hospital

FULL NAME OF CHILD Hanenor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female			yes	3 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. P. Hanenor	Ada E. Shellenberger
RESIDENCE	3 miles west of Pocatello	3 miles west of Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Carson City, Nevada	Dakota, Ill.
OCCUPATION	Civil Engineer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P.M. on the date above stated.

(Signature) O. J. Greene

(Physician or Midwife)

Address Pocatello - Idaho

Filed 4/30 1912 Earl D. Jones Regis

Deputy A.

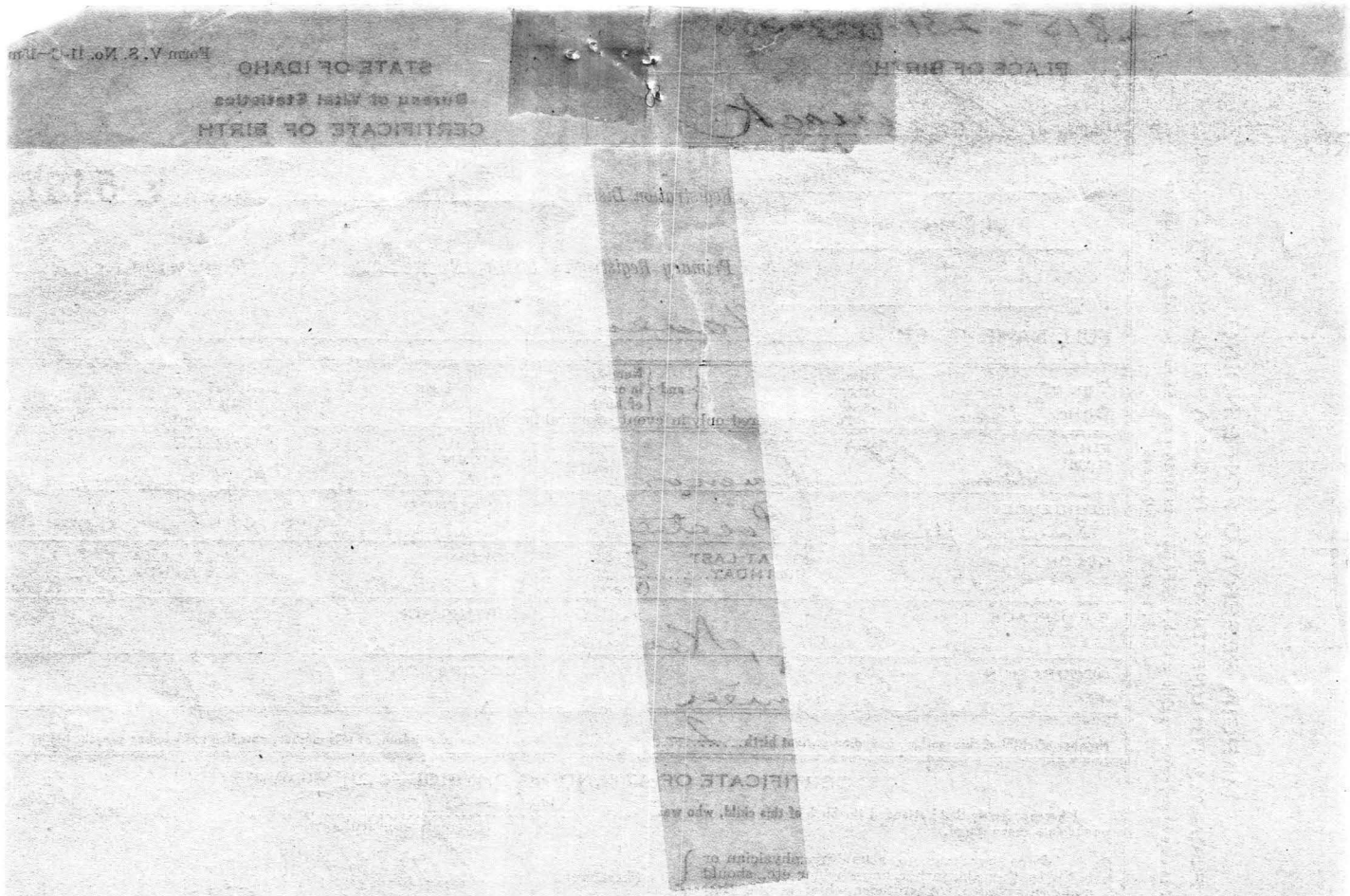
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670



DUP OF 1912-38382

689-202-003596

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1036, North 8th St.

Hospital

Registration District No. 19

File No. 5488

Primary Registration District No. 1002

Registered No. 57

FULL NAME OF CHILD White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	apr 2. 1912

FATHER		MOTHER	
FULL NAME	Henry White	FULL MAIDEN NAME	Elza Isabella Brooks
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tyrone, Ireland	BIRTHPLACE	Tyrone, Ireland
OCCUPATION	Boiler Maker	OCCUPATION	housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Seely

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/30 1912 Earl D Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

19
(Year)

443-202-003-766

Form V. S. No. 11-C—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19

File No. 5489

No. 344 So. 10 Ave. St.

Primary Registration District No. 1009

Registered No. 60

Hospital

FULL NAME OF CHILD Mary Elizabeth Dillon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		4	Yes.	Nov. 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Patrick E. Dillon	Leona Goodman
RESIDENCE	344 So 10th Ave Pocatello Ida.	Pocatello, Ida.
COLOR / AGE AT LAST BIRTHDAY	White / 35 (Years)	White / 35 (Years)
BIRTHPLACE	Ohio	Illinois
OCCUPATION	Passenger Brakeman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4.20 A. M. on the date above stated.

(Signature) D. M. Ray

(Physician ~~or Midwife~~)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Filed 4/4 1912 Earl D Jones Per A.

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 28 1950

318-210-003-394

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 522 N. Garfield St.

Hospital

Registration District No 19

File No 5490

Primary Registration District No 1002

Registered No. 61

FULL NAME OF CHILD Vera Marguerite Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Apr. 10 1912

FATHER	MOTHER
FULL NAME James S. Taylor	FULL MAIDEN NAME Florence Liddiard
RESIDENCE 522 N Garfield Pocatello	RESIDENCE 522 N. Garfield
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Warrensburg Mo	BIRTHPLACE Provo Utah
OCCUPATION Brakeman R R.	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 12 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cooper W Paul M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 4/16 1912 Earl D Jones Dep C.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 2 1972

453-214-003-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 306 N. Lincoln St.

Hospital

STATE OF IDAHO

Form V. S. No. 11-C—Ida-4-29-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1002

File No. 5492

Registered No. 63

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 14, 1912

FATHER

FULL NAME: Wilson E. Metzger

RESIDENCE: Pocatello, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Wisala, Ohio

OCCUPATION: Machinist

MOTHER

FULL MAIDEN NAME: Anna Frances

RESIDENCE: Pocatello Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Lafayette, Ind.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Apr. 14 at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.
Per F

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/16 19.12 Earl D. Jones
Per Q.
Registrar

S-Y CO., 16670

595-215-003-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No 19

File No. 5494

No 143, N Main St.

Primary Registration District No 1002

Registered No. 65

Hospital

FULL NAME OF CHILD Ruth Egell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 15, 1912

FATHER	MOTHER
FULL NAME Summer T. Egell	FULL MAIDEN NAME Lula Bodell
RESIDENCE 143 N Main Pocatello	RESIDENCE 143 N. Main
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Princeton Kentucky	BIRTHPLACE Garnad Kansas
OCCUPATION Hotel Proprietor	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Carpenter Ford M.D.

(Physician or Midwife)

Address Pocatello Idaho

Filed 4/23 1912 Earl D Jones Registrar

Deputy

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

SEP 2 6 1974

63 - 115-003-387

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 711 So. 3rd Ave. St.

Hospital home

Registration District No. 19 — File No. 5495

Primary Registration District No. 1009 — Registered No. 66

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 15, 1912

FATHER		MOTHER	
FULL NAME	Arthur Watson	FULL MAIDEN NAME	Gertrude Chandler
RESIDENCE	711 So. 3rd Ave.	RESIDENCE	711 So. 3rd Ave.
COLOR	whit	COLOR	whit
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	common labar	OCCUPATION	housekeeping

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 905 So. Main St.

Given names added from a supplemental report

....., 19.....

Filed 5—3 1912 Earl D. Jones Registrar

Per C

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Jan-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Onkom

No. ____, ____ St.

Hospital ____

Registration District No. 19

Primary Registration District No. 1002

File No. 5496

Registered No. 67

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Apr. 17, 1912

FATHER	MOTHER
FULL NAME: William Franklin Depton	FULL MAIDEN NAME: Anna Bentley
RESIDENCE: Onkom	RESIDENCE: Onkom.
COLOR: W. AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Nebraska.	BIRTHPLACE: Nebraska.
OCCUPATION: Farmer	OCCUPATION: Domestic

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Given names added from ____ (Signature as Midwife)

____

____

17

PLACE OF BIRTH

FEB 25 1975

366-103-003-281

PLACE OF BIRTH

Form V. S. 1. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 242 N 4th St.

Registration District No. 19

File No. 5497

Primary Registration District No. 1002

Registered No. 68

Hospital —

FULL NAME OF CHILD Homer Glenn Cooper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	April 3, 1912

FATHER		MOTHER	
FULL NAME	Dwight Homer Cooper	FULL MAIDEN NAME	Fern Sharp
RESIDENCE	Dempsey Idaho	RESIDENCE	Dempsey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oxford, Idaho	BIRTHPLACE	Ogden, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/8 1912 Earl D. Jones Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

999-207-803-569

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

[redacted]

County of Bannock

City of Pocatello

No. 817 N Arthur

Registration District No. 19

File No. 5498

Primary Registration District No. 1002

Registered No. 69

Hospital —

FULL NAME OF CHILD Mary Irish

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	April 7, 1912

	FATHER	MOTHER
FULL NAME	E. Judd Irish	Grace T. Norton
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	32
BIRTHPLACE	Enosburg Falls Vt	Bristol Vermont
OCCUPATION	R.R. Ticket Agent	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8:20 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5/8 1912 Earl D Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 25 1968

791-215-003-564

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5499

County of Bannock

City of Pocatello

Registration District No. 19

File No.

No. 1404 E. Center St.

Primary Registration District No. 1009

Registered No. 70

Hospital ✓

FULL NAME OF CHILD Norma Ruth Gray

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	✓	✓	Yes	April 15, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Louis Gray	FULL MAIDEN NAME	Rena Rouche
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bransville Virginia	BIRTHPLACE	Long Co. N. C
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 5/8 19 12 Earl D. Jones Registrar

S-Y CO., 16870 Registrar

APR 1 1972

235-117-003-993

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—Rm-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Tyhee Siding Ranch — Registration District No. 19 — File No. 5500

No. ____ St. — Primary Registration District No. 1009 — Registered No. 71

Hospital ✓

FULL NAME OF CHILD — — Stewart, Vaughn O. Ray

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	April 17, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chauncey Wm. Stewart	Sarah Jane Rich
RESIDENCE	Tyhee Idaho	Tyhee Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	St Charles, Idaho	Paris, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 — Number of childrea, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... — Address .....

..... Registrar — Filed 5/8 19 12 — Earl D. Jones Clerk — Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 3/26/41 RMF

316 - 215 - 003 - 369

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 751 N. Grant St.

Hospital ✓

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19

File No. 5501

Primary Registration District No. 1002

Registered No. 72

FULL NAME OF CHILD — — Lawrence

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓ (To be answered only in event of plural births)	✓	Yes	April 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William John Lawrence	Emma Corbridge
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	England	Preston Idaho
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/8 1912 Earl D Jones Asst Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

253-118-003-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 327 So. 4th St.

Hospital

Registration District No. 19 — File No. 5502

Primary Registration District No. 1009 — Registered No. 73

FULL NAME OF CHILD Lester Fechtel Sellers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	4 18 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles C. Sellers	Harriet Fechtel
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Montgomery Co. Iowa	Pottawatomie Iowa
OCCUPATION	Locomotive fireman	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) E. N. Roberts

Physician

(Physician or Midwife)

Address Pocatello Idaho.

Filed 4/19 1917 Earl D. Jones Per G. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 20 1970
Bureau of Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 5502

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Selders (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Baby Selders	Lester Fechtel Selders

Subscribed and sworn to before me this 4th day of November 1963

Samuel L. Ruggles
Notary Public, residing at Pocatello, Idaho
My commission expires Nov. 19, 1966
(Seal)

Signed Glen Mildred Selders
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

630 W. Kinsley, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November 1963

Samuel L. Ruggles
Notary Public, residing at Pocatello, Idaho
My commission expires Nov. 19, 1966
(Seal)

Signed Edward J. Fechtel
(Signature of Any Credible Person)

823 West [illegible]
Pocatello Idaho
(Street Address, City, State)

FORM DH 60-155

BirthCertificate from Bannock Memorial Hospital, Pocatello, Idaho gives child's name as Cheryl Jo Selders born to Mr. & Mrs. Lester Fechtel Selders. born Aug. 8, 1955. father's date of birth April18, 1912. Viewed by V. S.

MAR 2 7 1974

App. to Federal Security Ins. Co. Salt Lake City, Utah gives name as Lester F. Selders. born April 18, 1912. signed Dec. 5 1952. Viewed by V. S.

632-119-003-693

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1018 N. Harrison St.

Hospital

FULL NAME OF CHILD Walter Homer Olsen

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19 File No. 5503

Primary Registration District No. 1002 Registered No. 74

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	April 19th, 1912

FATHER		MOTHER	
FULL NAME	Martin Olsen	FULL MAIDEN NAME	Sarah E. Williams
RESIDENCE	1018 N. Harrison	RESIDENCE	1018 N. Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Norway	BIRTHPLACE	England
OCCUPATION	R.R. Store Dept	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Apr. 19th at 11:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

Physician (Physician or Midwife)

Address Pocatello Ida

Filed 4-20 1912 Earl D. Imes Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-122-003-132

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 426, E. Lander St.

Hospital

Registration District No. 19 — File No. 5504

Primary Registration District No. 1002 — Registered No. 75

FULL NAME OF CHILD ~~Smith~~ Edgar Franklin Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	3d 22 1912

FATHER		MOTHER	
FULL NAME	Frank Smith	FULL MAIDEN NAME	Bertha Albertson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mt Carroll, Ill	BIRTHPLACE	Hyrum Utah
OCCUPATION	Loco Engineer	OCCUPATION	housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Steely

(Physician ~~or Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/30 1912 Earl D. Jones Registrar

Reg'r.

S-Y CO., 15670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

859-222-003-964

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5505

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 217, North Hayes St.

Hospital

Registration District No. 19 File No.

Primary Registration District No. 1009 Registered No. 76

FULL NAME OF CHILD Herrmann

Sex of Child female. T[redacted] and [redacted] (Number in order of birth) (answered only in event of plural births) Legitimate? yes Date of birth Apr 22 (Month) (Day) 1912 (Year)

FATHER

FULL NAME William V. Herrmann

RESIDENCE Pocatello Idaho

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE West. W. Va

OCCUPATION Piece work Inspector R.R

MOTHER

FULL MAIDEN NAME Fay Beatrice Roush

RESIDENCE

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE New Haven, W. Va.

OCCUPATION housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/30 1912 Earl D. Jones

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-223-003-543

PLACE OF BIRTH

Form V. S. No. 11-C--15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5506

County of Bannock

City of Pocatello

No. 1001 So. Harrison St.

Hospital Home

Registration District No. 19

Primary Registration District No. 1009

Registered No. 77

FULL NAME OF CHILD Alice Parslow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Edgar Parslow	Annie Nutt
RESIDENCE	1001 So. Harrison	1001 So. Harrison
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	New York	England
OCCUPATION	farming	housekeeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 1:45 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 905 So. Main St.

Given names added from a supplemental report

....., 19.....

Filed 5-3 1912 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 19 1973

315-223-003-813

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 242, So 9th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19 File No. 5507

Primary Registration District No. 1002 Registered No. 78

FULL NAME OF CHILD Lavelle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Apr 23, 1912

FATHER		MOTHER	
FULL NAME	Charles J. Lavelle	FULL MAIDEN NAME	Marion E. Hallowell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mahanoy City Pa.	BIRTHPLACE	Kearney, Neb.
OCCUPATION	Clerk for R R.	OCCUPATION	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P J Healy

(Physician ~~or Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

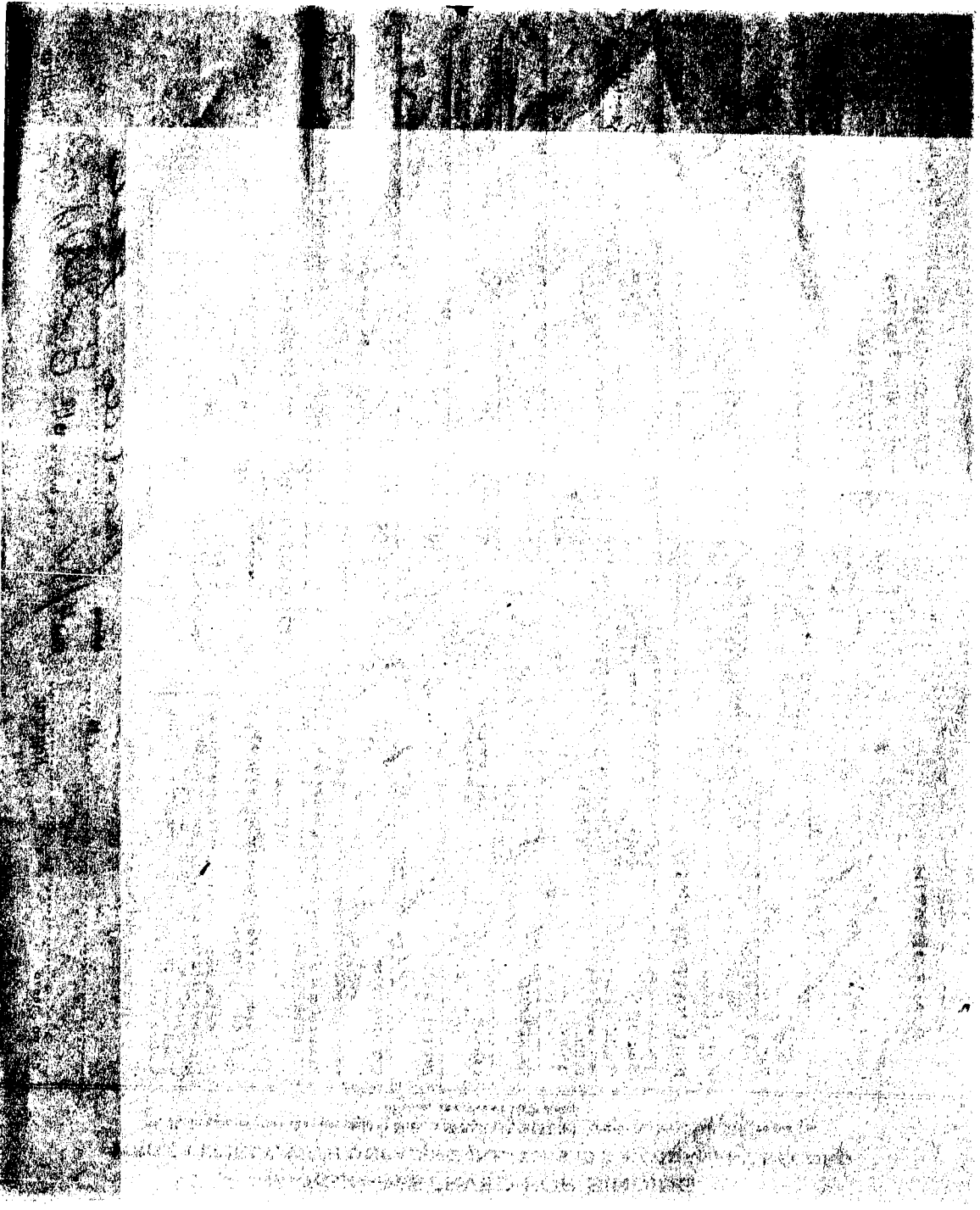
Filed 4/30 1912 Earl D Jones Dep C. Registrar

S-Y CO., 16670

MARGIN-RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



389-123-003-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 5508

No. 434 W. Bonneville St. — Primary Registration District No. 1002 — Registered No. 79

Hospital

FULL NAME OF CHILD George Christiansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	apr 23, 1912

FATHER		MOTHER	
FULL NAME	Niels Peter Chrystiansen	FULL MAIDEN NAME	Christina Kelson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Denmark	BIRTHPLACE	Sevier Co. Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) O B Steely

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed 4/30 1912 Earl J Jones Registrar

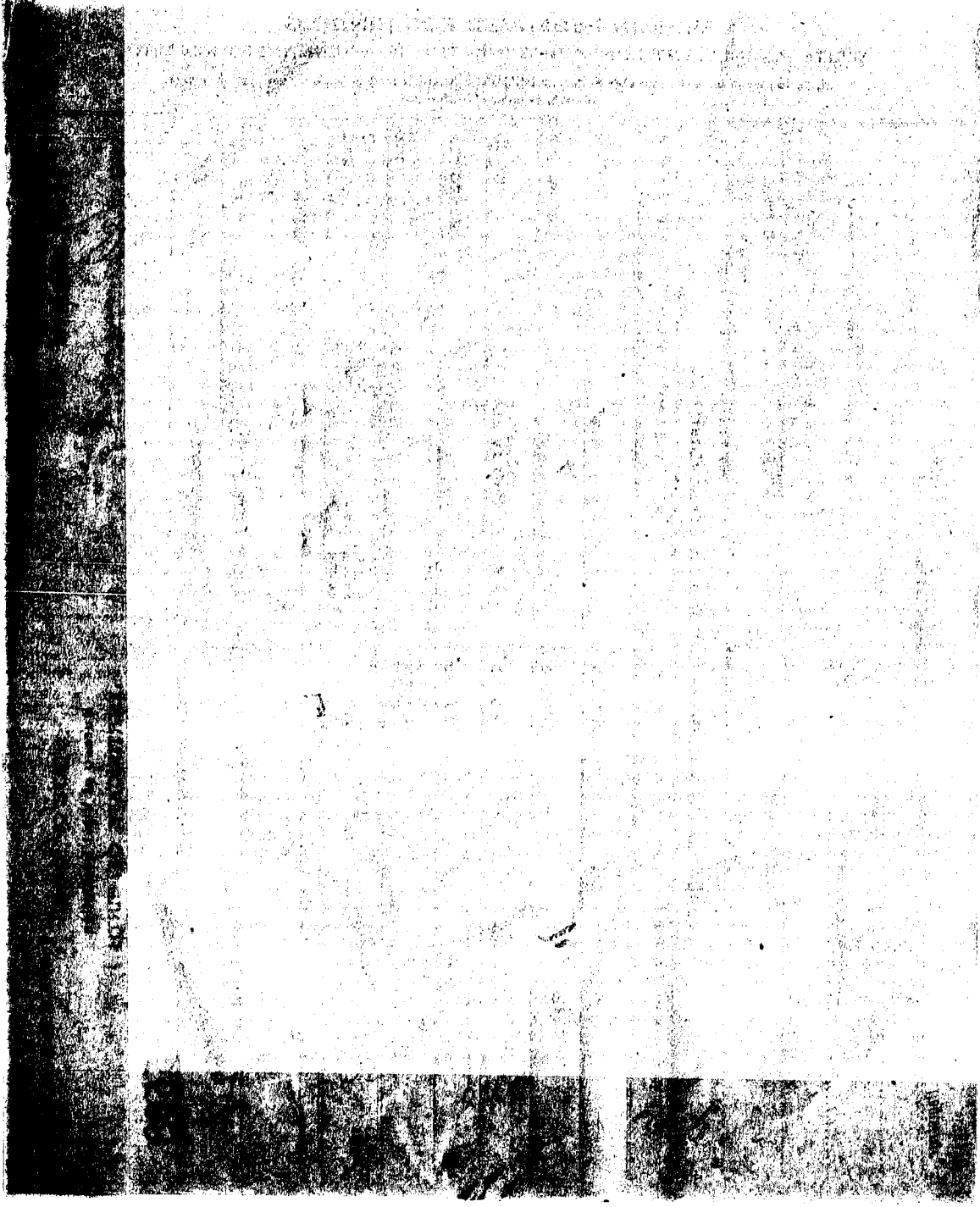
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670



867-124-003-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 138, No. Hayes St.

Hospital

Registration District No. 19 File No. 5509

Primary Registration District No. 1002 Registered No. 80

FULL NAME OF CHILD Hogan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	apr 24, 1912

FATHER		MOTHER	
FULL NAME	Lee Stuart Hogan	FULL MAIDEN NAME	Ruth Mary Campbell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ellis Co. Texas	BIRTHPLACE	Des Moines Iowa
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O T Steely

(Physician or Midwife)

Address Pocatello Idaho

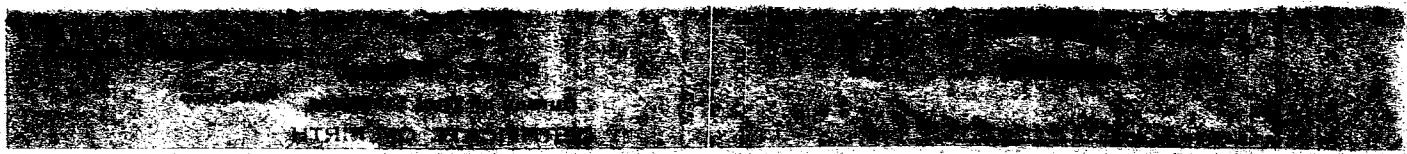
Given names added from a supplemental report

....., 19.....

Filed 4/30 1912 Earl D Laner Registrar

.....
Registrar

S-Y CO., 16670



249-229-003-452

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 321, North Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form ~~V.S. Rules~~ 11-C—15m-6-20-11

Registration District No. 19

File No. 5510

Primary Registration District No. 1002

Registered No. 81

FULL NAME OF CHILD ARVELLA LOUISE Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Apr 29, 1912

FATHER		MOTHER	
FULL NAME	Charles L. Smith	FULL MAIDEN NAME	Lucy Messerly
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	West Liberty Iowa	BIRTHPLACE	Switzerland
OCCUPATION	Loco fireman	OCCUPATION	housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician ~~or Midwife~~)

Address Pocatello Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/30 19 12 Earl D Evans

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michiga
County of Oakland } ss.

Certificate No. 5510

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Arvella Louise Smith birth (Birth or Death)
for Unknown Smith, should be ^ (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1912 (Date of Event)
in Pocatella, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Smith	Arvella Louise Smith

Subscribed and sworn to before me this 14th day of March, 19 42

Molly V Letts
Notary Public, residing at Oakland Co, Michigan

My commission expires December 3, 1943

(Seal) MOLLY V. LETTS,
Notary Public, Oakland County, Michigan
My Commission Expires Dec. 3, 1943

Signed Father Charlie Smith.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

39 W. Flint, Lake Orion, Mich.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan
County of Oakland } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1942

Molly V Letts
Notary Public, residing at Oakland County, Mich.

My commission expires December 3-1943

(Seal) MOLLY V. LETTS,
Notary Public, Oakland County, Michigan
My Commission Expires Dec. 3, 1943

Signed Louise Smith Mother
(Signature of Any Credible Person Other Than Previous Year)

39 W. Flint, Lake Orion, Mich.
(Street Address, City, State)

208-040-314

[redacted]CE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

Registration District No. 25 File No. 5511

No. ____, ____ St.

Primary Registration District No. 2109 Registered No. ____

Hospital ____

FULL NAME OF CHILD Bertha Herman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	One		Yes	4 — 8 —, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Herman	FULL MAIDEN NAME	Anna Ladueur
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Calif.	BIRTHPLACE	Canada
OCCUPATION	Cook	OCCUPATION	H. Work

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Eastman M D

(Physician or Midwife)

Address Burke

Filed Apr 17 1912 W. Chas. A. Pittman

Registrar

Given names added from a supplemental report

....., 19.....

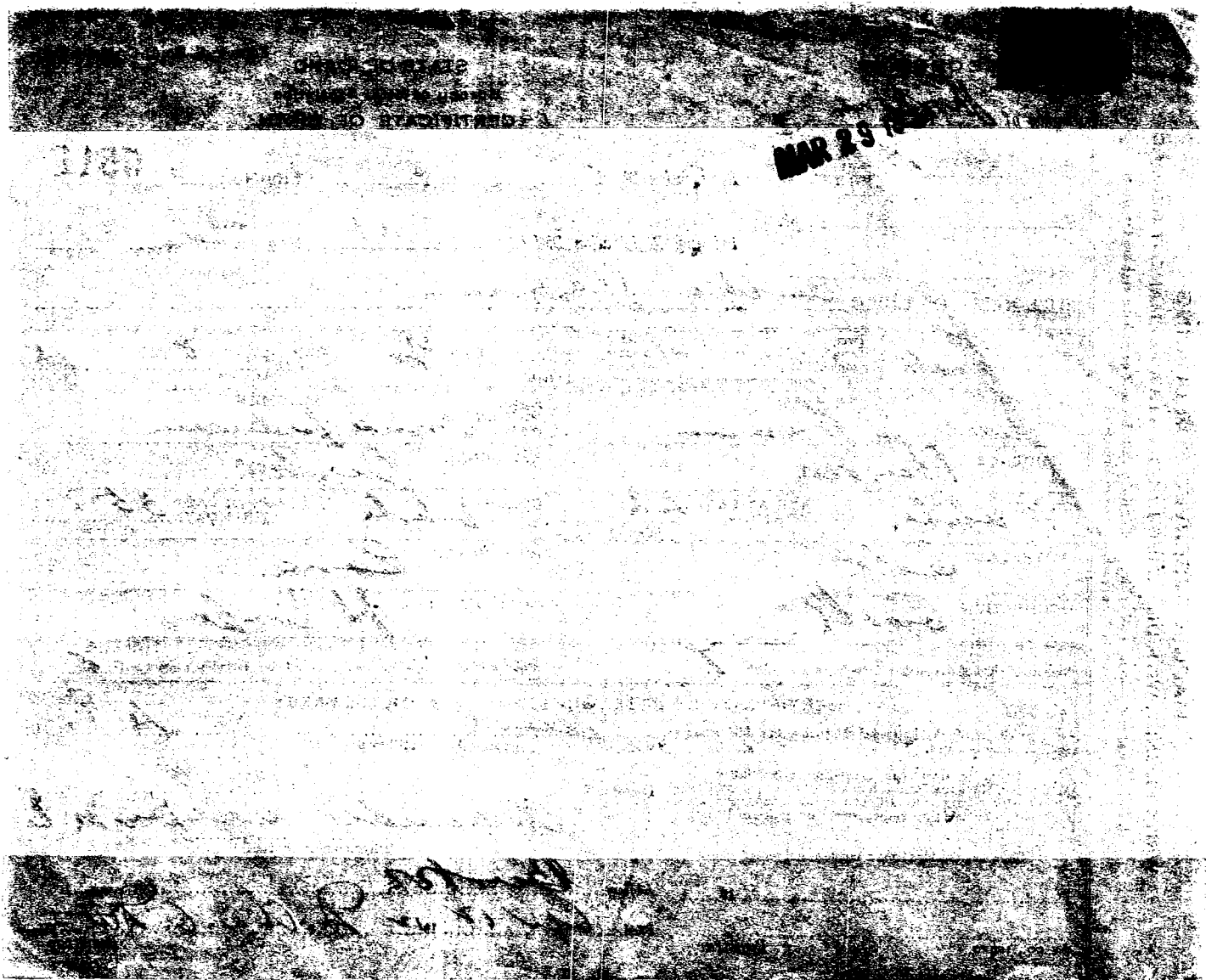
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



457-102-040-285

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Gem — Registration District No. 25 — File No. 5512

No. ____, ____ St. — Primary Registration District No. 2109 — Registered No. ____

Hospital ____

FULL NAME OF CHILD John D Graff

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	4th	Yes	April 2, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm D Graff	Julia Shoaham
RESIDENCE	Gem, Ida	Gem, Ida
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Minnesota	Kansas
OCCUPATION	Miner	Home wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 11 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife) Gem, Ida

Given names added from a supplemental report

____, 19____ Address ____

____ Registrar Filed April 10 19 12 Dr Chas. L. Dillman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

JUL 21 1971

693-207-040-693

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Black Bear

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 5513

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Elizabeth Ester Fithian

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)		Yes	April 4 1912

FATHER		MOTHER	
FULL NAME	Joseph Fithian	FULL MAIDEN NAME	Ada May Wickersham
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Gen. worker	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Alexander Cairns M. D

(Physician or Midwife)

Address Burke Ida

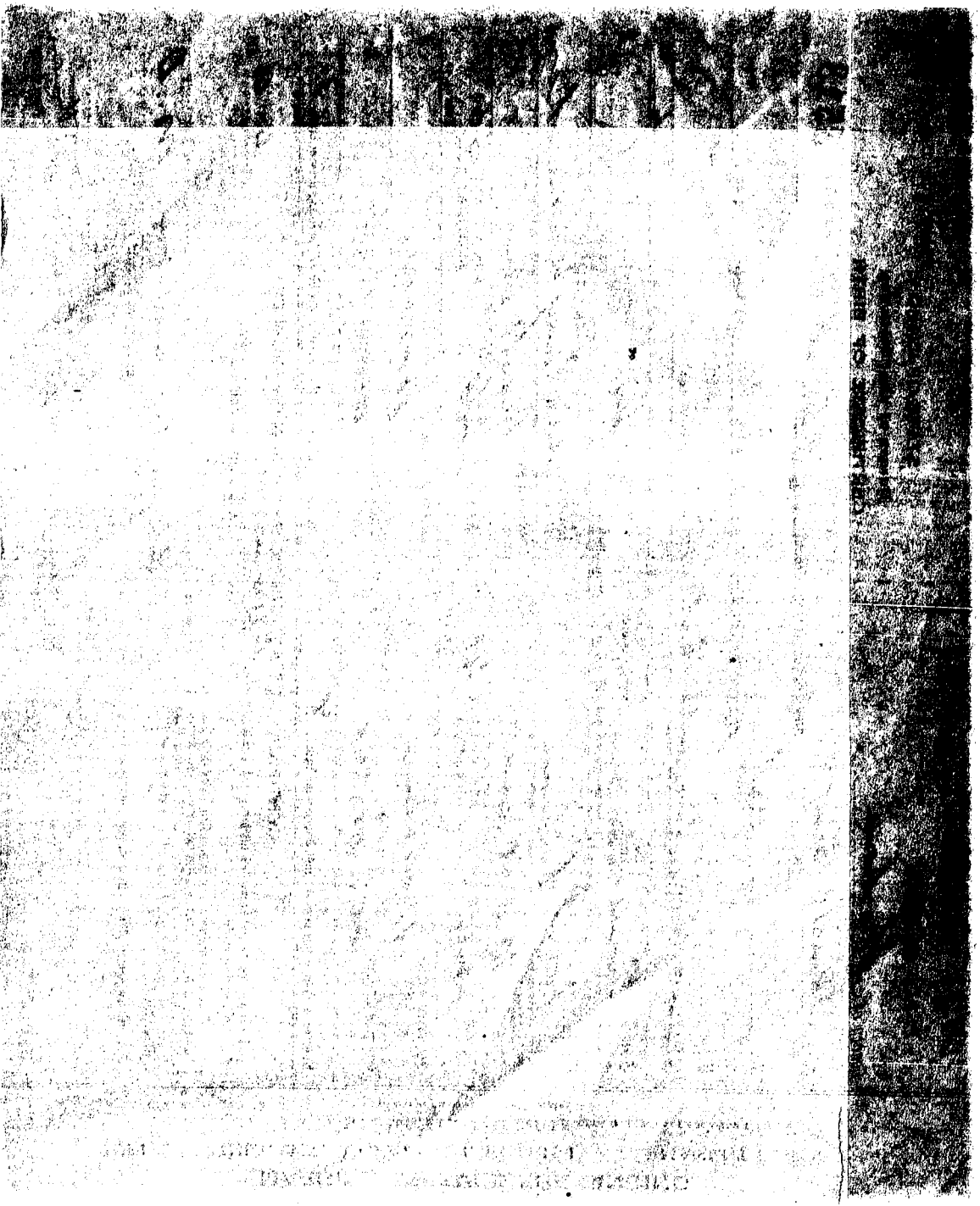
Filed April 7 1912 Dr. Chas. A. Whitman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



399-117-040-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No ....., ... St.

Hospital ..... James

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 5514

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Howard Criswell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One		Y	Apr 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Criswell	Augusta Waterstreet (Waterstreet)
RESIDENCE	Burke Ida	Burke
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Ark.	Wis
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Apr 20 1912 Dr. Chas. A. Dettman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DEC 11 1948

214-229-040-599

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 5515

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD (Not named yet)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		Y	Apr 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Victor Sampson	Sophia Erickson
RESIDENCE	Burke Ida	Burke
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Finland	Finland
OCCUPATION	Miner	Home wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dethman

(Physician or Midwife)

Address Burke Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 2 1912 Dr. Chas. A. Dethman
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

547-120-040-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mace

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 5516

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Marlen Nugent

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one (To be answered only in event of plural births)	4	yes	Apr 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Nugent	Jennie Johnson
RESIDENCE	Mace	Mace
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Kansas	Missouri
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 3.25 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J Mowery

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 25 1912 D. A. C. Dettman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. Nor 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No ——, —— St.

Hospital ——

Registration District No. 9 File No. 5517

Primary Registration District No. 2040 Registered No. 257

FULL NAME OF CHILD HAROLD GLEN CASPER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	4-17 ,191

	FATHER	MOTHER
FULL NAME	Duncan Alonzo Casper	Elizabeth Card
FULL MAIDEN NAME		Lucy [illegible]
RESIDENCE	Menan	Menan.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	46
BIRTHPLACE	~~Utah~~ Missouri	Utah.
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 14

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——, at 6.30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellon

(Physician or Midwife)

Address Menan

Given names added from a supplemental report

——, 19——

Filed May 10 19 17 Ray H. Fisher M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/29/41 L. B.

AFFIDAVIT

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

ETHEL MAY BURGESS, being first duly sworn deposes and says: That HAROLD GLEN CASPER is my brother and that his birth record as recorded at Bureau of Vital Statistics, at Boise, Idaho is not correct. That father's name should read DUNCAN ALONZO CASPER instead of Dan Casper, and that mother's maiden name should read LUCY ELIZABETH CARD instead of Lucy Carroll.

Ethel May Burgess

Subscribed and sworn to before me this
17th day of May, 1941.

Clara M. Owens
Notary Public in and for Los Angeles
County, State of California

My commission expires Nov. 28-1944

259-117
852-414

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

8-7-11

County of Fremont

City of Menan

No. ..... St.

Registration District No. 9

Primary Registration District No. 2040

File No. 5518

Registered No. 357

Hospital .....

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Melvin S. Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M.			Yes.	4-17 (Month) (Day) 1912 (Year)

FATHER

FULL NAME Lon Bennett.

RESIDENCE Menan

COLOR W. AGE AT LAST BIRTHDAY 29. (Years)

BIRTHPLACE Utah

OCCUPATION Cow Boy.

MOTHER

FULL MAIDEN NAME Myrtle Montague

RESIDENCE

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife.

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellon

(Physician or Midwife)

Address Menan

Given names added from a supplemental report

....., 19.....

Filed May 10 19 12 Ray H. Fiske, M.D.

Registrar

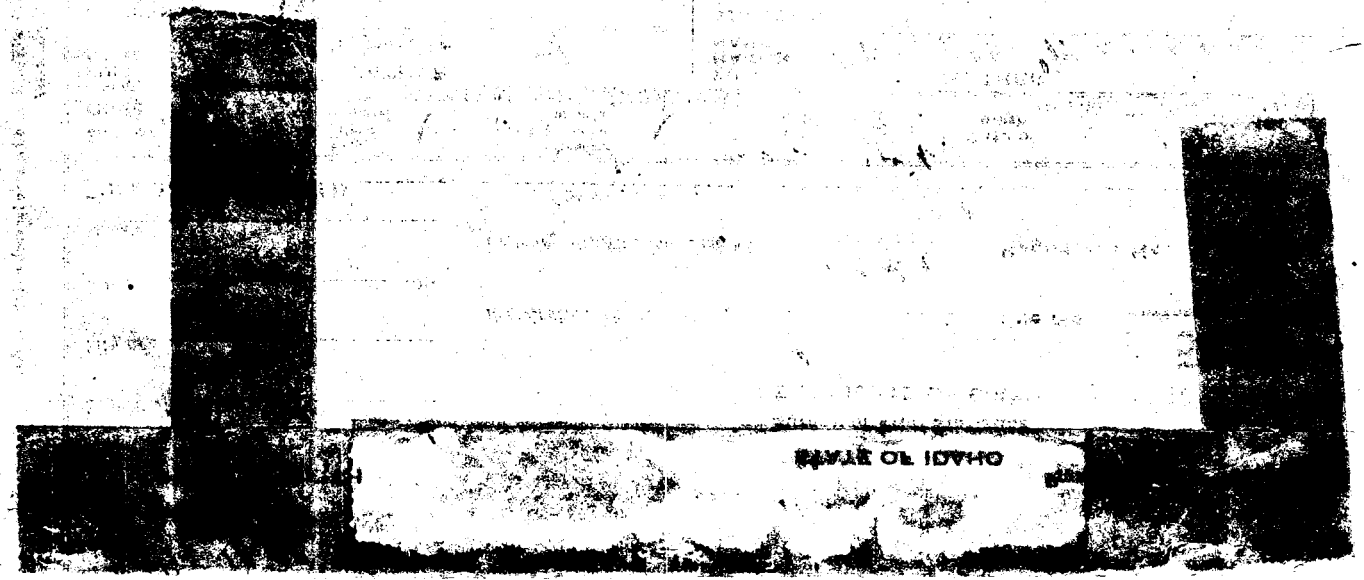
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of King

Certificate No. 5518

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Barrett (Name on Original Certificate) who Was Born (Was Born or Died) on April 17, 1912 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Jan. 6, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Melvin S. Berrett
surname	Barrett	BERRETT

Subscribed and sworn to before me this 3
day of Feb, 1945
Ralph A Smith
Notary Public, residing at
My commission expires 2-27-48
(Seal)

Signed Lucy Barrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R2 Box 74a Auburn Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of King

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of Feb, 1945
Ralph A Smith
Notary Public, residing at
My commission expires 2-27-48
(Seal)

Signed Imogene Berrett
(Signature of Any Credible Person Other Than Previous Year)
R2 Box 74a Auburn Wash.
(Street Address, City, State)

FEB 9 1945

692 - 114-022-296

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No.

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

Registration District No. 9

File No. 5519

No. ....., ... St.

Primary Registration District No. 2040

Registered No. 255

Hospital .....

FULL NAME OF CHILD Fay Brown Fisher

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—	—	—	yes	Apr 14, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Fisher	FULL MAIDEN NAME	Joanna Brown
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Menan Idaho

Filed May 6 1912 Ray H. Fisher M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

•WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

791-129-022-791

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5520
Local Reg. No.
Reg. Dist. No. 9

Amended 12/19/73

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Fremont	a. STATE: Idaho b. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	James	Grant	Gray

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	March 29, 1912

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last).
	Will		Gray

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
46 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Jeanie		Grant

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Utah	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
J. E. Melton	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Menan, Idaho	20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: May 10, 1912	22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M. D.
	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address: VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Registration District No. 9 File No. 5520

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 754

Hospital ____

FULL NAME OF CHILD James Grant Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3-29-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Will Gray	Josephine Schofield
RESIDENCE	Menan	Menan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10, 19 12 Ray T. Fisher Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 22 1969

DEC 20 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
DEC 2 1973
13 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 5520

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Grant Gray (Name on Original Certificate) who was born (Was Born or Died) on Mar. 29, 1912 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Agnes Schofield	Jeanie Grant

Subscribed and sworn to before me this 4TH day of
DECEMBER, A. D., 1973

Notary Public, residing at RIGBY, IDAHO
My commission expires MAY 1, 1977
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Idaho Box 109
(Street Address, City, State)

83434

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4TH day of
DECEMBER, A. D., 1973

Notary Public, residing at RIGBY, IDAHO
My commission expires MAY 1, 1977
(Seal)

Signed Anna J. Gray
(Signature of Any Credible Person)

Box 140 Mt. Home Idaho
(Street Address, City, State)

83434

FORM DH 60-155

CL 11/29/73 lcc pd. retd $2 00

Certificate of Ordination for the Deacon gives name as James Grant Gray son of William A. Gray and Jeanie W. Grant. Baptized June 5, 1920. Ordained April 28, 1924. Viewed by V. S.

Certificate of Blessing from LDS Church gives name as James Grant Gray son of Wm.A. Gray and Jeanie Grant. Born March 29, 1912. Was Blessed July 7, 1912. Viewed by V. S.

282-121-022-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Menan

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 9040

File No. 5521

Registered No. 253

FULL NAME OF CHILD JOHN GRANT BYBEE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	4-21-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Bybee	Nettie Chadwick
RESIDENCE	Menan	Menan.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	35
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farmer.	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. E. Mellor

(Physician or Midwife)

Address Menan

Filed May 10 19 12 Ray St. Clair M.D.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 5521
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Grant Bybee (Name on original certificate) who was born (Was born or died) on April 21, 1912 (Date of event)
in Lorenzo Route 1. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (Bible record, insurance policy, etc.) prepared on Date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bybee	John Grant Bybee

Subscribed and sworn to before me this 15th
day of December, 19 41
Delores M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
[SEAL]

Signed Mrs. Nellie Bybee Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lorenzo Route 1. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of December, 19 41
Delores M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
[SEAL]

Signed T. Harold Lee
(Signature of any credible person other than the previous affiant.)
Rigby, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

749-208-022-156

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 5522

Primary Registration District No. 2040

Registered No. 267

FULL NAME OF CHILD ____ Purcer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	3-8, 1912

FATHER		MOTHER	
FULL NAME	Clifton Purcer	FULL MAIDEN NAME	Amelia Jeffs
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

(Signature) R. D. Tucker

(Physician or Midwife)

Address Lewisville

Filed May 10 1912 R. H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-125-022-284

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 5523

Primary Registration District No. 2040

Registered No. 266

FULL NAME OF CHILD James Chas. Burton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	____	____	Yes.	3-25-191.2

FATHER		MOTHER	
FULL NAME	Jas. Burton	FULL MAIDEN NAME	Eva S. Hurtliff
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or Midwife)

Address Lewisville

Given name added from a supplemental report

____ 19____

Filed May 10 19 12

R. H. Fisher

Registrar

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 26 1941

NOV 2 1972

179-129-022-814

RECEIVED MAY 10 1912
Amended 3/8/77

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5524
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewisville
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewisville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Carl
b. (Middle): Glen
c. (Last): Agren

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) March (Day) 29, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Alfred
b. (Middle):
c. (Last): Agren

8. AGE (At time of this birth): 35 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Zina
b. (Middle):
c. (Last): Hammond

13. AGE (At time of this birth): 29 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. D. Tucker
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: Lewisville
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: May 10, 1912
22. REGISTRAR'S SIGNATURE: R. H. Fisher
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

"O" - Brought received / file date of May 10, 1912 forward on 11/19/2014 SJP.

179-129-022-814

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 5524

Primary Registration District No. 2040

Registered No. 265

FULL NAME OF CHILD Carl Everett Agren

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	3-29-1912

FATHER		MOTHER	
FULL NAME	Alfred Agren	FULL MAIDEN NAME	Gina Hammond
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 9. M. on the date above stated.

(Signature) R. D. Tucker

(Physician or Midwife)

Address Lewisville

Filed May 10 1912 R. H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 14 1975

MAR 8 1977

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 25 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5524

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Carl Everett Agren (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1912 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Everett	Glen

Subscribed and sworn to before me this 31 day of March, 1975.

..... Notary Public, residing at Rexburg, Idaho
My commission expires 7-3-77
(Seal)

Signed Alta E. Marshall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 1/13/75

SEP 21 1999

Own child's birth certif. from Idaho Falls LDS Hosp. gives name as Rochelle Agren.born Oct 1, 1936. father's name as Carl Glen Agren and mother's name as Ila Hayes viewed by V. S.

Blessing record from the LDS Church gives nameas Carl Glen Agren born Mar 29, 1912 at Lewisville, Idaho. Blessed April 28, 1912. father's name as Pehr Alfred Agren and mother's name as Zina E. Hammond. viewed by V. S.

135-219-022-753

PLACE OF BIRTH

Form Y. S. No. 11—10m-6-20-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ....., ... St.

Hospital .....

Registration District No. 9 File No. 5525

Primary Registration District No. 2040 Registered No. 263

FULL NAME OF CHILD Thelma Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes.	3-19, 1912

FATHER		MOTHER	
FULL NAME	Jas. Jensen	FULL MAIDEN NAME	Julia Peterson
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..8.. Number of children, of this mother, now living, including present birth ..6..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Lewisville (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed May 10 1912 R. H. Fisher

S-Y CO., 16669 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 6 1964

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

5-95-111-022-212

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Taylor

Registration District No. 9

File No. 5526

No. ____ St.

Primary Registration District No. 2040

Registered No. 759

Hospital ____

FULL NAME OF CHILD [redacted] Seth Albert Nield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	4-11 191[illegible]

FATHER		MOTHER	
FULL NAME	Thomas Nield.	FULL MAIDEN NAME	Eleanor Bassett.
RESIDENCE	Taylor.	RESIDENCE	
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Finlinson

(Physician or Midwife)

Address ____

Given name added from a supplemental report

____ 19____

____ Registrar

Filed May 10 1912 Ray H. Finlinson M.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5 13 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED MAY 13 1974 BUREAU OF VITAL STATISTICS

Certificate No. 5526

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nield (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1912 (Date of Event)
in Poplar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Seth Albert Nield

Subscribed and sworn to before me this 13 day of May, 1974

Notary Public, residing at Boise, Id

My commission expires Sept. 18, 1977

(Seal)

Signed Douglas Nield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

319 East 40th St Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Social Security Card# 519-09-1576 dated Dec. 10, 1936 gives name as Seth Albert Nield.
Viewed by VS

Own childs birth certificate Carol Ellen Nield born May 28, 1937 at Idaho Falls, Idaho State File # 256850 gives fathes name as Seth Albert Nield.
Viewed by VS

MAY 13 1974

212-219-022-000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V, S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Poplar

No ——, —— St.

Hospital ——

Registration District No 9 File No. 5527

Primary Registration District No. 2040 Registered No. 239

FULL NAME OF CHILD Not named yet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes,	4-19-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chauncey Bassett	
RESIDENCE	Poplar,	
COLOR	W	W,
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S. Fisher. M.D.

(Physician or Midwife)

Address Rigby Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 Ray S. Fisher M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

2 NO MOTHER

Amended 7/24/69

577-223-022-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

*No*_____, _____ *St.*

Hospital _____

Registration District No. 9 **File No.** 5528

Primary Registration District No. 2040 **Registered No.** 232

FULL NAME OF CHILD Edna Ray Eggleston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 23, 1912

FATHER		MOTHER	
FULL NAME	Harry Eggleston	FULL MAIDEN NAME	Minnie May Browning
RESIDENCE	Annis	RESIDENCE	Andre
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby, Idaho

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed May 10 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 20 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 22 1969
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 5528

Date Filed May 10, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Eggleston- (Name on Original Certificate) who was born (Was Born or Died) on Apr. 23, 1912 (Date of Event)
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add child's name	Unnamed	Edna Ray Eggleston
Mother's maiden name	Mary Harrop	Minnie Mae Browning

Subscribed and sworn to before me this 7th day of July, 1969

Merlene O. Doko

Notary Public, residing at Grover City, Calif

My commission expires 9-6-71

(Seal)

MERLENE O. DOKO
NOTARY PUBLIC
SAN LUIS OBISPO COUNTY
CALIFORNIA
My Commission Expires Sept. 6, 1971

X Signed Minnie Mae Eggleston (Browning)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

353 Brighton, Grover City, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California

County of San Luis Obispo

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 1969

Merlene O. Doko

Notary Public, residing at Grover City, Calif

My commission expires 9-6-71

(Seal)

Signed Paul P. Eggleston

(Signature of Any Credible Person)

Rt 3 Box 238 B1, San Luis Obispo, Calif

(Street Address, City, State)

FORM DH 60-155 CL 6/27/69 1cc pd.

Geneology paper gives namea as Edna Ray Eggleston born Apr. 23, 1912. Mother's maiden name as Minnie May Browning Born Sept. 5, 1888. Oct. 13, 1954. Viewed by V. S.

Marriage License between Melvin Arthur Benzon and Edna Eggleston. Dated June 21st 1941. Giives mother's ■■■ maiden name as Minnie Brownfng. Viewed by V. S.

893-113-022-313

PLACE OF BIRTH

Form V. S. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 9

File No. 5529

No. ....., ... St.

Primary Registration District No. 2040

Registered No. 264

Hospital .....

FULL NAME OF CHILD Baby ~~Hill~~ DeMONT DelROY HILL

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Apr. 13, 1912

FATHER		MOTHER	
FULL NAME	Roy Hill	FULL MAIDEN NAME	Delilah Later
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 1 .....

Number of children, of this mother, now living, including present birth .... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or Midwife)

Address Rigby

Filed May 10 1912 R. H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Colusa }

Certificate No. 5529

Date Filed OCT 19 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1912 (Date of Event) in Rigby, Jefferson Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on don't know (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	DeMont DelRoy Hill

Subscribed and sworn to before me this 16th day of October, 1942

C S McComish
Notary Public, residing at Colusa, Calif.
My commission expires Sept. 30, 1943.
(Seal)

Signed Delilah E. Hill Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Colusa, Calif. Box 404
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 19 1942

OCT 2 1 1942

168-026-022-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont,

City of Ryby

No ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 File No. 5531

Primary Registration District No. 2040 Registered No. 240

FULL NAME OF CHILD Not named yet.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
	—	—	Yes	4-26-2

	FATHER	MOTHER
FULL NAME	Kenney Johnson.	FULL MAIDEN NAME Victoria Rule.
RESIDENCE	Ryby.	RESIDENCE Ryby.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	25.	19.
BIRTHPLACE	Utah	BIRTHPLACE Utah.
OCCUPATION	Teamster.	OCCUPATION Housewife.

[Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.35 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Poxton M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 10 1917 Ray H. Linder

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAY 7 1976

462-108-022-000

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Grant

No. ____, ____ St.

Hospital

Registration District No. 9

Primary Registration District No. 2070

File No. 5532

Registered No. 2161

FULL NAME OF CHILD Jacob Alma ~~Boley~~ Moser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4-8-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Moser	
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

(Signature) Mrs. M. J. Ransom

(Physician or Midwife)

Address Grant - Idaho.

Filed May 10 19 12 Ray H. Fisher M. D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 NO MOTHER

719-216-033-335

Amended 2-11-64

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5533
Local Reg. No. 246
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Labelle

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Labelle

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Iris b. (Middle): c. (Last): Gardner

4. SEX: Girl

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 4 (Day) 16 (Year) 1912

FATHER OF CHILD

7. FULL NAME: a. (First): Franklin b. (Middle): c. (Last): Gardner

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First): Effie b. (Middle): Pearl c. (Last): Clements

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 2

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Sarah K. Saxton

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Rigby, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 10, 1912

20. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

in the district where the birth occurred WITHIN 10 days after the date of birth of the
to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-[illegible]

PLACE OF BIRTH

County of Fremont

City of LaBelle,

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 — File No. 5533

Primary Registration District No. 2040 — Registered No. 24

FULL NAME OF CHILD Iras Gordner.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.			Yes.	4 — 16 — 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Franklin Gordner.	Effie Prosl. Clement
RESIDENCE	LaBelle	LaBelle.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	36.
BIRTHPLACE	Utah.	Idaho.
OCCUPATION	Farmer.	Housewife.

[Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K Sexton

(Physician or Midwife)

Address Ririe, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 19 — Ray H. Fiske M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

FEB 11 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5533

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Iras Gardner (Name on Original Certificate) who was born (Was Born or Died) on April 16, 1912 (Date of Event)
in Labelle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Iras Gardner	Iris Gardner

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of
October, 1963

Notary Public, residing at Idaho Falls
My commission expires Feb 3, 1964
(Seal)

Signed × Effie Pearl Gardner
(Signature of Any Credible Person)

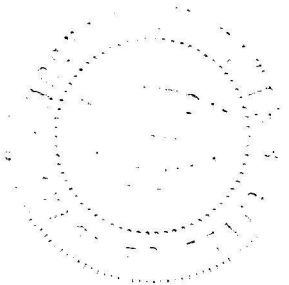
1996 25th · Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 9-27-63. ~~nm~~ one copy pd. rec. #11939.

Own Child'sBirth Cert. on file: (Idaho Birth) #368708 gives full maiden name of mother as Iris Gardner, age 30, born in Labell, Idaho - viewed by VS

L.D.S. Church Certificate of Blessing, April 4, 1948 gives full name of child as Ronny Leroy Crow, son of Jesse H. Crow and Iris Gardner, born Feb. 27, 1948 at Glasgow, Montana - viewed by V.S.



393-108-022-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rigby

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 File No. 5534

Primary Registration District No. 2040 Registered No. 235

FULL NAME OF CHILD Royal Robert Littleford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 8, 1912

FATHER		MOTHER	
FULL NAME	Enoch Littleford	FULL MAIDEN NAME	Mary E. Williams
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K Saxton

(Physician or Midwife)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 14 1955

APR 14 1955

693-207-022-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rigby

No ____, ____ St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 5535

Primary Registration District No. 2040 — Registered No. 234

FULL NAME OF CHILD Vera Maud Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George William	Hattie E. Chandler
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	England	Utah
OCCUPATION	Mail Carrier	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Sarah K. Sutton

(Physician or Midwife)

Address Rigby Idaho

Filed May 19, 12

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912 D64-071

695-113-022-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Chester.

No _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5536

Primary Registration District No. 2038 Registered No. 241

FULL NAME OF CHILD Drew Percy Winters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	4-13-1917

FATHER		MOTHER	
FULL NAME	W. A. Winters.	FULL MAIDEN NAME	Nina Anderson
RESIDENCE	Chester	RESIDENCE	Chester.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Edmund M. Nelson

(Physician or Midwife)

Address Rexburg

Filed May 10 1917 Ray H. Fisk M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DUP OF 1912-360228

345-202-022-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton Registration District No. 9 File No. 5537

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 275

Hospital ____

FULL NAME OF CHILD LEDA Cunningham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	5 2 1912

FATHER		MOTHER	
FULL NAME	John P. Cunningham	FULL MAIDEN NAME	Minnie Larson
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Hummell

(Physician or Midwife)

Address Marysville

Given name added from a supplemental report

..... 19.....

Filed May 10 1912 R. H. Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6 1 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS JUN 1 11 10 AM '73

Certificate No. 5537

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cunningham (Name on Original Certificate) who was born (Was Born or Died) on May 2, 1912 (Date of Event)
in Ashton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted (first name)	Leda Cunningham

Subscribed and sworn to before me this 1st day of June, 19 73

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed A. W. La Rue

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1215 Harmony Rd - Winnemucca Nev.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

JUN 1 1973

Own childs birth certificate Minnie Shirlene LaRue born Oct. 30, 1935 at Nampa, Idaho, State File No. 237924 gives mothers name as Leda Cunningham. Viewed by VS

Family record book gives name of child as Leda Cunningham born May 2, 1912 o in Ashton, Idaho. Book obviously old.
Viewed by V.S.

155-100-022-453

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 9 File No. 5538

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 288

Hospital ____

FULL NAME OF CHILD Alvin Decker Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
				4 1912

FATHER		MOTHER	
FULL NAME	Daniel C Jensen	FULL MAIDEN NAME	Emma A Decker
RESIDENCE	Chesterfield	RESIDENCE	St Anthony
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Wash

(Physician or Midwife)

Address St Anthony

Given name added from a supplemental report

....., 19.....

Filed May 10 19 12 R. H. Fisher

S-Y CO., 16669 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

619-112-022-766

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker Registration District No. 9 File No. 5539

No. ....., ... St. Primary Registration District No. 2038 Registered No. 287

Hospital .....

FULL NAME OF CHILD Hesmer Wade Wayne Wardle

Sex of Child	M	Twin, Triplet, or other? — (To be answered only in event of plural births)	and Number in order of birth —	Legitimate?	yes

Date of birth April 12 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Athelmar Wardle	FULL MAIDEN NAME	Rose Alice Powell
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St Anthony

Filed May 10 1912 R. H. Fisher Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

984-121-022-719

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5540

County of Fremont

City of Parker Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2038 Registered No. 286

Hospital

FULL NAME OF CHILD Davis H. Rydalch Jr

Sex of Child: M | Twin, Triplet, or other? — | and Number in order of birth — | Legitimate? yes | Date of birth (Month) Apr (Day) 2 (Year) 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Davis H Rydalch	FULL MAIDEN NAME	Esther J. Parkinson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.B. West

(Physician or ~~Midwife~~)

Address St Anthony

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed May 10 1912 R.H. Fisher
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

113-230-022-613

PLACE OF BIRTH

Form V. S. No. 11—10M-6-20-11

STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 5541

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 285

Hospital ____

FULL NAME OF CHILD Ruth Jacobs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amos C. Jacobs	Zina Walker
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	41
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M. D.

(Physician or Midwife)

Address St Anthony

Given name added from a supplemental report

....., 19.....

.....

Registrar

Filed May 10, 1912

R. H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

FEB 6 1959
MAR 18 1959

418-230-022-236

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5542

County of Fremont

City of Parker

Registration District No. 9

No. ....., ... St.

Primary Registration District No. 2038

Registered No. 284

Hospital .....

FULL NAME OF CHILD Alice Dayley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 30, 1912

FATHER		MOTHER	
FULL NAME	Mayne Dayley	FULL MAIDEN NAME	Phoebe Stoddard
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~Midwife~~)

Address St Anthony

Filed May 10 19 12 R. H. Fisher

Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

133-228-022-231

PLACE OF BIRTH

County of Fremont

City of Parker

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

5543

Registration District No. 9

File No. ____

Primary Registration District No. 2038

Registered No. 283

FULL NAME OF CHILD Ruth Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A. Allen	Ruth M Blair
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M.D.

(Physician or Midwife)

Address St Anthony

Filed May 10 1912 R H Fletcher Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

766-226-022-412

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 5544

County of Fremont

City of Parker Registration District No. 9

No. ____, ____ St.

Primary Registration District No. 2038 Registered No. 282

Hospital ____

FULL NAME OF CHILD Gladys Powell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 26 1912

FATHER		MOTHER	
FULL NAME	James Powell	FULL MAIDEN NAME	Gertrude E. Mason
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W B West

(Physician or ~~Midwife~~)

Address St Anthony

Filed May 10 1912 R. H. Baker
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 4 1965

959-128-022-245

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. 10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 9

File No. 5545

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 281

Hospital ____

FULL NAME OF CHILD Eldon Lucyn Reid

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Ormis Reid	Georgia Alice Smith
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Felton Utah	Caswell Co. Va.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St Anthony

Filed May 10 19 12 R. H. Fisher Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 3/21/41 PMF

ited States
partment of Commerce
reau of the Census

RECEIVED (Be sure the information is as of date of birth of THIS child)

MAR 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 15 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Same as 19

FULL NAME OF CHILD Eldon Lucius Reid
5. Date of Birth (Month, day, year) April 19
Sex male 7. Twin or Triplet none If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
FULL NAME Jesse O Reid
Color or Race Caucasian 12. Age at time of THIS birth 34 yrs.
Birthplace Kelton (City or town) Utah (State or foreign country)
Exact Occupation Laborer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Georgia Alice Smith
17. Color or Race Caucasian 18. Age at time of THIS birth 31 yr
19. Birthplace Caswell Co. (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the dat
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who
related to this child as (Mother, etc.)

(a) MAR 17 1941 (Date received) (b) (Registrar's signature)

Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.I
(D.O., Midwife, et
and address Date

e of California
nty of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth NOT LIVING or CANNOT BE LOCATED.

I, Georgia Alice Reid, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Eldon Lucius Reid as mother, whose birth certificat
(Name of person on certificate above) (State relationship or acquaintance)
ears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts cor
ed therein are true to the best of my knowledge. I further state that Dr. Warren Neat, who attende
(Name of attendant at birth)
birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs Georgia alice Reid Signatur
4445 Dunkarn St P.O. Addres
Los Angeles

Subscribed and sworn to before me on this 17 day of March, 1941

(SEAL) Notary Public, residing at 121 So Normandie
Los angeles Calif

My Commission Expires Dec. 6, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-125-022-766

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Parker — Registration District No. 9 — File No. 5546

No. ____, ____ St. — Primary Registration District No. 2038 — Registered No. 280

Hospital ____

FULL NAME OF CHILD Thomas Grayden Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 25 1912

FATHER		MOTHER	
FULL NAME	Samuel Smith	FULL MAIDEN NAME	Sarah A Powell
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11th

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) W. B. Week M.D.

(Physician or ~~Midwife~~)

Address St Anthony

Filed May 10. 1912 R. H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 10 1964

449-131-022-217

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9

File No. 5547

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 270

Hospital ____

FULL NAME OF CHILD Reho Melvin Murdock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Mch 31, 1912

FATHER		MOTHER	
FULL NAME	Wm Murdock	FULL MAIDEN NAME	Ella Bagley
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora A. Keith M.D.

(Physician or ~~Midwife~~)

Address Druggist

Given name added from a supplemental report

....., 19....

Filed May 10 19 12 R. H. Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS Mar 20 19 74

Certificate No. 5547

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Murdock (Male) (Name on Original Certificate) who was born (Was Born / Died) on March 31, 1912 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Reho Melvin Murdock

Subscribed and sworn to before me this 10th day of April, 19 74

Notary Public, residing at Idaho Falls Idaho
My commission expires 11-20-74
(Seal)

Signed Bertha Murdock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 222 Driggs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 19 74

Notary Public, residing at Idaho Falls, Idaho
My commission expires 11-20-74
(Seal)

Signed .....
(Signature of Any Credible Person)

976 Canyon ave

Idaho Falls Idaho 83401
(Street Address, City, State)

FORM DH 60-155 CL 1/10/74 nm

Family Group Record for Reho Melvin Murdock born Mar. 31, 1912 at Victor, Idaho married Oct. 10, 1935 at Salt Lake City, Utah. father's name given as William Henry Murdock and mother's name given as Eliza Ellen Bagley. Wife's name given as Verna Cook. ~~xx~~ child'ren's name listed as Dorothea, Colleen and Glenna. viewed by V. S.

MAY 31 1974

Certif. of Baptism and Confirmation from the LDS Church gives ~~xx~~ name as Reho Melvin Murdock son of William Murdock and Ellen Bagley. Born March 31, 1912 at Victor, Idaho. Was Baptized Aug. 6, 1921. viewed by V. S.

293-202-022-289

Amended 5-26-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5548
Local Reg. No. 269
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edna
b. (Middle):
c. (Last): Killpack

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 2, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): D.
c. (Last): Killpack

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Real Estate Agent

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nettie
b. (Middle):
c. (Last): Shipp

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ora D. Keith

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 25, 1912

22. REGISTRAR'S SIGNATURE: R. H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2037

File No. 5548

Registered No. 269

FULL NAME OF CHILD ____ Kilpack

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—— (To be answered only in event of plural births)		——	Yes.	Apr. 2, 191[illegible]

FATHER		MOTHER	
FULL NAME	John D. Kilpack	FULL MAIDEN NAME	Nettie Shipp
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Real Estate Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

....., 19.....

Filed Apr. 25 1912 R. F. Fisher
Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 28 1967

MAY 26 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 24 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 5548

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kilpack (female child) who was born on April 2, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edna Killpack
Father's Last Name	Kilpack	Killpack

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of May 1967.

Blaine C. Bracken

Notary Public, residing at Nampa Idaho
My commission expires April 28, 1970
(Seal)

Signed Mrs. Violet Nelson
(Signature of Any Credible Person)

1108 13th Ave So Nampa Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5-15-67. one copy pd. rec. #10958.

Child's Birth Cert. on file: (Idaho Birth) #50-11672 gives full maiden name of mother Edna Killpack - viewed by V.S.

University of Idaho, College Record, date of matriculation Oct. 4, 1954 gives full name as Edna Kilpatrick Jarvis, born April 2, 1912, husband-R.L. Jarvis and father-John David Killpack - viewed by V.S.

L.D.S. Church Patriarch Blessing, Feb. 21, 1943 at Phoenix, Arizona gives full name as Edna Jarvis, daughter of John David Killpack and Nettie Shipp, born April 2, 1912 at Driggs, Idaho - viewed by V.S.

283-103-022-543

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 5549

Primary Registration District No. 2037 Registered No. 268

FULL NAME OF CHILD Calvin Gilbert Kyte

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Apr. 3, 1912

FATHER		MOTHER	
FULL NAME	Frank Kyte	FULL MAIDEN NAME	May Edlefsen
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs

Filed Apr. 10, 1912 R. H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1969

962-230-022-816

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5550

County of Fremont

City of Victor

Registration District No. 9

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 262

Hospital ____

FULL NAME OF CHILD Etta Robertson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.	—	—	Yes.	Mch. 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jos. E. Robertson	FULL MAIDEN NAME	Mary E. Hawley
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9-05-9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs

Given name added from a supplemental report

....., 19....

Filed Apr. 12 1912 Ray H. Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

789-105-022-518

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5551

County of Fremont

City of Clawson Registration District No. 9

No. ____, ____ St. Primary Registration District No. 2037 Registered No. 274

Hospital ____

FULL NAME OF CHILD Levi Elmer Phillips

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Phillips	Lilly Ray
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Utah	North Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:50 P. M. on the date above stated.

(Signature) Mrs M E Clark

(Physician or Midwife)

Address Clawson

Filed May 10 19 12 R. H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-362199

643- 220-022-557

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson Registration District No. 9 File No. 5552

No. ....., ... St.

Primary Registration District No. 2037 Registered No. 273

Hospital .....

FULL NAME OF CHILD Ella Mae Fullmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Halsey D. Fullmer	Lydia E. Neaf
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	45
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs M. E. Clarke

~~(Physician~~ or Midwife)

Address Clawson

Given name added from a supplemental report

....., 19.....

Filed May 10 19 12 R. H. Fisher
Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

212-124-022-689

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5553

County of Fremont

City of Driggs

No. ....., ... St.

Registration District No. 9

Primary Registration District No. 2037

Registered No. 272

Hospital .....

FULL NAME OF CHILD Nephi Rowley Babcock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 24 1912

FATHER		MOTHER	
FULL NAME	Geo. M. Babcock	FULL MAIDEN NAME	Lillian M Whitman
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Stenographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Bradley

Midwife

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

....., 19.....

Registrar

Filed May 10 1912 R. H. Fisher

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

815-105-022-195

PLACE OF BIRTH

County of Fremont

City of Clawson

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 7

File No. 5554

Primary Registration District No. 2037

Registered No. 271

FULL NAME OF CHILD Hansen

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	—	—	yes	Apr 5, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Hansen	FULL MAIDEN NAME	Maggie Ames
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith M.D.

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

....., 19.....

S-Y CO., 16669

Registrar

Filed May 10 1912 R. H. Fisher

Registrar

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

244-120-032-913

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard Registration District No. 9 File No. 5555

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 291

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 20, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Summers	FULL MAIDEN NAME	Mary Rack
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Filed May 10, 1912 R. H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

842-213-022-842

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont,

City of Teton

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 — File No. 5556

Primary Registration District No. 2039 — Registered No. 237

FULL NAME OF CHILD Norma Huskinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apr. 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Huskinson	Mary E. Bush Huskinson
RESIDENCE	Teton.	Teton.
COLOR	W.	White.
AGE AT LAST BIRTHDAY (Years)	39.	39.
BIRTHPLACE	Utah	Utah,
OCCUPATION	Farmer.	Housewife.

[Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a.i. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorenson.

(Physician or Midwife)

Address Teton R.F.D. No 1

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 10, 19 12 — Ray H. Fisher M.D.
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

MAR 23 1959

8795 548-02-2667

PLACE OF BIRTH

County of Fremont

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Salem

Registration District No. 9

File No. 5557

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 292

Hospital ____

FULL NAME OF CHILD Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and — Number in order of birth —	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 18, 1912

FATHER		MOTHER	
FULL NAME	Bernice R. Harris	FULL MAIDEN NAME	Annie Fogg
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or ~~Midwife~~)

Address Sugar City

Given name added from a supplemental report

....., 19....

Filed May 10, 1912 R. H. Fisher

S-Y CO., 16669 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACES OF BIRTH

269-114-022-169

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 5558

County of Fremont

City of Salem

Registration District No. 9

No. ....., ... St.

Primary Registration District No. 2039

Registered No. 293

Hospital .....

FULL NAME OF CHILD JOHN KORDT SORENSEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 14th 1912

FATHER		MOTHER	
FULL NAME	John Sorensen	FULL MAIDEN NAME	Augusta Jorgensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Filed May 19, 1912 R. H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5558

FEB 11 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	John Kordt Sorensen
name of father	John Sorenson	John Sorensen
name of mother	Augusta Sorenson	Augusta Jorgensen
date of birth	Apr. 16, 1912	April 14, 1912

Subscribed and sworn to before me this 7th day of February, 1942

Laurence W Barnes
Notary Public, residing at Manhattan Beach Cal.
My commission expires ..... (Seal)

Signed Augusta Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
724 - Blair St. Salt Lake City Utah 4-24
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles Co. } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1942

Laurence W Barnes
Notary Public, residing at Manhattan Beach Calif.
My commission expires My Commission Expires Feb. 5, 1944 (Seal)

Signed Orick K. Sorensen (Brother)
(Signature of Any Credible Person Other Than Previous Year)
4340 Strand Ave, Venice Calif.
(Street Address, City, State)

813-208-022-168

Form V. S. No. 11—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5559

Primary Registration District No. 2039 Registered No. 294

FULL NAME OF CHILD IDA LUCILE HATT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 8, 1912

	FATHER	MOTHER
FULL NAME	Wm Hatt	Ida Nettie Johnson
RESIDENCE	Hibbard	Hibbard
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

(Physician or ~~Midwife~~)

Address Sugar City

Filed May 10 19 12 R. N. Fisher Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 5559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ida Lucile Hatt (NAME ON ORIGINAL CERTIFICATE) who Appr. born (WAS BORN OR DIED) on Apr. 8, 1912 (DATE OF EVENT)
in Salem (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 5th 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Ida Lucile Hatt
name of father	Wm. Hatt	Wm. Hatt
name of Mother	Ida Nettie Johnson Hatt	Ida Nettie Johnson Hatt

Subscribed and sworn to before me this 3
day of February, 19 42
Thos J Strong
Notary Public, residing at Driggs Idaho
My commission expires April 14-1945
(SEAL)

Signed Ida Nettie Johnson Hatt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of February, 19 42
Thos J Strong
Notary Public, residing at Driggs Idaho
My commission expires April 14-1945
(SEAL)

Signed B. F. Fullmer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Driggs, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 By
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235-318-022+217

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

Registration District No. 9

File No. 5560

No. ....., ... St.

Primary Registration District No. 2037

Registered No. 296

Hospital .....

FULL NAME OF CHILD Stewart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 18, 1912

FATHER		MOTHER	
FULL NAME	Andrew Stewart	FULL MAIDEN NAME	Lizzie Bagley
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Registrar

Filed May 10, 1912 Ray H. Fisher

Registrar

PLACE OF BIRTH

STATE OF TEXAS

CERTIFICATE OF BIRTH

897-115-022-632

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5561

County of Fremont

City of Hibbard Registration District No. 9 File No.

No. , St. Primary Registration District No. 2039 Registered No. 295

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	yes	May 15 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas C. Hugley	FULL MAIDEN NAME	Alma Olsen
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Filed May 9 12 W. H. Shuke

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

449 - 130 - 022 - 719

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg — Registration District No. 9 — File No. 5562

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 297

Hospital ____

FULL NAME OF CHILD JESSE LORIN MUIR

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 30th, 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Muir	Myrtle Parker
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Filed May 10 19 62 R. H. Fisher Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 5562

FEB 9 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed Muir (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on April 2, 1912 (DATE OF EVENT)
in Rexburg, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Unnamed	Jesse Leroy Muir
Name of Mother	Mary Parker	Myrtle Parker
Birth date	Should be	March 30. 1912

Subscribed and sworn to before me this 7
day of Feb, 1942

Notary Public, residing at Rexburg Idaho
My commission expires Mar. 27. 1943
(SEAL)

Signed Myrtle Muir
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7
day of Feb, 1942

Notary Public, residing at Rexburg Idaho
My commission expires Mar. 27. 1943
(SEAL)

Signed H. Leon Muir
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 1942 By
(REGISTRAR'S SIGNATURE)

993-202-022-235 AMENDED CHILD'S NAME 10-1-97 MS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9 File No. 5563

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 236

Hospital ____

FULL NAME OF CHILD THELMA Delsa Richman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Parley Richman	Clara Stewart
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bowman

(Physician or Midwife)

Address Sugar City Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DECEASED

9-23-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
97 SEP 29 9:15

State of _____
County of _____ } ss.

Certificate No. 1912-5563
Date Filed MAY 10, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for DELSA RICHMAN (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MAY 2, 1912 (Date of Event)

in TETON (FREMONT) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	DELSA RICHMAN	THELMA RICHMAN

Subscribed and sworn to before me this 25 day of September, 1997

Notary Public, [signature]

Residing at Pocatello

My commission expires 1-15-2002

(Seal)

[signature]
Signature of Applicant

2325 Satterfield Pocatello, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

SON DID NOT WANT TO TAKE THE TIME TO SIGN A NEW AFFIDAVIT TO ADD THE MOTHER'S MIDDLE NAME.

CHURCH RECORD SHOWS THELMA FERN CLARK BORN MAY 2, 1912 IN TETON (FREMONT) ID WAS BLESSED JUNE 2, 1912 VIEWED VS.

COLLEGE TRANSCRIPT FROM RICKS COLLEGE SHOWS THELMA FERN RICHMAN BORN IN TETON IDAHO ON MAY 2, 1912 RECEIVED A B.S. DEGREE MAY 26, 1955 VIEWED VS.

699-112-022-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 5564

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ....., ... St.

Registration District No. 9 File No. .....

Primary Registration District No. 2039 Registered No. 256

Hospital .....

FULL NAME OF CHILD Ansel Wright

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	April 12, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Wright	FULL MAIDEN NAME	Annie Woolsey
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City Ida

Given names added from a supplemental report

....., 19.....

Filed May 9 1912 Ray H. Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified copy Issued Jan. 29, 1941 Z.J.

451-114-022-5-46

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ....., ... St.

Hospital .....

Registration District No. 9 File No. 5565

Primary Registration District No. 2039 Registered No. 258

FULL NAME OF CHILD Grant Joseph Dean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	March 14 1912

FATHER		MOTHER	
FULL NAME	John T Dean	FULL MAIDEN NAME	Anna Edwards
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Druggist	OCCUPATION	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shuler

(Physician or Midwife)

Address Sugar City Ida

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 Ray H Fisher

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 5565
Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1912 (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism and Confirmation (Bible Record, Insurance Policy, Etc.) prepared on Sept. 5, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Grant Joseph Dean
birthdate	March 15, 1912	March 14, 1912

Subscribed and sworn to before me this 18th
day of April, 19 42.

Faye L. Cairns
Notary Public, residing at Los Angeles, Calif.
My commission expires Dec. 2, 1944
(Seal)

Signed Anna Edwards Dean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2791 Forrester Dr., Los Angeles, Calif.
(Street Address, City, State) (Mother)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 ____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

313-116-022-195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Sugar

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 File No. 5566

Primary Registration District No. 2039 Registered No. 257

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	March 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilford Latham	Bertha Arnold
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	18
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City Ida

Filed May 10 19 12 Ray H Fisher
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 18 1986

391-101-022-386

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar.

Registration District No. 9

File No. 5567

No. ____ St.

Primary Registration District No. 2039

Registered No. 298

Hospital ____

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	4 — 1 — 191..

FATHER		MOTHER	
FULL NAME	Carl Crane.	FULL MAIDEN NAME	Mary Thomas.
RESIDENCE	Sugar.	RESIDENCE	Sugar.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Baker.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Stokes.

(Physician or Midwife)

Address Sugar City.

Given name added from a supplemental report

....., 19.....

Registrar

Filed May 10 19.. Ray A. Fisher M.D.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-103-022-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Rexburg

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 5568

Primary Registration District No. 2039

Registered No. 2 X Y

FULL NAME OF CHILD Not named yet Reed LeRoy Thompkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	5-3-191[illegible]

FATHER		MOTHER	
FULL NAME	John H. Thompkins	FULL MAIDEN NAME	Julia Bowen
RESIDENCE	Rexburg,	RESIDENCE	Rexburg
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28.	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	North Carolina	BIRTHPLACE	South Carolina
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:35 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Epps

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 10, 19 12 Ray N. Fisher

Registrar

[illegible]MS - YORK CO., PTRS. & BDRS. 17326

JUN 10 1957

MAY 27 1942

SEP 4 1946

JUN 20 1974

Certified copy issued Nov. 19, 1940. J.W.

849-111-022-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rexburg

No ....., ... St.

Hospital .....

Registration District No 9 File No. 5569

Primary Registration District No 2039 Registered No. 3 [illegible]

FULL NAME OF CHILD Cloid Leo Huckley.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4-11-1[illegible]

	FATHER	MOTHER
FULL NAME	Silas Huckley	Lily Elnora Bell
RESIDENCE	Rexburg.	Rexburg.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn), at 7.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alonzo M. Nelson

(Physician or Midwife)

Address Rexburg.

Given names added from a supplemental report

....., 19.....

Filed May 10 19 12 Ray H. Fisher Jr.

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

DEC 16 1970

269-221-022-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Rexburg

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5570

Primary Registration District No. 2039. Registered No. 2xx

FULL NAME OF CHILD Elmira Y. Bowles.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	4-21-19xx

FATHER		MOTHER	
FULL NAME	Leslie A. Bowles	FULL MAIDEN NAME	Morgan Young
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Fireman.	OCCUPATION	Housewife.

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.39 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M. Nelson

(Physician or Midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Filed May 10, 19xx Chas. A. Fisher, M.D.
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

386-207-022-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Redmond, No ____, ____ St.

Registration District No 9 — File No. 5571

Primary Registration District No. 2039 — Registered No. 243

Hospital ____

FULL NAME OF CHILD Helen Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	5-7-1911

	FATHER	MOTHER
FULL NAME	Ernest Thornton	FULL MAIDEN NAME Lottie Hawkswood.
RESIDENCE	Redmond,	RESIDENCE Redmond,
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	24	25.
BIRTHPLACE	Wisconsin	BIRTHPLACE Idaho.
OCCUPATION	Tailor	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or Midwife)

Address Redmond, Ore.

Given names added from a supplemental report

....., 19.....

Filed May 10, 1911 Ray H. Fisher

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 30 1946

236-130-022-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont.

City of Rexburg.

No _____ St.

Hospital _____

Registration District No 9 File No. 5572

Primary Registration District No. 2039 Registered No. 238

FULL NAME OF CHILD Not named, Albert Gordon Stout.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes,	4-30-12

FATHER		MOTHER	
FULL NAME	Bert Stout.	FULL MAIDEN NAME	Lois Buckland.
RESIDENCE	Rexburg.	RESIDENCE	Rexburg.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas.	BIRTHPLACE	Idaho.
OCCUPATION	Barber.	OCCUPATION	Housewife.

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Cope, M.D.

(Physician or Midwife)

Address Rexburg - Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 10 1912 Ray H. Fisher M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR

OCT 3 1 1944

FEB 1 1974

993-115-022-412

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5573

County of Fremont

City of Rexburg Registration District No. 9

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 289

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	4 - 15 , 1912

FATHER		MOTHER	
FULL NAME	Thomas E. Ricks Jr	FULL MAIDEN NAME	Maud Dalee
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now livilg, including present birth 04

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shurtz

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Filed May 9, 1912 R. H. Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

313-108-022-155

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

Registration District No. 9

File No. 5574

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 290

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 8, 1912

FATHER		MOTHER	
FULL NAME	James A Latham	FULL MAIDEN NAME	Anna Jensen
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

(Physician or ~~Midwife~~)

Address Sugar City

Filed May 10, 1912 R. H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 5 1967

284-105-022-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5575

County of Bingham

City of Archer

Registration District No. 9

Primary Registration District No. 2039

Registered No. 760

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD ____ EIWIN BOND SQUIRES

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	4 — 5 — 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawrence B. Squires	Minnie Burns
RESIDENCE	Archer	Archer.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs

(Physician or Midwife)

Address Archer — Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed May 10 1917 Ray L. Pike M.D.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 5575
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Elwin Bond Squires (Name on original certificate) who was born (Was born or died) on 5, April, 1912 (Date of event)
in Archer, Madison Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church Records (Bible record, insurance policy, etc.) prepared on May 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Squires	Elwin Bond Squires

Subscribed and sworn to before me this 1 day of November, 19 41.

Harold L. Hansen
Notary Public, residing at Lynwood, Calif.
My commission expires MY COMMISSION EXPIRES NOV. 26, 1944
[SEAL]

Signed L B Squires Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First day of November, 19 41.

Harold L. Hansen
Notary Public, residing at Lynwood, Calif.
My commission expires MY COMMISSION EXPIRES NOV. 26, 1944
[SEAL]

Signed E. D. Pearl
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

243-218-022-318

PLACE OF BIRTH

County of Fremont

City of Howe.

No. ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5576

Primary Registration District No. 2080 Registered No. 250

FULL NAME OF CHILD Epha Jane Sutcliffe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	4-18 ...191...

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray F. Sutcliffe	Epha Taylor.
RESIDENCE	Howe.	Howe.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28.	25.
BIRTHPLACE	Minnesota	Texas.
OCCUPATION	Rancher.	Housewife.

Number of child of this mother, including present birth 3rd.

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. Matthews

(Physician or Midwife)

Address Arco - Idaho Blaine Co.

Given names added from a supplemental report

....., 19.....

Filed May 10 19 17 Ray S. Fisk M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 23 1960

AUG 13 1969

855-128-022-454

PLACE OF BIRTH

County of Fremont

City of Spencer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 5007

Primary Registration District No. 2080

Registered No. 276

FULL NAME OF CHILD Ancil Clyde Henderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 28, 1912

FATHER

FULL NAME: Clyde A Henderson

RESIDENCE: Spencer

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Celia Underwood

RESIDENCE: Spencer

COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P M. on the date above stated.

(Signature) O L DeHart

(Physician or ~~Midwife~~)

Address Kilgore

Filed May 10, 1912 R H Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

253-112-022-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Kilgore

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9

Primary Registration District No 2080

File No. 5578

Registered No. 249

FULL NAME OF CHILD ORVILLE LEROY KELSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	2-12-22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Kelson	Christiana Peterson
RESIDENCE	Kilgore	Kilgore
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Idaho.	Utah.
OCCUPATION	Rancher.	Housewife

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1245a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Dethart.

(Physician or Midwife)

Address Kilgore

Given names added from a supplemental report

....., 19.....

Filed May 10 19 22 Ray H. Fiske M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Boundary)

Certificate No. 5578

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth ~~or death~~) for Orville Leroy Kelson (Name on original certificate) who was born (was born ~~or died~~) on Feby 12th 1912 (Date of event) in Kilgore Idaho (Place of event) ~~are erroneous~~ or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Bible Record (Bible record, insurance plcy.etc.) prepared on Feby 12th 1912 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Orville Leroy Kelson
Orville Leroy Kelson	.....	"
Date of birth	March 23, 1912	Feb. 12, 1912
.....	.....	.....

Subscribed and sworn to before me this 24th day of September 1941

W. B. Baxter
Notary Public
Residing at Bonners Ferry Idaho

My commission expires Jany 6th 1945

(SEAL)

Signed Christine Peterson Kelson = Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bonners Ferry Idaho
(Street address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Boundary)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September 1941

W. B. Baxter
Notary Public
Residing at Bonners Ferry Idaho

My commission expires Jany 6th 1945
(SEAL)

Signed Charles Alma Kelson = Father
(Signature of any credible person other than the previous affiant.)

Bonners Ferry Idaho
(Street address, City, State)

OCT 8 1941

155-223-012-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Kilgor

No ——, ——St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 9 File No. 5579

Primary Registration District No. 3080 Registered No. 227

FULL NAME OF CHILD Mary Jensen

Sex of Child F. | Twin, Triplet or other? — | and Number in order of birth — | Legitimate? Yes. | Date of birth 2-23 (Month) (Day) 1917 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris. P. Jensen.	FULL MAIDEN NAME	Anna D. Nelson
RESIDENCE	Kilgor.	RESIDENCE	Kilgor.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	38.
BIRTHPLACE	Denmark.	BIRTHPLACE	Idaho.
OCCUPATION	Rancher.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 4. Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——, at 11.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Denton

(Physician or Midwife)

Address Kilgor. Dr.

Given names added from a supplemental report

——, 19——

——
Registrar

Filed May 10 1917 Ray H. Fenton Registrar

SYMS - YORK CO., PTRS. & BDRS.

MAR 2 1944

DECEASED

815-223-022-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Kilgore.

No \, \ St.

Hospital \

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 5580

Primary Registration District No. 2080 Registered No. 248

FULL NAME OF CHILD Ruby Hanks.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	\	\	Yes.	2-23-191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. A. Hanks.	Martha Hulse.
RESIDENCE	Kilgore,	Kilgore Idaho.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	
BIRTHPLACE	Utah.	Utah
OCCUPATION	Grist Ranger.	Housewife.

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) O. L. Ethridge M.D.

(Physician or Midwife)

Address Kilgore

Filed May 10 19 12 Ray H. Fisher M.D.

Registrar

\, 19\

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 2 1 1974

461-130-022-437

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5581

County of Fremont

City of Kilgore Registration District No. 9

No. ____, ____ St. Primary Registration District No. 2080 Registered No. 278

Hospital ____

FULL NAME OF CHILD Claude Elmer Duraney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 30, 1912

FATHER		MOTHER	
FULL NAME	Claude D. Duraney	FULL MAIDEN NAME	Mabel McGovern
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. De Hart

(Physician or Midwife)

Address Kilgore

Given name added from a supplemental report

....., 19.....

Filed May 10 19 12 R. H. Fisher
Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 9 1953

493-224-022-566

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Kilgore Registration District No. 9 File No. 5582

No. ____, ____ St. Primary Registration District No. 2080 Registered No. 279

Hospital ____

FULL NAME OF CHILD Emma Miller

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	—	yes	Apr 24 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm L. Miller	FULL MAIDEN NAME	Mea Rowe
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) O. L. De Hart

(Physician or Midwife)

Address Kilgore

Filed May 10 19 12 R. H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

295-130-022-559

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Kilgore — Registration District No. 7 — File No. 5583

No. ____, ____ St. — Primary Registration District No. 2080 — Registered No. 277

Hospital ____

FULL NAME OF CHILD Hugh C. Breil

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	April 30, 1912

FATHER		MOTHER	
FULL NAME	Frank Breil	FULL MAIDEN NAME	Fannie Veit
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Austria	COLOR	W
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Austria
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. De Hart

(Physician or ~~Midwife~~)

Address Kilgore

Given name added from a supplemental report

....., 19.....

Filed May 10, 1912 R. H. Fisher

Registrar

Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 1956

459-2[illegible]6-255

PLACE
Amended 3-15

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No 18 — File No. 5584

Primary Registration District No. 2119 — Registered No. 175

AFTON

FULL NAME OF CHILD X Merrill

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	Apr. 5 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Merrill	FULL MAIDEN NAME	Emma Bennett
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Implement Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Apr. 5 1912, at 8 20 P.M. on the date above stated.

(Signature) G W Hales

Physician (Physician or Midwife)

Address Franklin Idaho

Filed 5/6 19 12 D L Clay Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3 15 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 15 3 59 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5584

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for June Merrill (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1912 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	June	Afton

Subscribed and sworn to before me this 15th day of March, 1974

Florence Eyestright
Notary Public, residing at Boise
My commission expires 1-20-74
(Seal)

Signed Eugene M Carey
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 44 St Anthony
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

H. Denis McCarrel

Own childs birth certificate Denis McCarrel born April 4, 1932 at Preston, Idaho State File No. 201479 gives mothers name as Afton Merrill. Viewed by VS

MAR 15 1974

Social Security Card, # 528 28 5776 gives name as Afton Merrill . Card issued)(Obviously old). Social Security Adminsitration
Viewed by V.S.

Name listed in family record gives name as Afton Merrill born April 5, 1912 in Preston to Frank Merrill and Emma Bennett. Record obviously old.
Viewed by V.S.

349-208-056-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5585

Primary Registration District No. 2119 Registered No. 176

FULL NAME OF CHILD Minta Curtis

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—	—	—	Yes	Apr 8 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rens Curtis	FULL MAIDEN NAME	Stella Wheeler
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Mapleton Idaho
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Apr 8 1912 at 7 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician

(Physician or Midwife)

Address [redacted] Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/6 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

APR 2 MAR 22 1971

312-112-036-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Fairview

*No*_____, _____ *St.*

Hospital _____

Registration District No 18 **File No.** 5586

Primary Registration District No. 219 **Registered No.** 177

FULL NAME OF CHILD Hubert Avon Lake

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Apr 12 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Lyman Lake	FULL MAIDEN NAME: Lydia Lake
RESIDENCE	Fairview Idaho	Fairview Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	49 (Years)	26 (Years)
BIRTHPLACE	Hyrum Utah	Fairview Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Apr 12, at 2 20/a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed 5/6 1912 D C Ray

Registrar

Given names added from a supplemental report

_____, 19____

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

235 - 214-036-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad - RFD Preston Ida

Registration District No. 18

File No. 5587

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 178

Hospital ____

FULL NAME OF CHILD Jane Stephenson

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	— and —	—	Yes	Apr 14 (Month, Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harris Stephenson	FULL MAIDEN NAME	Sophronia Bennett
RESIDENCE	Malad Ida	RESIDENCE	Malad Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Adamsville Utah	BIRTHPLACE	Cove Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Apr 14 1912 at 12:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Hales

Physician

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed May 16 1912 D Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

255-220-036-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Mapleton Ida

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5588

Primary Registration District No. 2119 Registered No. 179

FULL NAME OF CHILD Cedra Bennett

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	and	2	Yes	Apr 20 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Bennett	FULL MAIDEN NAME	Estes Talbot
RESIDENCE	Mapleton Ida	RESIDENCE	Mapleton Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Layton Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Apr 20 1912 at 4.45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stutz

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/6 1912 D L Ray

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

813-221-036-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Fairview

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5589

Primary Registration District No. 2-119 Registered No. 180

FULL NAME OF CHILD Verna Hall

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Apr 21 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Hall	Harriet Bodily
RESIDENCE	Fairview Idaho	Fairview Ida
COLOR	White	white
AGE AT LAST BIRTHDAY	35 (Years)	26 (Years)
BIRTHPLACE	Fairview Ida	Fairview Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 09

Number of children, of this mother, now living, including present birth 03

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Apr 21-1912, at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Yates

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/6 1912 D C Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

K

FEB 16 1970

813-223-036-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Franklin

No ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 5590

Primary Registration District No 2119 Registered No. 181

FULL NAME OF CHILD Lettia Hatch

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	and	—	Yes	Apr 23 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Elmer D Hatch	Phoebe Preece
RESIDENCE	Franklin Ida	Franklin Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Franklin Ida	Cove Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Apr 23 1912, at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L W Slater

Physician
(Physician or Midwife)

Address Franklin Idaho

Filed 5/6 1912 D L Kay
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

296-225-036-749

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5591

Primary Registration District No. 2119 Registered No. 187

FULL NAME OF CHILD Edna RUTH Brower

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		1	Yes	Apr. 25, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Wm Brower	FULL MAIDEN NAME Effie Purnell
RESIDENCE	Pebble Idaho	Pebble Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	24 (Years)
BIRTHPLACE	Richmond Utah	Cove Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Apr 25 1912, at 1.90 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stokes

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19....

Filed 5/6 1912 D C Kay

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 26 1952

219-136-036-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Fairview

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5592

Primary Registration District No. 2119 Registered No. 183

FULL NAME OF CHILD Robert LaRAINE Baird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	April 26th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren Baird	Cora Helmandollar
RESIDENCE	Fairview Idaho	Fairview Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	32
BIRTHPLACE	Lyman Utah	Berksgarden Virginia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. April 26 1912, at 12 25 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G W Gates

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed May 6 1912 L Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5592

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Robert Lorraine	Robert LaRaine Baird
Date	unreadable	April 26, 1912

Subscribed and sworn to before me this 11
day of July 19 42
J. I. Wells McEntire
Notary Public, residing at Preston Idaho
My commission expires Jul 14 1943
(Seal)

Signed Mrs Warren Baird
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Rt 1. Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 14 1942

219-125-036-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 5593

Primary Registration District No. 219 Registered No. 184

FULL NAME OF CHILD Shelton Tolman Barlow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~Twin~~		yes	Jan 21 1912

FATHER		MOTHER	
FULL NAME	Nathan Barlow	FULL MAIDEN NAME	Dora Matilda Tolman
RESIDENCE	Preston Ida	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Woodruff Utah.
OCCUPATION	merchant & farmer	OCCUPATION	

Number of child of this mother, including present birth Ten.

Number of children, of this mother, now living, including present birth Ten.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah P Phillips

Midwife (Physician or Midwife)

Address Dayton Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 30 1912 G. C. Green Registrar

May 8-1912 D. C. Ray Asst Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

255-211-036-717

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Dayton

No ....., ... St.

Hospital .....

Registration District No 18 File No. 5594

Primary Registration District No. 219 Registered No. 185

FULL NAME OF CHILD Emma Greata Beebe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Mar 11 1912

FATHER		MOTHER	
FULL NAME	Edgar Albert Beebe	FULL MAIDEN NAME	Eliza Rebecca Page
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	⅔

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 20 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address Dayton Idaho

Filed Apr 30 19 12 G. E. Ramsey

Registrar

Mar 8-1912 D. C. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

FEB 25 1952

Form V. S. No. II-C-3

STATE OF IDAHO

Bureau of Vital Statistics

217-131-036-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

~~City of~~ Winder

No ____, ____ St.

Hospital ____

Registration District No. 18 — File No. 5595

Primary Registration District No. 219 — Registered No. 186

FULL NAME OF CHILD RICHARD H BAXTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Mar 31, 1912

FATHER		MOTHER	
FULL NAME	Alva P Baxter	FULL MAIDEN NAME	Olive Sleight
RESIDENCE	Winder	RESIDENCE	Winder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bear Lake, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P.M., on the date above stated.

(Signature) G O Gurney M D

(Physician or Midwife)

Address Preston, Ida

Filed Mar 1, 19 12 — May 8-1912 — D C Kay Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

CHILDS NAME ADDED PER 1912 SROB PER LO 6/27/16 LY

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

55-95

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Council
Street and House No.
County Adams

Registered Number 186

Registration District No. 18

Sex of Child Male

Date of Birth, March 21 (Month) (Day) 1917 (Year)

Full Name of Father Don C Baxter

Full Maiden Name of Mother Olive Sleight

I HEREBY CERTIFY that the child described herein has been named:

Richard H Baxter
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

A C Kay
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

419-224-036-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5596

Primary Registration District No. 2119 Registered No. 187

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Apr 24, 1912

FATHER		MOTHER	
FULL NAME	Burton Martin	FULL MAIDEN NAME	Bessie Casperson
RESIDENCE	Preston, Ida	RESIDENCE	Preston
COLOR	wh.	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Grantsville, Utah.	BIRTHPLACE	Logan, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 3 ..... Number of children, of this mother, now living, including present birth ..... 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Emery M.D.

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 30 1912 G. C. Emery Registrar

May 8 1912 D. Rayner Asst Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

249 - 107-036-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Arbon

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 5597

Primary Registration District No 2072 Registered No. 188

FULL NAME OF CHILD Robert Jackson Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	April 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. H. Smith	Mollie Watkins
RESIDENCE	Arbon, Idaho	Arbon Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	45
BIRTHPLACE	Nebraska	Missouri
OCCUPATION	Farmer	

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born April 7 1912 alive (Born alive or stillborn) at 8.10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Catharine L. Anderson

Trained Nurse

(Physician or Midwife)

Address Arbon Oneida Co. Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 6 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 1 0 1951

NOV 2 1951

238-203-036-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls

Registration District No. 18 File No. 5598

No. ____, ____ St.

Primary Registration District No. 207 Registered No. 189

Hospital ____

FULL NAME OF CHILD Melba May Schwartz

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth: 4 (Month) 3 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: John M. Schwartz	FULL MAIDEN NAME: Merle Hooker
RESIDENCE: American Falls	RESIDENCE: American Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Oregon
OCCUPATION: Barber	OCCUPATION: Housewife

[Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Wolf

(Physician or Midwife)

Address American Falls

Filed May 6 1912

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

819-103-036-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of American Falls

Registration District No. 18 File No. 5599

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2072 Registered No. 190

FULL NAME OF CHILD Raymond Laverne Hartwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	4 3 1912

FATHER

FULL NAME: Lisa Isaac Hartwell

RESIDENCE: American Falls

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Plasterer

MOTHER

FULL MAIDEN NAME: Ella Shirbur

RESIDENCE: American Falls

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housework

[Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Stoltz

Physician

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed May 6 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JAN 2 1957
JAN 3 1957

235-115-036-951

PLACE OF BIRTH

Form V. S. No. 22-C-Rev. 6-1-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls

Registration District No. 18 File No. 5600

No. ....., ... St.

Primary Registration District No. 2077 Registered No. 191

Hospital .....

FULL NAME OF CHILD Harold Leroy Stearman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 15 1912

FATHER		MOTHER	
FULL NAME	Walter Earl Stearman	FULL MAIDEN NAME	Myrtle Irene Read
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Mock

American

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed May 6 1912 A. D. Kay

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V No. 27B—5M-12-31

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

5607

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City American Falls
Street and House No. ----------
County Oneida

Registered Number 191

Registration District No. 18

Sex of Child Male

Date of Birth, Apr 15 (Month) (Day) 191 7 (Year)

Full Name of Father: Walter Earl Shearman

Full Maiden Name of Mother: Myrtle Leone Read

I HEREBY CERTIFY that the child described herein has been named:

Herald Leroy Shearman
(Given name in full) (Surname)

as reported by father
(Father or Mother)

D C Ray
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JAN 8 1974

993-104-036-799

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 18 File No. 5601

Primary Registration District No. 2069 Registered No. 192

FULL NAME OF CHILD Melvin G. Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Apr 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walace H. Richardson	Martha Grigg
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Allen

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 4/8 1912 W. A. Ray

Registrar

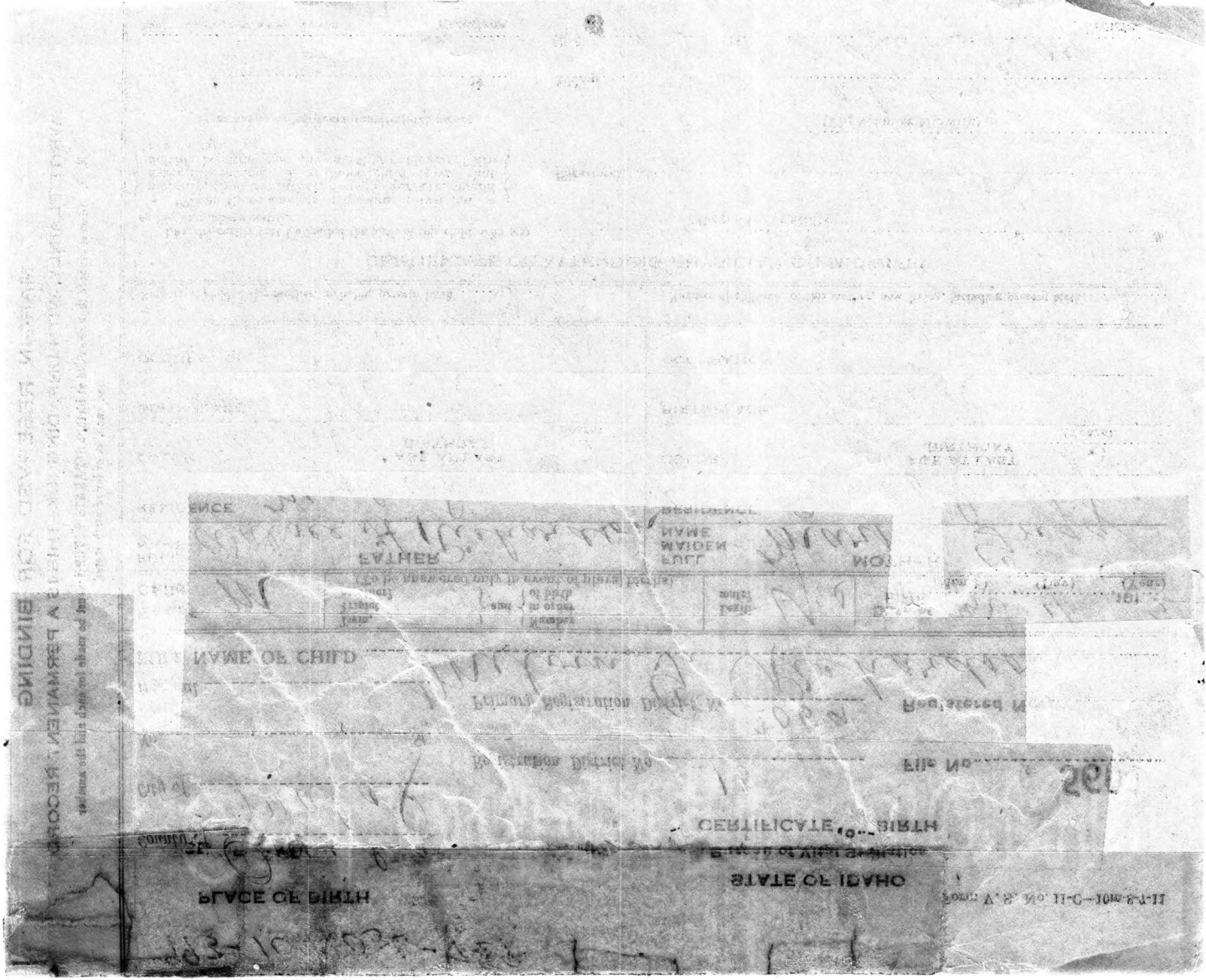
SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


STATE OF IDAHO
CERTIFICATE OF BIRTH
PLACE OF BIRTH
NAME OF CHILD
FATHER
MAIDEN
NAME

386-206-036-286

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Registration District No 18 File N° 5602

Primary Registration District No 2069 Registered No. 193

Hospital ____

FULL NAME OF CHILD Vaudus Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	April 6, 1912

FATHER		MOTHER	
FULL NAME	Lawrence L Thompson	FULL MAIDEN NAME	Sarah Brywater
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Wright M.D.

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

K ____, 19____

Registrar

Filed Apr 17 1912 N L Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 26 1963

234-122-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5603

Primary Registration District No. 2069 Registered No. 194

FULL NAME OF CHILD Thomas Stuart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Apr 12 1912

FATHER		MOTHER	
FULL NAME	Thomas Stuart	FULL MAIDEN NAME	Annie Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Aldon

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 8 1912 D. C. Kay
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 2 0 1974

415 - 225-036-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 5604

Primary Registration District No 2069 Registered No 195

FULL NAME OF CHILD Sarah Dorotha Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apr 25, 1912

FATHER		MOTHER	
FULL NAME	John M Davis	FULL MAIDEN NAME	Mary O Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed May 8 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-41

693-128-036-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5605

Primary Registration District No. 2069 Registered No. 196

FULL NAME OF CHILD Darl Clifton Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	and Number in order of birth	Yes	Apr 28, 1912

FATHER		MOTHER	
FULL NAME	Lorenzo J Williams	FULL MAIDEN NAME	Ada Clark
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Plummer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alston

Physician (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 5/8 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. H-C-10m-5-31

165-209-036-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5606

Primary Registration District No. 2069 Registered No. 197

FULL NAME OF CHILD ✓ R Vera Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 – 9 – 1912

FATHER		MOTHER	
FULL NAME	Evan W Jones	FULL MAIDEN NAME	Mary Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4-19-1912 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 1 7 1967

386-130-036-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 5607

Primary Registration District No. 2069 Registered No. 198

FULL NAME OF CHILD Lavell Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Morris Thomas	Nellie Deschamps
RESIDENCE	Malad R F D	Same
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	Idaho	Idaho
OCCUPATION	rancher	same

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P.M. on the date above stated.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Filed 4-30 1912 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

795-114-036-114

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5608

Registration District No. 18 File No. ____

Primary Registration District No. 2069 Registered No. 1991

FULL NAME OF CHILD Delmar Pierce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	[illegible] 14 1912

FATHER		MOTHER	
FULL NAME	Thomas Pierce	FULL MAIDEN NAME	Nellie James
RESIDENCE	Malad R F D	RESIDENCE	Malad R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Malad City Idaho	BIRTHPLACE	Malad City Idaho
OCCUPATION	rancher	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 29 1912 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 20 1962

155-127-004-553

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Pegram Registration District No. 24 File No. 5609

No. ____, ____ St. Primary Registration District No. 2100 Registered No. 83

Hospital ____

FULL NAME OF CHILD Raymond Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Jan. 27th, 191[illegible]

	FATHER	MOTHER
FULL NAME	Hans P. Jensen	FULL MAIDEN NAME Anna Nelson
RESIDENCE	Pegram.	RESIDENCE Pegram
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	38.	30.
BIRTHPLACE	Denmark.	BIRTHPLACE Denmark
OCCUPATION	R.R. Section Boss.	OCCUPATION Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Stevenson M.D.

Physician

(Physician or Midwife)

Address Montpelier

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr. 30 19 13 J. M. Hayward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

215-004-231

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5610

Primary Registration District No. 2098 Registered No. 85

FULL NAME OF CHILD Not Named La Vern Stevenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~~One~~	~~4~~	Yes	April 15, 1912

	FATHER	MOTHER
FULL NAME	Lyman S. Stevens	FULL MAIDEN NAME Mary Slaughter
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	30 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE Rockville Ut.
OCCUPATION	~~Farmer~~ Supt. of Schools	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr. 18 1912 J. M. Hayward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

childs name added per 1912 srob per lo 6/27/16 ly

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

5610

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Montpelier / Street and House No. / County Bear Lake Co.

Registered Number 85

Registration District No. 24

Sex of Child Female

Date of Birth, April (Month) 13 (Day) 1912 (Year)

Full Name of Father Hyrum Stevens

Full Maiden Name of Mother Mary Slaughter

I HEREBY CERTIFY that the child described herein has been named:

La Vern Stevenson
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. H. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

231-208-004-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No 5611

Primary Registration District No 2098 Registered No 84

FULL NAME OF CHILD ~~MAE~~ Galdie Blazer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	3	Yes	April 8, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Blazer	FULL MAIDEN NAME	Emma Jaussel
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr O Payne

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 16 19 12 J W Stevenson Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 23 1971

553-117-004-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 5612

Primary Registration District No. 2098 Registered No. 87

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	2	yes	April 17, 1912

FATHER		MOTHER	
FULL NAME	Irving Byron Nelson	FULL MAIDEN NAME	Espey Tremelling
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pegram. Ida	BIRTHPLACE	St Charles. Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos Pegram

(Physician or Midwife)

Address Montpelier Idaho

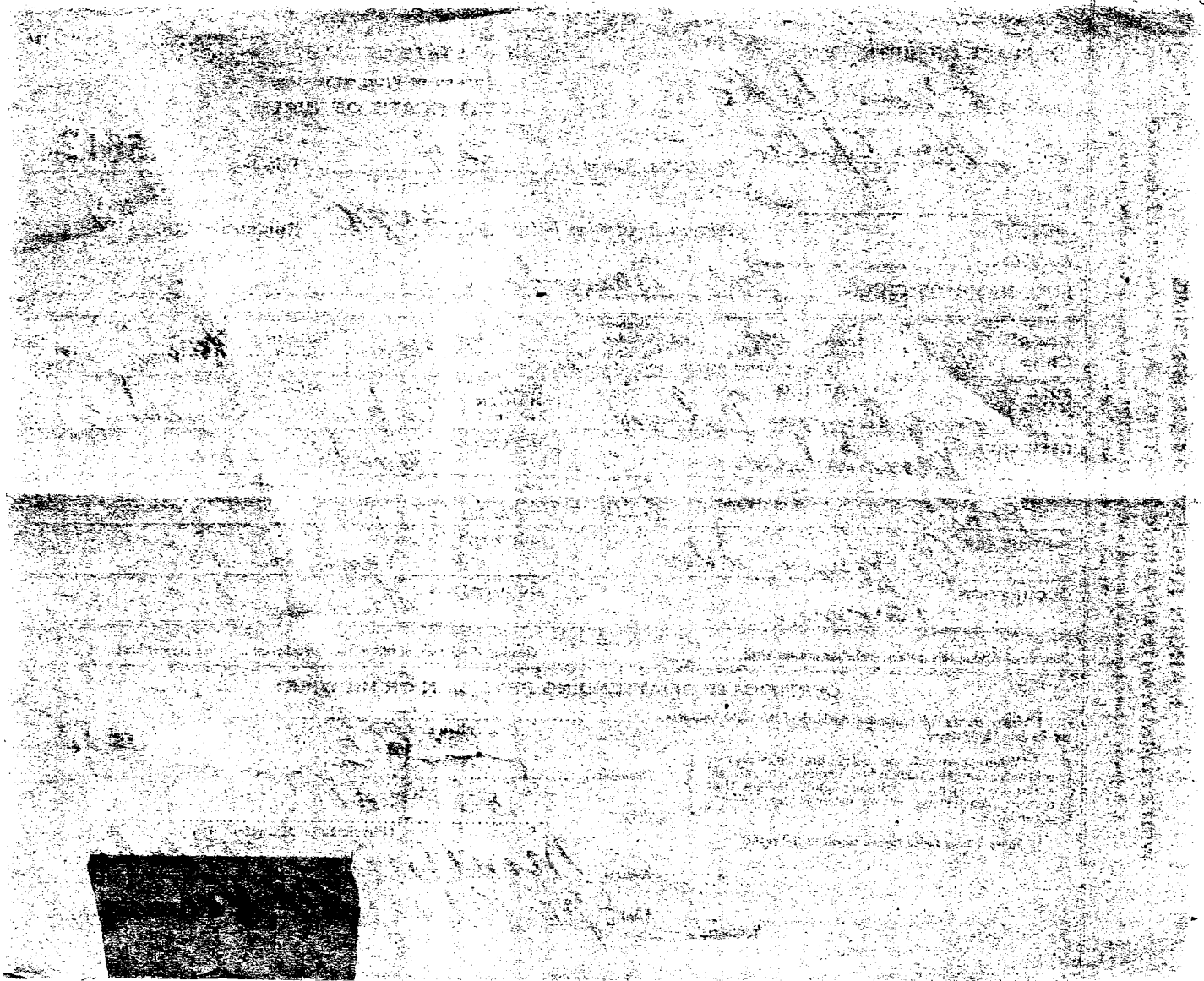
Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan. 19 1912 Jill Hayward Registrar

S-Y CO., 16670



254-117-004-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5613

Primary Registration District No. 2098 Registered No. 86

FULL NAME OF CHILD Not Named George

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~~Twin~~	2	Yes	April 17, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Knutti	FULL MAIDEN NAME	Rose Grosjean
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Knutti

M. D.

(Physician or Midwife)

Address Montpelier Ida

Filed Apr 19 1912 J. W. Hammond

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & SORS. 17326

MAR 3 1972

893-126-004-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier * Registration District No. 24. File No. 5614

No. ____, ____ St. Primary Registration District No. 2018. Registered No. 90

Hospital

FULL NAME OF CHILD Abraham Hood Hill

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Otherwise	5	Yes	April 26, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abraham M Hill	Catharine Harmon
RESIDENCE	Pegram. Idaho	Pegram. Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 44	White / 40
BIRTHPLACE	Bear Lake City	Bear Lake City
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Montpelier Ida.

Given names added from a supplemental report

....., 19.....

Filed May 2 1912 J. W. Hayward

Registrar

.....

Registrar

S-Y CO., 16670

285-224-004-393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 5615

Primary Registration District No. 2098 Registered No. 89

FULL NAME OF CHILD Eulalia Inez Sherrod

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female		11	Yes	April 24th 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Sherrod	Emma Tice
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY	53 (Years)	38 (Years)
BIRTHPLACE	Alabama	Alabama
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Payne M D

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 30 1913 J M Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARRIN RESERVE FOR BINDING

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

FULL NAME OF CHILD

Sex of Child

Color or Race

Number of child of this mother (including present birth)

FATHER

MOTHER

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

695-103-004-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5616

Registration District No. 24 File No. ____

Primary Registration District No. 2096 Registered No. 82

FULL NAME OF CHILD Junius Eugene Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 3d 1912

FATHER	MOTHER
FULL NAME: Junius Oscar Freeman	FULL MAIDEN NAME: Myrtle Ellen Sorenson
RESIDENCE: Georgetown Idaho	RESIDENCE: Georgetown Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Pleasant Grove, Utah	BIRTHPLACE: Brigham City, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth... 2d

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 10 1912 J W Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

SEP 4

229-222-004-468

PLACE OF BIRTH

County of Bear Lake

City of Nounan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24 File No. 5617

Primary Registration District No. 2095 Registered No. 88

FULL NAME OF CHILD Not Named Goldie Orilly Skinner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Other	7	Yes	April 20, 1912

FATHER	MOTHER
FULL NAME Nephi B Skinner	FULL MAIDEN NAME Etta May Morgan
RESIDENCE Nounan Idaho	RESIDENCE Nounan
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Nounan	BIRTHPLACE Ruthmark, Ga.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 29 1912 J M Hayward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1969

219-202-004-279

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bern

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5618

Primary Registration District No. 2094 Registered No. 79

FULL NAME OF CHILD Belva Elizabeth Barfuss

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			yes	April 2, 1912

FATHER		MOTHER	
FULL NAME	Fred Barfuss	FULL MAIDEN NAME	Rose Spring
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 8, 1912 J. W. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 4 1963

JUL 2 2 1970

275-130-004-869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5619

Primary Registration District No. 2092 Registered No. 96

FULL NAME OF CHILD Joseph Leo Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		7	Yes	Apr. 30 1912

FATHER	MOTHER
FULL NAME: Geo. B. Spencer Jr.	FULL MAIDEN NAME: Adelena Horsley
RESIDENCE: Paris Idaho.	RESIDENCE: Paris Ida.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho.
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4, P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M. D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 5 1912 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No.

797-120-004-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No ____, ____ St.

Registration District No 24 File No. 5620

Hospital ____

Primary Registration District No. 2041 Registered No. 95

FULL NAME OF CHILD William Madsen Piggott

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	other (To be answered only in event of plural births)	1	Yes	Apr. 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm C. Piggott	Hazel Madsen
RESIDENCE	Bloomington	Bloomington
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Idaho	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) on the date above stated, at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jill Hayward M.D.

(Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19....

Filed Apr 25 1912 Jill Hayward

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

MAKE NO RESERVATIONS FOR BIRTHING
WHEN A CERTIFIED NURSE-MIDWIFE
IS AVAILABLE

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

FULL NAME OF CHILD

MOTHER

FATHER

AGE AT BIRTHDAY

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

113-105-004-269

Amended 2-13-62

(Be sure the information is complete and accurate)

State File No. 5621
Local Reg. No. 91
Reg. Dist. No. 24

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Bear Lake Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomington
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Earl
b. (Middle): Oliver
c. (Last): Jacobson

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Apr. (Day) 5, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Earl
b. (Middle): Lavon
c. (Last): Jacobson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Rosetta
c. (Last): Sorensen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: L.T.A. Hootendorf

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Bloomington, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Apr. 15, 1912

20. REGISTRAR'S SIGNATURE: J. W. Hayward

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

...in the district where the birth occurred within 10 days after and to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____, ____ St.

Hospital Bear Lake Hosp.

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5621

Primary Registration District No. 2091 Registered No. 91

FULL NAME OF CHILD EARL OLIVER Jacobson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Apr. 5, 1912

FATHER		MOTHER	
FULL NAME	Earl Lavon Jacobson	FULL MAIDEN NAME	Mary Rosetta Sorenson
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. A. Hottendorf

obstetrician (Physician or Midwife)

Address Bloomington Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 15 1912 J. W. Hayward Registrar

SYMS - YORK ... & SONS. 17326

CHILDS NAME ADDED PER 1912 SROB PER LO 6/27/16 LY

L.D.S. Church Certificate of Record of Membership, blessed May 5, 1912/at born Bloomington, Idaho on April 5, 1912 to Earl LaVon Jacobson and Mary Rosetta Sorenson - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

other documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 5621

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jacobson (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1912 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Earl Oliver Jacobson
Mother's Maiden Name	Sorenson	Mary Rosetta Sorensen

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Toole } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Sept, 1961

K. M. Ebnit
NOTARY PUBLIC for the State of Montana
Residing at Conrad, Montana
My Commission Expires January 28, 1964
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed Joseph F. McCracken
(Signature of Any Credible Person)

Conrad Clerk L.D.S. Church
(Street Address, City, State)

FORM DH 60-155

CL 8-2-61. one copy pd. receipt #19256.

Social Security Card, 3-16-37; #473-09-1912gives full name as Earl Oliver Jacobson - viewed by V.S.

State of Idaho, County of Bear Lake, cert. copy of Marriage License and Certificate, married June 5, 1911 at Paris, Idaho gives full name of groom as Earl Lavon Jacobson and full name of bride as Mary Rosetta Sorensen - viewed by V.S. copy issued Dec. 1, 1961 -

Presiding Bishop's Office, Salt Lake City 1, Utah, statement from Membership Record Dept. states"Ovid ward records show the following: Mary Rosetta Sorensen, dtr. of Niels P. Sorensen and Mary Elizabeth Thornick, born Jan. 21, 1895 at Ovid, Bear Lake Co., Idaho, blessed Mar. 7, 1895 by Nels Johnson. No record of baptism." - statement written Dec. 18, 1961 - viewed by V.S.

Form V. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5621

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bloomington
Street and House No.
County B L

Registered Number 91
Registration District No. 24

Sex of Child Male

Date of Birth, April (Month) 5 (Day) 1912 (Year)

Full Name — Father: Earl L. Jacobson

Full Maiden Name — Mother: Mary A. Solomon

I HEREBY CERTIFY that the child described herein has been named:

Earl Alvin Jacobson
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. E. Hazelwood
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

FEB 13 1962

195-105-004-785

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

*No*_____, _____ *St.*

Hospital _____

Registration District No. 24 **File No.** 5622

Primary Registration District No. 2090 **Registered No.** 93

FULL NAME OF CHILD Elden Gheen

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	2	Yes	April 5 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm H. Powell	Amanda Gheen
RESIDENCE	St. Charles	St. Charles
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	42	40
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 3.35 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

J. M. S., 19____

(Signature) J. W. Hayward M.D.

(Physician or Midwife)

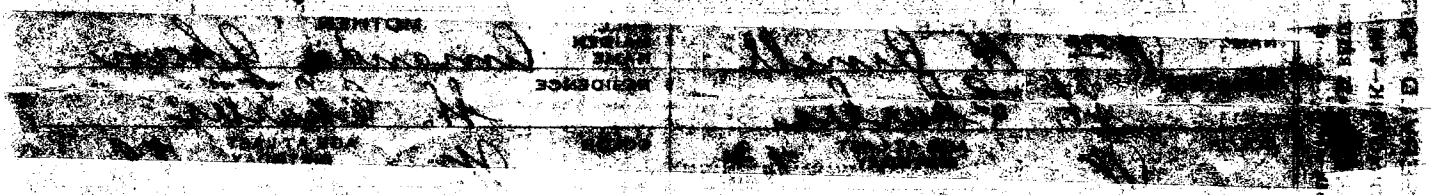
Address Paris Idaho

Filed April 10 1912 J. W. Hayward

_____ *Registrar*

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326



195-105-004-785

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 5623

Primary Registration District No. 2090 Registered No. 93

FULL NAME OF CHILD Elwood Arnell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	X (To be answered only in event of plural births)	1	Yes	Apr. 5 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Wm H Arnell	FULL MAIDEN NAME Amanda Green
RESIDENCE	St Charles	RESIDENCE St Charles
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	42 (Years)	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Haywood M.D.
(Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19....

Filed Apr 10 1912 J. M. Haywood
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

258-218-004-613

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5624

County of Bear Lake

City of Fish Haven

Registration District No. 24 File No.

No. ..... St.

Primary Registration District No. 2090 Registered No. 9

Hospital .....

FULL NAME OF CHILD Virginia T Beyer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	other (To be answered only in event of plural births)	1	Yes	Apr. 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Beyer	Lena Watson
RESIDENCE	Fish Haven	Fish Haven
COLOR	W.	W.
AGE AT LAST BIRTHDAY	20 (Years)	18 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 25 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3 [redacted] 4-019-812

BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 14 File No. 5625

No. ____, ____ St.

Primary Registration District No. 2061 Registered No. 3[redacted]

Hospital ____

FULL NAME OF CHILD Paul Hanford Tunnicliff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April, 1912

FATHER		MOTHER	
FULL NAME	Earl K. Tunnicliff	FULL MAIDEN NAME	Naomi Hanford.
RESIDENCE	Clayton	RESIDENCE	Clayton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Ida.
OCCUPATION	Book Keeper.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley

M. D.

(Physician or Midwife)

Address Challis Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 4/15th 1912 C. L. Kirtley Registrar

S-Y CO., 16670

299- [redacted] 03-286

PLA[redacted]H

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Soda Springs

No. ____ St.

Hospital ____

Registration District No. 11 File No. 5626

Primary Registration District No. 2048 Registered No. 167

FULL NAME OF CHILD Maria Bivon

Sex of Child	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	April 30, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Bivon	FULL MAIDEN NAME	Mona Shower
RESIDENCE	Soda Springs, Idaho	RESIDENCE	Soda Springs, Id
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Denmark	BIRTHPLACE	Swayland
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kearley, Physician (Physician or midwife)

Address Soda Springs, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kearley
Registrar

Filed April 30, 1912 Ellis Kearley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of ---- 1912-239197

793-123-003-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

Hospital .....

Registration District No. 11 **File No.** 5627

Primary Registration District No. 2048 **Registered No.** 126

FULL NAME OF CHILD Ellis Gillette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	April 23 1912

FATHER

FULL NAME Samuel Gillette

RESIDENCE Alexander, Idaho

COLOR W AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Francis Correa

RESIDENCE Alexander, Idaho

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kearney

Lucile Young, MD

(Physician or ~~midwife~~)

Type

Address .....

Given names added from a supplemental report

..... 19.....

Ellis Kearney
Registrar

Filed April 29, 1912

Ellis Kearney
Registrar

5-Y CO. 20174

MAR 30 1942

915-217-003-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Cleveland

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5628

Primary Registration District No. 2048 Registered No. 114

FULL NAME OF CHILD Nell Inore Ransom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	March 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Austin Ransom	Agnes Inay Inore
RESIDENCE	Cleveland	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	17 (Years)
BIRTHPLACE	Cleveland	Liverpool England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kanely Registrar

Filed April 6, 1912 Ellis Kanely Registrar

STMS - YORK CO., PTRS. & BDRS. 17326

MAR 28 1972

859-128-003-817

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

Registration District No. 11 File No. 5629

No. ....., ... St.

Primary Registration District No. 2048 Registered No. 113

Hospital .....

FULL NAME OF CHILD Clarence Wallace Herd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	March 28, 1912

FATHER		MOTHER	
FULL NAME	Clarence Herd	FULL MAIDEN NAME	Myrtle Hagenson
RESIDENCE	Perry, Idaho	RESIDENCE	Perry, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Bear River City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 3 ..... Number of children, of this mother, now living, including present birth ..... 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgren

Midwife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19.....

Ellis Keady Registrar

Filed April 16, 19 12 Ellis Keady Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

791-128-003-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

Registration District No. 16 File No. 5630

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 112

Hospital ____

FULL NAME OF CHILD Wallace Glenn Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Boy			Yes	March 28 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Clark Gray	FULL MAIDEN NAME	Lila Inez Campbell
RESIDENCE	Perry, Idaho	RESIDENCE	Perry, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Weston Utah	BIRTHPLACE	Montpelier, Bear Lake Ida
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

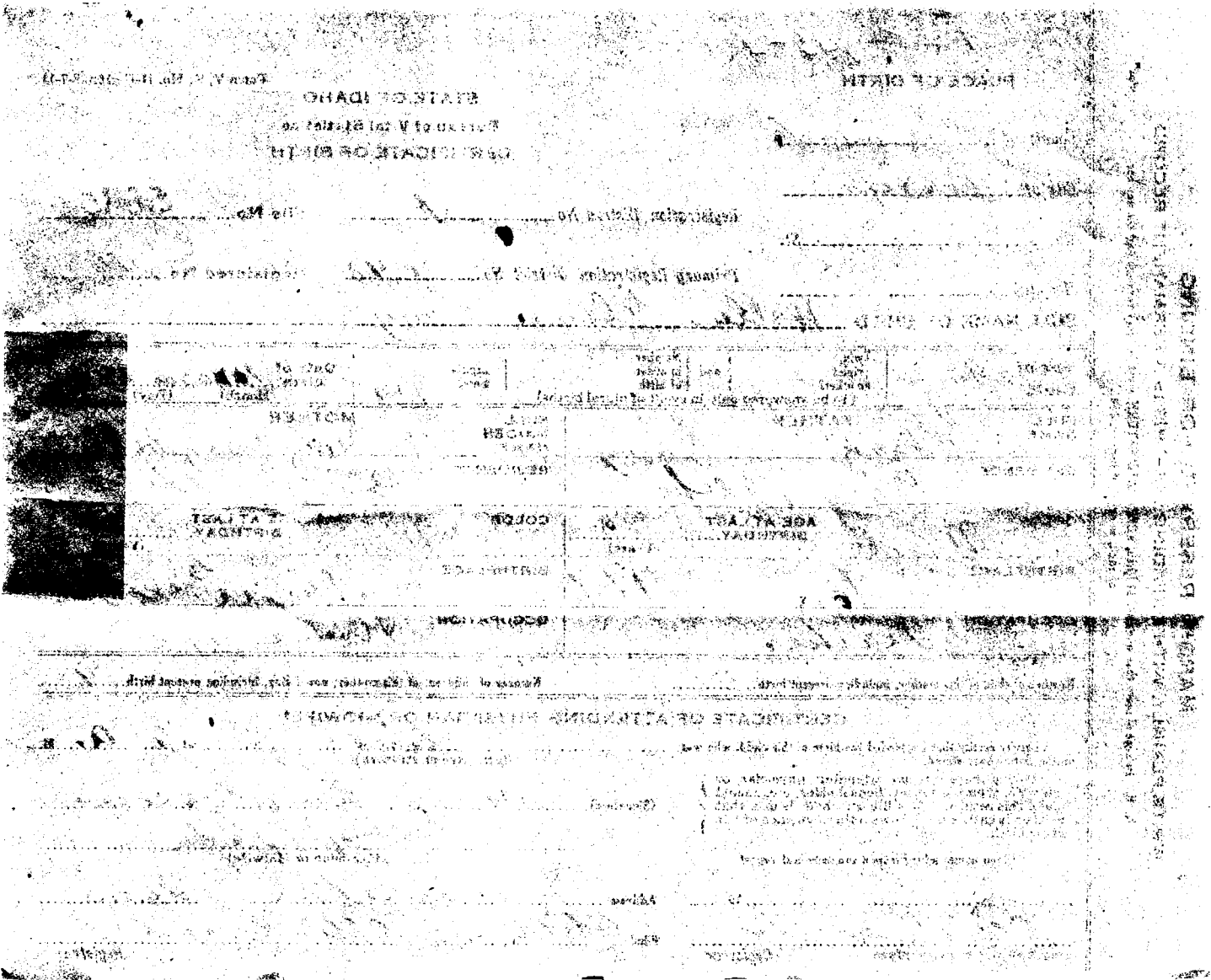
Address Treasureton Idaho

Filed April 6, 1912

Ellis Kaney
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Ellis Kaney
Registrar



867-114-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Thatcher P. O. Registration District No. 11 File No. 5631

No. ....., ... St.

Primary Registration District No. 2048 Registered No. 132

Hospital .....

FULL NAME OF CHILD Walter Hogan

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes.	April 14, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira Hogan	FULL MAIDEN NAME	Harriet Williams
RESIDENCE	Thatcher - Idaho	RESIDENCE	Thatcher Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	28.
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

(Physician ~~or Midwife~~)

Address Grace Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaney

Registrar

S-Y CO., 16670

Filed April 19 12 Ellis Kaney

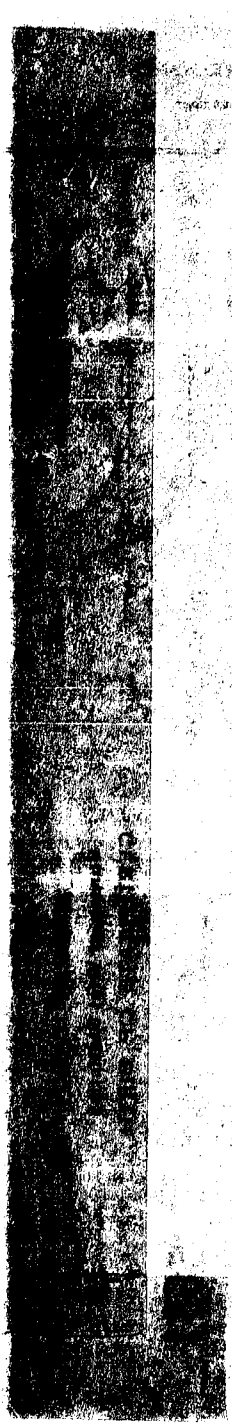
Registrar

May 10

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



613-229-005-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Grace

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11 File No. 5632

Primary Registration District No. 2048 Registered No. 128

FULL NAME OF CHILD ~~Lawrence~~ MERVIL LaVERNE Walton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 29, 1917

FATHER		MOTHER	
FULL NAME	Darwin Walton	FULL MAIDEN NAME	Foley Laverne Montague
RESIDENCE	Grace - Idaho	RESIDENCE	Grace - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Common Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard

Physician

(Physician or Midwife)

Address Grace, Idaho.

Given names added from a supplemental report

____, 19____

Ellis Cauley

Registrar

Filed April 10, 1917 Ellis Cauley

Registrar

S-Y CO., 16670

May

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of SAN MATEO }

Certificate No. 5632

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for LaVerne Walton (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Apr. 29, 1912 (DATE OF EVENT)
in GRACE, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Cert. of Blessing (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 29, 1912, Church of Jesus Christ Latter-day Saints (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	LaVerne	Mervil LaVerne Walton

Subscribed and sworn to before me this 26th day of February, 19 43.

Esther Montagne Grandmother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at SO. SAN FRANCISCO Calif

My commission expires Apr. 5, 1944 (SEAL)

820 Vera ave Redwood City Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 19 43.

Signed Mrs. Gladys E. del Corral

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at SO. SAN FRANCISCO, Calif.

1325 Ninth Avenue SAN FRANCISCO California.

(STREET ADDRESS, CITY, STATE)

My commission expires Apr. 5, 1944 (SEAL)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 3 1943

JUN 2

319-215-003-154

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ____, ____ *St.*

Hospital ____

Registration District No. 11 **File No.** 5633

Primary Registration District No. 2048 **Registered No.** 149

FULL NAME OF CHILD ANNA GENERVA Larson ~~Larsen~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gustaf Larson ~~Larsen~~	Hannah Andreason ~~Andreasen~~
RESIDENCE	Grace Idaho	Grace Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Sweden	Idaho
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Hubbard

Physician

(Physician or Midwife)

Address Grace - Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaseley

Registrar

S-Y CO., 16670

Filed May 14 1912 Ellis Kaseley

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Lincoln. }

Certificate No. 5633

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Anna Generva Larson (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1912, (Date of Event) in Grace, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affidavit/father of (Bible Record, Insurance Policy, Etc.) prepared on said child, appearing below (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Andrew Gustaf Larsen	Anna Generva Larson
birthdate	April 15, 1912	April 8, 1912
name of father	Gustaf Larsen	Gustaf Larson
mother's name	Hannah Andreasen	Hannah Andreason

Subscribed and sworn to before me this 21st. day of February, 1942.

Ross B. Haddock

Notary Public, residing at Shoshone, Idaho.

My commission expires March 26, 1945. (Seal)

Signed Gustaf Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dietrich, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Lincoln. }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. The undersigned is the mother of said Anna Generva Larson.

Subscribed and sworn to before me this 21st. day of February, 1942.

Ross B. Haddock

Notary Public, residing at Shoshone, Idaho.

My commission expires March 26, 1945. (Seal)

Signed Hannah Andreason Larson
(Signature of Any Credible Person Other Than Previous Year)

Dietrich, Idaho.
(Street Address, City, State)

249-125-003-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED FEB. 3, 1948

County of Bannock
City of Grace
No. ____ St.
Hospital ____

Registration District No. 11
Primary Registration District No. 2048
File No. 5634
Registered No. 130

FULL NAME OF CHILD Norman Calvin Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 25 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Joseph Llewellyn Smith	FULL MAIDEN NAME: Olie Hamp
RESIDENCE: Grace, Ida.	RESIDENCE: Grace, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 24	AGE AT LAST BIRTHDAY (Years): 18
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farm Laborer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

Physician (Physician or midwife)

Address Grace, Idaho

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed May 10 192x12 Ellis Kackley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ....., ... St.

Registration District No. 11 File No. 5634

Primary Registration District No. 2048 Registered No. 130

Hospital .....

FULL NAME OF CHILD George Hamp Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes.	April 24, 1912

FATHER		MOTHER	
FULL NAME	Llewellin L. Smith	FULL MAIDEN NAME	Olive Hamp.
RESIDENCE	Grace - Idaho	RESIDENCE	Grace - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24	COLOR	White.	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farm Laborer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hubbard

Physician

(Physician or Midwife)

Address Grace - Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Causey
Registrar

Filed October 14 1912

Ellis Causey
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5634

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George Hamp Smith	Norman Calvin Smith
Birthdate	April 24, 1912	April 25, 1912
Father's Name	Llewellin L. Smith	Joseph Llewellyn Smith
Mother's Name	Olive Hamp	Olie Hamp Smith

Subscribed and sworn to before me this 31 day of Jan 19 48

Notary Public, residing at Logan, Utah
My commission expires May 6 - 1950
(Seal)

Signed Joseph Llewellyn Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 st day of Jan., 19 48

Notary Public, residing at Logan Ut
My commission expires May 6 - 1950
(Seal)

Signed Elizabeth Hamp
(Signature of Any Credible Person)

445 N. 1st E
Logan Ut
(Street Address, City, State)

122 - 105-003-968

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 5635

Primary Registration District No. 2048 Registered No. 131

FULL NAME OF CHILD Andrew R. Vanden Akker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	April 5, 1912

FATHER	MOTHER
FULL NAME Johan Vanden Akker	FULL MAIDEN NAME Caroline Doghaar
RESIDENCE Grace - Idaho	RESIDENCE Grace - Idaho
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Holland	BIRTHPLACE Holland
OCCUPATION Farmer.	OCCUPATION Housekeeper.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno H Hubbard

Physician

(Physician or Midwife)

Address Grace Idaho

Given names added from a supplemental report

..... 19.....

Ellis Carey Registrar

Filed May 19 1912 Ellis Carley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

433-101-003-314

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Soda Springs.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5636

Primary Registration District No. 2048 Registered No. 134

FULL NAME OF CHILD David McLeon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	May 1, 1912

FATHER		MOTHER	
FULL NAME	David McLeon	FULL MAIDEN NAME	Mary Lambert
RESIDENCE	Soda Spgs. Idho	RESIDENCE	Soda Springs. Idho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk in Gen. Store	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Rackley

Physician (Physician or midwife)

Address Soda Spgs. Idho

Given names added from a supplemental report

..... 19.....

Ellis Rackley Registrar

Filed May 1, 1912 Ellis Rackley Registrar

8-Y CO. 20174

Form V...

...TATE OF IDAHO
...OF VITAL STATISTICS

...RTIFICATE OF BIRTH

369-209-003-684

PLACE OF BIRTH Amended Jan. 18, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

Registration District No. 11 File No. 5637

Primary Registration District No. 2048 Registered No. 133

FULL NAME OF CHILD GURNELL CORBETT
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.		5	yes	Apr. 9 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank L. Corbett	FULL MAIDEN NAME	Annie E. Wyman
RESIDENCE	Turner	RESIDENCE	Turner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith
(Physician or midwife)

Address Bancroft, Idaho

Give names added from a supplemental report.

....., 192....

Ellis Kackley
Registrar.

Filed May 10 1912 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 563

Primary Registration District No. 2048 Registered No. 133

FULL NAME OF CHILD Erma Corbett

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	1	Yes	Apr 9, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank L. Corbett	Annie C. Nyman
RESIDENCE	Turner	Turner
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

(Signature) Dr. R. J. Smith

(Physician or Midwife)

Address Bancroft, Ida.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaney Registrar

Filed May 10, 1912 Ellis Kaney Registrar

S-Y CO., 16670

JAN 18 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Cache }

Certificate No. 5637

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Erma Corbett (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1912 (Date of Event)
in Turner, Bannock County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Dec. 1, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Erma Corbett	Gurnell Corbett

Subscribed and sworn to before me this 16th day of January, 1951

Notary Public, residing at Smithfield, Utah
My commission expires February 19, 1954
(Seal)

Signed Connie C Corbett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

200 N Main, Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 1951

Notary Public, residing at Smithfield, Utah
My commission expires February 19, 1954
(Seal)

Signed Mrs Wanda C. Buttars
(Signature of Any Credible Person)

210 South 4th East
(Street Address, City, State)
Logan, Ut.

212-207-003-364

Lake

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

Lago City of Idaho

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5638

Primary Registration District No. 19 2048 Registered No. 138

FULL NAME OF CHILD Vanever Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
girl			yes	(Month) April (Day) 7 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	frank w Baker	mary E Combs
RESIDENCE	Thacker	Thacker
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	farmer

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

S-Y CO., 16670

(Signature) Mary A Turner Midwife

(~~Physician or~~ Midwife)

Address Lago Idaho

Filed May 10, 1912 Ellis Kaney Registrar

APR 2 4 1975

168-220-003-912

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Turner

Registration District No. 11 File No. 5639

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 135

Hospital ____

FULL NAME OF CHILD Marie Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 20, 1912

FATHER	MOTHER
FULL NAME: Earnest Gotfred Johnson	FULL MAIDEN NAME: Grace Hazel Rash
RESIDENCE: Turner do	RESIDENCE: Turner, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 32	AGE AT LAST BIRTHDAY (Years): 26
BIRTHPLACE: Sweeden	BIRTHPLACE: Ogden Utah
OCCUPATION: farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife (Physician or Midwife)

Address Turner Bannock Co Idaho

Given names added from a supplemental report

..... 19....

Ellis Kaney Registrar

Filed May 10 1912 Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 8 1970

669-116-003-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Mark

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5640

Primary Registration District No. 2047 Registered No. 125

FULL NAME OF CHILD James Forest

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	June 16, 1912

FATHER		MOTHER	
FULL NAME	James M. Forest	FULL MAIDEN NAME	Malinda Bair
RESIDENCE	Mark	RESIDENCE	Mark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 N. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Mark, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kasley Registrar

Filed April 29 19 12 Ellis Kasley Registrar

S-Y CO. 20174

238-119-003-987

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ..... St.

Hospital .....

Registration District No. 11 File No. 5641

Primary Registration District No. 2047 Registered No. 124

FULL NAME OF CHILD Frank Albert Schimier

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Schimier	Ella Riggs
RESIDENCE	Hawkins, Idaho	Hawkins, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Hawkins Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kearsley Registrar

Filed April 9, 1912 Ellis Kearsley Registrar

S-Y CO. 20174

[redacted]

571-118-003-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Marsh

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5642

Primary Registration District No. 2047 Registered No. 123

FULL NAME OF CHILD William Egon

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	–	–	Yes	June 18 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Egon	FULL MAIDEN NAME	Melissa Gentis
RESIDENCE	Marsh, Idaho	RESIDENCE	Marsh, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Virginia	BIRTHPLACE	N. C.
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma B. Jensen

Midwife (Physician or midwife)

Address Marsh Idaho

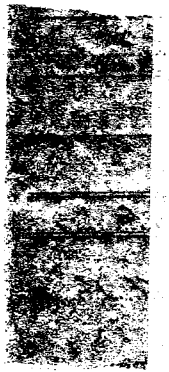
Given names added from a supplemental report

..... 19.....

Ellis Kaseley Registrar

Filed April 29 1912 Ellis Kaseley Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-331-003-695

PLACE OF BIRTH

County of Bannock

City of Monk

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5643

Primary Registration District No. 2047 Registered No. 122

FULL NAME OF CHILD. Jane Bell Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Feb 21, 1912

FATHER

FULL NAME: Joseph Jensen

RESIDENCE: Monk, Idaho

COLOR: W AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Ada Freeman

RESIDENCE: Monk, Idaho

COLOR: W AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Rancher's Wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma B. Jensen

Midwife (Physician or midwife)

Address Monk, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kearsley
Registrar

Filed April 9, 1912 Ellis Kearsley
Registrar

S-Y CO. 20174

DUP OF 1912 D 72-491

284-210-003-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Mink

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 5644

Primary Registration District No. 2047 Registered No. 121

FULL NAME OF CHILD Dcie Shumway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	March 10, 1912

FATHER

FULL NAME James Shumway

RESIDENCE Mink, Idaho

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Dcie Latham

RESIDENCE Mink, Idaho

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma B. Jensen

Midwife (Physician or midwife)

Address Mink, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

Filed April 9, 1912 Ellis Kaercy Registrar

8-Y CO. 20174

239-201-003-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon Idaho *Registration District No.* 11 **File No.** 5645

No. ..... *St.* *Primary Registration District No.* 2047 **Registered No.** 118

Hospital .....

FULL NAME OF CHILD Bessie Stirland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 1st 1912

FATHER	MOTHER
FULL NAME Jack Stirland	**FULL MAIDEN NAME** Bessie Burton
RESIDENCE Robin Idaho	**RESIDENCE** Robin Idaho
COLOR White	**AGE AT LAST BIRTHDAY** 24 (Years)
BIRTHPLACE Providence Utah	**COLOR** White
OCCUPATION Farmer	**AGE AT LAST BIRTHDAY** 21 (Years)
	BIRTHPLACE Kaysville Utah
	OCCUPATION House wife

Number of child of this mother, including present birth one **Number of children of this mother now living, including present birth** one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.30 pm M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G A Cooper
Physisian & Surgeon
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mc Cammon Idaho

Filed April 28 1912

Alis Kaseley
Registrar

Alis Kaseley
Registrar

S-Y CO. 20174

DUP OF 12-187670

>66-128-003-123

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannobk

City of Mc Cammon Idaho Registration District No. 11 File No. 5646

No. ____ St. Primary Registration District No. 2047 Registered No. 119

Hospital ____

FULL NAME OF CHILD Hansen Bowers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3/28th 12 191

FATHER	MOTHER
FULL NAME George Bowers	FULL MAIDEN NAME Carolyne Aslett
RESIDENCE Dempsey Idaho	RESIDENCE Dempsey Idaho
COLOR White AGE AT LAST BIRTHDAY 45 years (Years)	COLOR White AGE AT LAST BIRTHDAY 39 yrs. (Years)
BIRTHPLACE England	BIRTHPLACE Davis Co. Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G A Cooper

Physician & surgeon (Physician or midwife)

Address Mc Cammon Idaho

Given names added from a supplemental report

19

Ellis Kaukley Registrar

Filed April 28 1912 Ellis Kaukley Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133 - 125 - 003 - 382

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon

No. ____ St.

Hospital ____

Registration District No. 11 File No. 5647

Primary Registration District No. 2047 Registered No. 120

FULL NAME OF CHILD Ernest Allen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	3/25th (Month/Day) 12 (Year) 191

FATHER	MOTHER
FULL NAME: Ernest Allen	FULL MAIDEN NAME: Effie Lish
RESIDENCE: Mc Cammon Idho	RESIDENCE: Mc Cammon Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Robin Idaho	BIRTHPLACE: Brigham City Utah
OCCUPATION: Laborer	OCCUPATION: House wife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was serealive (Born alive or stillborn), at 12.50a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cope

Physician & surgeon
(Physician or midwife)

Address Mc Cammon Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaseley
Registrar

Filed April 28 1912 Ellis Kaseley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-285482

469-120-003-294

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 11 File No. 5648

No. ____, ____ St.

Primary Registration District No. 2047 Registered No. 116

Hospital ____

FULL NAME OF CHILD George Owen Morley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	March 20, 1912

FATHER		MOTHER	
FULL NAME	Owen Morley	FULL MAIDEN NAME	Minnie Sims
RESIDENCE	Robin - Ida	RESIDENCE	Robin. Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Robin, Ida	BIRTHPLACE	Virginia
OCCUPATION	Farmer.	OCCUPATION	House wife -

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12 15 Am. (Born alive or stillborn) at 12:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Cooper

Physician (Physician or Midwife)

Address McCammon, Ida.

Given names added from a supplemental report

..... 19.....

Ellis Keeley Registrar

Filed April 21, 1912 Ellis Keeley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

381-109-003-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Robins

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 5650

Primary Registration District No. 2047 Registered No. 117

FULL NAME OF CHILD Harris Thacker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	april 9 1912

FATHER		MOTHER	
FULL NAME	Joseph M. Thacker	FULL MAIDEN NAME	Cora E. Harris
RESIDENCE	ar. near Crystal	RESIDENCE	Robin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Carpenter & Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Manley

(Physician or Midwife)

Address Robin Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaercey Registrar

Filed ..... 19.12 Ellis Kaercey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 1 6 1973

893-212-003-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ *St.*

Hospital ____

Registration District No. 11 **File No.** 5651

Primary Registration District No. 2046 **Registered No.** 187

FULL NAME OF CHILD Clara Katheryn Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Apr. 12 1912

FATHER	MOTHER
FULL NAME Bert W. Hill	**FULL MAIDEN NAME** Evelay Bennett
RESIDENCE Downey	**RESIDENCE** Downey
COLOR W	**AGE AT LAST BIRTHDAY** 28 (Years)
COLOR W	**AGE AT LAST BIRTHDAY** 20 (Years)
BIRTHPLACE Germanyx	**BIRTHPLACE** Clearfield, Utah
OCCUPATION Harnessmaker	**OCCUPATION** Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Cranmont

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

....., 19.....

Elsie Kaercy
Registrar

6-Y CO. 20174

Filed May 10, 1912

Elsie Kaercy
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

553-223-003-318

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ *St.*

Hospital ____

Registration District No. 11 **File No.** 5652

Primary Registration District No. 2046 **Registered No.** 136

FULL NAME OF CHILD Lucille Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	April 23 1912

FATHER	MOTHER
FULL NAME Asa Nelson	**FULL MAIDEN NAME** Mary Layton
RESIDENCE Thatcher, Utah	**RESIDENCE** Thatvher, Utah
COLOR W **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 23 (Years)
BIRTHPLACE Perry, Utah	**BIRTHPLACE** Kaysville, Utah
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Carey
Registrar

(Signature) J. L. Rammant

Physician
(Physician or midwife)

Address Downey, Idaho

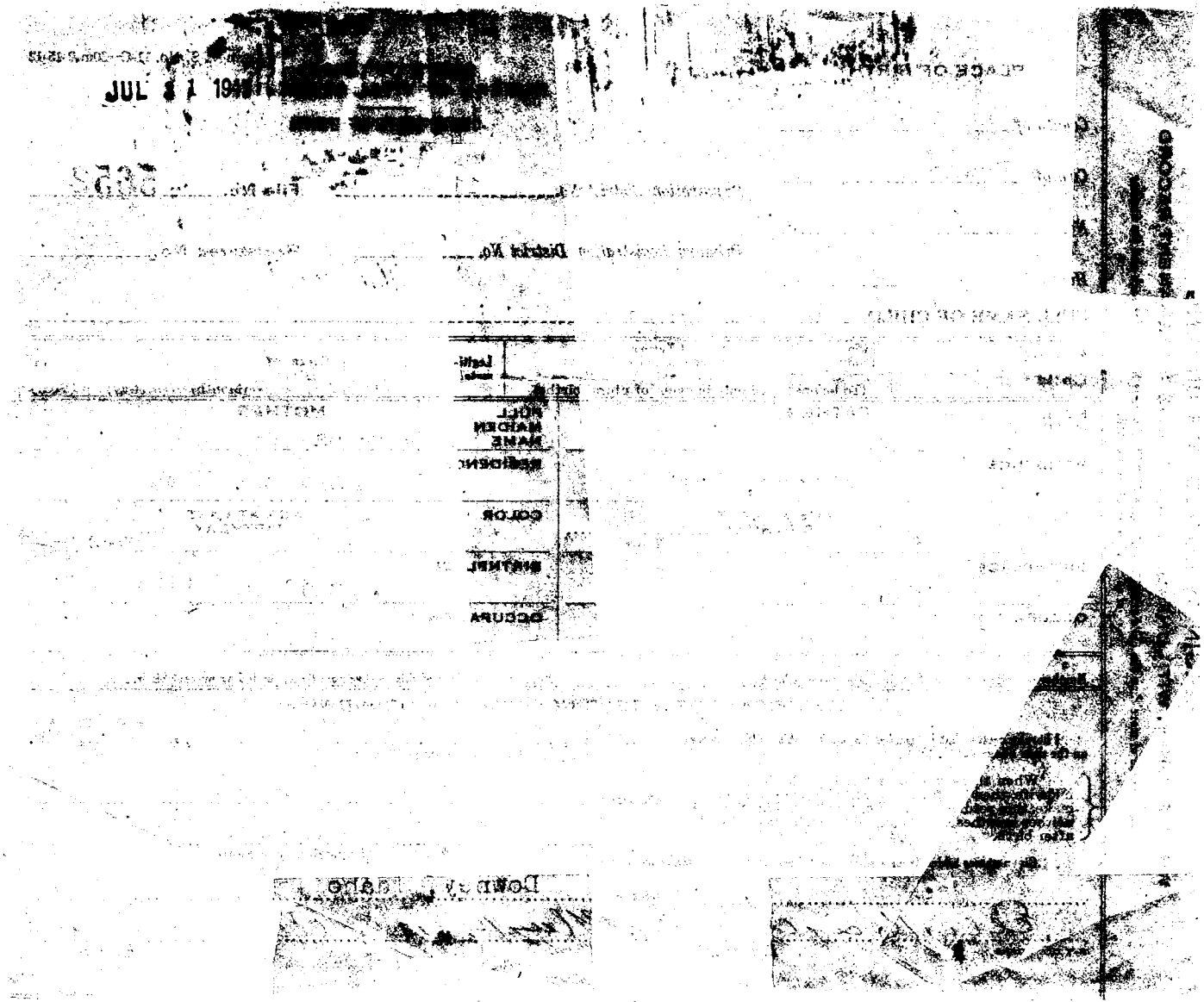
Filed May 10 1912 Ellis Carey
Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING



412-106-[redacted]55

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIR[redacted]H

County of Lincoln

City of Rupert

Registration District No. [redacted] No. 5653

No. ____, ____ St.

Primary Registration District No. 2015 Registered No. 19

Hospital ____

FULL NAME OF CHILD Clinton Herbert Martin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence H Martin	Florence deMedici
RESIDENCE	Rupert Ida	Rupert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Mich	Chicago Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kearney

(Physician or Midwife)

Address Rupert Ida.

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 V. R. Killam

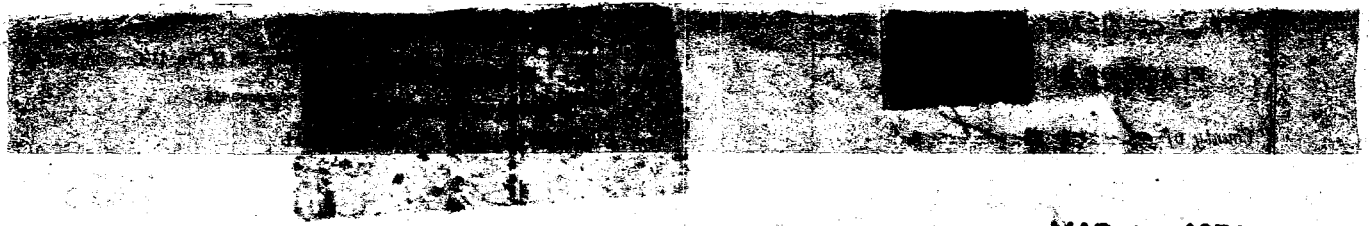
S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAR 2 5 1970

243-103-032-817

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

Registration District No. 29 File No. 5654

No. ____, ____ St.

Primary Registration District No. 2015 Registered No. 18

Hospital ____

FULL NAME OF CHILD Russell Bullock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russell Bullock	Lottie Haggerty
RESIDENCE	Rupert Ida.	Rupert Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Neb.	Kans
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

(Physician or Midwife)

Address Rupert Ida.

Given names added from a supplemental report

____, 19____

Filed May 18 1912 O. R. Tillman

Registrar

S-Y CO., 16670

Registrar

MAY 2 9 1973

691-118-016-845

Form V.S.-No. 11-6—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Jackson

No. ....., ... St.

Registration District No. ..... File No. 5657

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Healey Andrew FRANKLIN Jackson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	(Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4, 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hilyard Franklin	Rosette Hunt
RESIDENCE	Jackson Ida	Jackson Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	N C	Colo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanaagy

Okporchan (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 10 1912 L B Stockdyer

S-Y CO., 16670

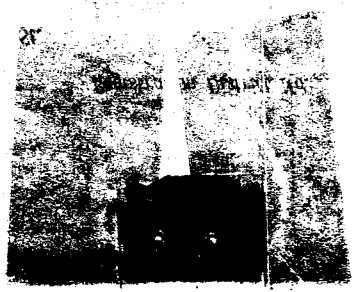
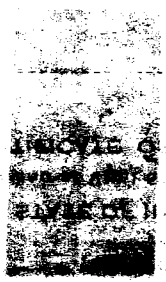
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Bernardino } ss.

Certificate No. 5657

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jackson	Wesley Andrew Franklin

Subscribed and sworn to before me this 30th
day of April, 1942

E. L. Hutt
Notary Public, residing at Barstow, Calif.
My commission expires Nov 6 1945
(Seal)

Signed Leander H Franklin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MAY 4 1942

291-120-032-795

PLACE OF BIRTH

County of Lincoln

City of Hagerman

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5

File No. 5658

No. ____, ____ St.

Primary Registration District No. 2013

Registered No. 69

Hospital ____

FULL NAME OF CHILD Wm Spencer Brailsford.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		yes	Apr. 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Henry Brailsford	Beatrice E. Prescott
RESIDENCE	Hagerman	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	34
BIRTHPLACE	Rothley Lane Eng.	Titusville Pa.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Marshall

(Physician or ~~Midwife~~)

Given names added from a supplemental report

May 5, 1912

W W Marshall
Registrar

Address Hagerman

Filed May 5 1912 W W Marshall
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 30 1962

3/4/41 L. B.

643-102-032-48

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Hayerman, Registration District No. [illegible] File No. 5659

No. ____, ____ St.

Primary Registration District No. 2018 Registered No. 68

Hospital ____

FULL NAME OF CHILD born dead.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	ap 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Meek	Ada Miller
RESIDENCE	Hayerman	Hayerman
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 25	white / 23
BIRTHPLACE	Hayerman Ida	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Marshall

(Physician or Midwife)

Address Hayerman

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 5 1912 D W Marshall Registrar

S-Y CO., 16670

966-105-032-683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF ~~BIRTH~~

County of Lincoln

City of Bliss

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 5660

Primary Registration District No. 2014 Registered No. 75

FULL NAME OF CHILD HAROLD RAY Rowberry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 5, 1912

FATHER	MOTHER
FULL NAME: Lawrence L Rowberry	FULL MAIDEN NAME: Anna B. Pollard
RESIDENCE: Bliss Ida	RESIDENCE: Bliss Ida
COLOR: White	AGE AT LAST BIRTHDAY: 32 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: New Hampshire
OCCUPATION: Foreman R R Section	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or ~~Midwife~~)

Address Grooding Idaho

Given names added from a supplemental report

..... 19.....

Filed April 7 1912 J. H. Cromwell

..... Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Cascade }

Certificate No. 5660

FEB 1 [illegible]

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR ~~DEATH~~)
for HAROLD KAY ROWBERRY (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR ~~DIED~~) on APRIL 5-1912 (DATE OF EVENT)
in BLISS IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lawrence Leroy Rowberry	Harold Ray Rowberry
BIRTH		

Subscribed and sworn to before me this 11th day of February 19 42
Bruce Cuyer
Notary Public, residing at Great Falls, Mont.
My commission expires Sept. 6, 1944.
(SEAL)

Signed Annie B Knight (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
518-5th Ave. S.W. Great Falls, Montana
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Cascade }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.
Subscribed and sworn to before me this 11th day of February 19 42
Bruce Cuyer
Notary Public, residing at Great Falls Montana
My commission expires Sept. 6, 1944.
(SEAL)

Signed Alice Rowberry
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1117½-1st Ave No. Great Falls Montana
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 16 19[illegible] By .....
(REGISTRAR'S SIGNATURE)

235-118-032-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 5662

Primary Registration District No. 2014 Registered No. 77

FULL NAME OF CHILD Arvel Jaynes Steensland

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4, 18, 1912

FATHER		MOTHER	
FULL NAME	Andrew J. Steensland	FULL MAIDEN NAME	Anna Thompson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	South Dakota	BIRTHPLACE	South Dakota
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth: Third

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or Midwife)

Address Gooding Ida

Filed April 19 1912 J. H. Cromwell Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

235-120-037-796

PLACE OF BIRTH Amended July 24,1956

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of LINCOLN

City of GOODING

No. ..... St.

Hospital .....

Registration District No. 5 File No. 5663

Primary Registration District No. 2014 Registered No. 74

FULL NAME OF CHILD JAMES WILLIAM BLEDSOE

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
MALE				YES	APRIL 20 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	ENOCH M. BLEDSOE	FULL MAIDEN NAME	CORA PROCK
RESIDENCE	GOODING	RESIDENCE	GOODING
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	GROVE SPRINGS, MO.	BIRTHPLACE	GROVE SPRINGS, MO.
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. BOYD SECREST

PHYSICIAN (Physician or midwife)

Address GOODING, IDAHO

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed April 21 192 1912 Wm. Boyd Secrest Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ....., ... St.

Hospital .....

[redacted] STATE OF IDAHO

au of Vital Statistics

FICATE OF BIRTH

Registration District No. 6 File No. 5663

Primary Registration District No. 2014 Registered No. 74

FULL NAME OF CHILD Baby Rhidsear

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	April 20, 1912

	FATHER	MOTHER
FULL NAME	Owen M Rhidsear	FULL MAIDEN NAME Cora Owens
RESIDENCE	Gooding	RESIDENCE Gooding
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Twin Springs Nev	BIRTHPLACE Twin Springs Nev
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Boyd Secrest

Physician

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 21 1912 Wm Boyd Secrest
Registrar

S-Y CO., 16670

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 5663

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Bledsoe (Name on Original Certificate) who was born (Was Born or Died) on April 20, 1912 (Date of Event) in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security Card issued July 22, 1937 (Bible Record, Insurance Policy, Etc.) prepared on ~~issued~~ Nov 6, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bledsoe	James William Bledsoe
Father's First Name	Enock M. Bledsoe	Enoch M. Bledsoe

child's birth Cert. on file in Oklahoma born June 20, 1937-No. 19

Subscribed and sworn to before me this 23 day of July, 1936

Amanda L. Curt
Notary Public, residing at Marsing, Idaho
My commission expires 10-11-39
(Seal)

Signed Enoch M Bledsoe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of ......, 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Cora Bledsoe
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

734 PLA[redacted]

County of [redacted] CERTIFICATE OF BIRTH

City of Gunding Registration District No. 15 File No. 5664

No. ____, ____ St. Primary Registration District No. 2014 Registered No. 73

Hospital ____

FULL NAME OF CHILD DONALD FORREST GLOVER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apl 14, 1912

	FATHER	MOTHER
FULL NAME	James C. Xt Glover	FULL MAIDEN NAME Lillie Johnson
RESIDENCE	Gunding Idaho	RESIDENCE Gunding Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Scotsmen - Mo	BIRTHPLACE Scotsmen Mo
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician

(Physician or Midwife)

Address Gunding Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 16 1912 Wm Boyd Secrest Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 5664
Date Filed SEP 10 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for James T. Glover Jr. (Name on original certificate) who Was born (Was born or died) on April 14, 1912 (Date of event)
in Gooding, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name to be changed	James T. Glover Jr.	Donald Forrest Glover
Father's middle initial	James T. to	James C. Glover

Subscribed and sworn to before me this 4th day of September, 1941

M. Jacobson

Notary Public, residing at 611 E. Compton Blvd, Compton
My commission expires My Commission Expires June 14, 1942
[SEAL]

Signed James C. Glover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

202 No Holly ave Compton
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September, 1941

M. Jacobson

Notary Public, residing at 611 E. Compton Blvd, Compton
My commission expires My Commission Expires June 14, 1942
[SEAL]

Signed Lottie C. Glover
(Signature of any credible person other than the previous affiant)

202 N. Holly ave Compton Calif
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

693-202-007-314

PLACE OF BIRTH

County of Ada

City of _____ Registration District _____

No. _____, _____ St.

Hospital _____

FULL NAME OF CHILD Katherine Irene Wilburn

IDAHO
Statistics
BIRTH

Form V. S. No. 11-C—15m-6-20-11

35-

File No. 5665

Primary Registration District No. 2003

Registered No. 88

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 - 2 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ross Elkinson Wilburn	Nellie M. Landsbaugh
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton M.D.
(Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-5- 1912 C. L. Dutton
Registrar

Registrar

4-10-1912 G. E. Shawhan M.D.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH
666-209-001-815

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2112 N. 18th St.

Hospital

Registration District No. 1

File No. 5667

Primary Registration District No. 2004

Registered No. 90

FULL NAME OF CHILD LENA MAY WOODS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	4 9th 1912

FATHER		MOTHER	
FULL NAME	Clayton Woods	FULL MAIDEN NAME	Alma Hanson
RESIDENCE	2112 N. 18th St	RESIDENCE	2112 N. 18th St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lotus Bruce

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed April 15 1912 G. E. Shawhan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boise }

Certificate No. 5667

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Wood (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Apr. 9th 1912 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Lena May Woods

Subscribed and sworn to before me this 13th day of February, 1942

L. M. Green
Notary Public, residing at Boise Idaho
My commission expires Dec 15, 1943
(SEAL)

Signed Alma Melissa Woods
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
Horseshoe Bend, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 27 1948

951-203-001-482

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Glenwood School Dis. Registration District No. 1 File No. 5668

No. ____, ____ St. Primary Registration District No. 2004 Registered No. 91

Hospital ____

FULL NAME OF CHILD ESTHER BELLE REA

Sex of Child	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth April 3 (Month) (Day) 1912 (Year)
F			

	FATHER	MOTHER
FULL NAME	Lee Rea	FULL MAIDEN NAME Lydia Mysinger
RESIDENCE	Ada Co	RESIDENCE Ada Co
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Ark
OCCUPATION	farmer	OCCUPATION H W

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bowers

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

____, 19____

Filed April 15, 1912 G. E. Shawhan

Registrar

S-Y CO., 78670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Columbia } ss.

Certificate No. 5668

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1912 (Date of Event)
in Meridian, Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers Testimony (Bible Record, Insurance Policy, Etc.) prepared on September 21st, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Esther Belle Rea

Subscribed and sworn to before me this 21st
day of September 19 43.
Frances L. May
Notary Public, residing at Rainier, Oregon
My commission expires Dec. 29, 1946
(Seal)

Signed Lydia Rea
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1, Rainier, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Columbia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of September 19 43.
Frances L. May
Notary Public, residing at Rainier, Oregon
My commission expires Dec. 29, 1946
(Seal)

Signed Laura E Shepard
(Signature of Any Credible Person Other Than Previous Year)
Rt. 1, Clatskanie, Oregon
(Street Address, City, State)

SEP 23 1943

K

SEP 2 4 1943

343-126-001-986

Amended Feb. 25,1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5669
Local Reg. No. 92
Reg. Dist. No. 1

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Meridian

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Meridian

d. STREET ADDRESS (If rural, give location): Route # 1

3. CHILD'S NAME (Type or print): a. (First) Roger b. (Middle) Dee c. (Last) Tucker

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 26 (Year) 1912

FATHER OF CHILD

7. FULL NAME: a. (First) Arlan b. (Middle) A c. (Last) Tucker

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Missouri

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Mill b. (Middle) N. c. (Last) Rhodes

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Arkansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 7

b. How many OTHER children were born alive but are now dead? 2

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. F. Neal

19. ADDRESS: Meridian, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED: April 18, 1912

21. DATE REC'D BY LOCAL REG.: April 18, 1912

22. REGISTRAR'S SIGNATURE: G. E. Shawhan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

[redacted] S. No. 11-C—15m-6-20-11

County of Ada

[redacted] CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Meridian Registration District No. 1 File No. 5669

No. R# I St. Primary Registration District No. 2003 Registered No. 92

Hospital

FULL NAME OF CHILD Trucker

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	[redacted]	[redacted]	yes	Mar 30 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Arlan A Trucker	FULL MAIDEN NAME: Mell N. Rhodes
RESIDENCE: Meridian R# I	RESIDENCE: Meridian R# I
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Neo	BIRTHPLACE: Ark —
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H F Neal

Physician

(Physician or Midwife)

Address Meridian Ida

Filed April 6, 1912 E. E. Shawhan
Registrar

S-Y CO., 16670

FEB 25 1969

11-22-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 24 1969
Bureau of Vital Statistics

State of Idaho } ss.
County of Ada }

Certificate No. 5669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Tucker (Name on Original Certificate) who was born (Was Born or Died) on Mar 30, 1912 (Date of Event)

in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Omitted	Roger Dee Tucker
Date of birth	March 30, 1912	March 26, 1912

Subscribed and sworn to before me this 27th day of November, 1968

Katherine A. McPeak
Notary Public, residing at Meridian, Idaho
My commission expires January 15, 1969
(Seal)

X Signed Lucy M. Reynolds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Insurance Policy issued by Benefical Life Insurance Co. gives name as Roger Dee Tucker born Marcy 26, 1912. Policy # 405774. Issued April 6, 1954. Viewed by V.S.

Church Record, Cradle Roll Certificate lists name as Roger Dee Tucker born March 26, 1912. Issued Aug 25, 1912 on the roll by A. D. McCulloguh, Supt. of the Sunday School. Meridian Christian Church.
Viewed by V. S.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 689-105
001-349

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 5670

No. 3rd & Pine St. Primary Registration District No. 2003 Registered No. 93

Hospital

FULL NAME OF CHILD Earl Chesney Whitley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	3rd	yes	April 5 1912

FATHER	MOTHER
FULL NAME Amos Whitley	FULL MAIDEN NAME Mattie R. Turner
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Neb
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Neal
Physician
(Physician or Midwife)

Address Meridian Idaho

Filed April 18, 1912 G. E. Thornton
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO., 16670

312-213-001-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 5671

No. 6 + Pine St. Primary Registration District No. 2003 Registered No. 94

Hospital

FULL NAME OF CHILD ~~Ella Fay~~ FAY DEAN Cason

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	none (To be answered only in event of plural births)	2	yes	April 13, 1912

FATHER	MOTHER
FULL NAME Plumer F. Cason	FULL MAIDEN NAME Fannie J. Griffin
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Labr	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. F. Neal

Physician

(Physician or Midwife)

Address Meridian, Idaho

Given names added from a supplemental report

....., 19.....

Filed April 18 19 12 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Washington } ss.

Certificate No. 5671

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1912 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on April 13, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ella Fay	Fay Dean Cason

Subscribed and sworn to before me this 11th
day of Aug., 1945
George E. Casey
Notary Public, residing at Baker Ore
My commission expires Feb 5, 1946
(Seal)

Signed Fanny Irene Cason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

1963

AUG 1 4 1943

863-214-001-252

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 5672

No. West Paine St. Primary Registration District No. 2003 Registered No. 95

Hospital

FULL NAME OF CHILD Ethal Merle Holt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	———	1st	Yes	April 14, 1912

FATHER	MOTHER
FULL NAME Chas. W. Holt	FULL MAIDEN NAME Ethel L. Kessler
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Nebr.
OCCUPATION Principle High School	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed April 18, 1912 G. E. Shawhan
Registrar

16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 16 1942

MAR 8 1955

522-111-001-714

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Ada

City of Holcomb Sch. Dist. Registration District No. 1 File No. 5673

No. —, — St. Primary Registration District No. 2004 Registered No. 96

Hospital

FULL NAME OF CHILD WILLIAM PETER ESKELDSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	4 / 1 / 1912

FATHER		MOTHER	
FULL NAME	Pete Eskeldson	FULL MAIDEN NAME	Emma Paulson
RESIDENCE	Holcomb School Dist	RESIDENCE	Holcomb School Dist
COLOR	W	AGE AT LAST BIRTHDAY	43 (Years)
COLOR	W	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 7.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bond M.D.

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 22 1912 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 26 1941

96 Original report gives father's first name Pete

STATE OF IDAHO

Board of Health---Bureau of Vital Statistics. 5673

I hereby certify that the child

of Peder Eskeldson
(Name of Father)

and Emma Margaret Poulson
(Maiden Name of Mother)

Born on April 11, 1912

has been named William Peder

Emma M. Eskeldson
(Signature of Father or Mother)

2nd report filed Aug. 16, 1912 U. S. Bureau

DR. G. E. SHAWHAN

Boise,
Ida.

397-118-001-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada,

City of

No ....., ... St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 5674

Primary Registration District No. 2004 Registered No. 97

FULL NAME OF CHILD COLIN MURL KIGGINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4 18 1912

	FATHER	MOTHER
FULL NAME	Olin Riggins	FULL MAIDEN NAME Rosa Colli
RESIDENCE	½ mile N of Eckelberger	RESIDENCE ½ M. N. Eckelberger
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Colo	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Fillingham

(Physician or Midwife)

Address Wade Bldg

Given names added from a supplemental report

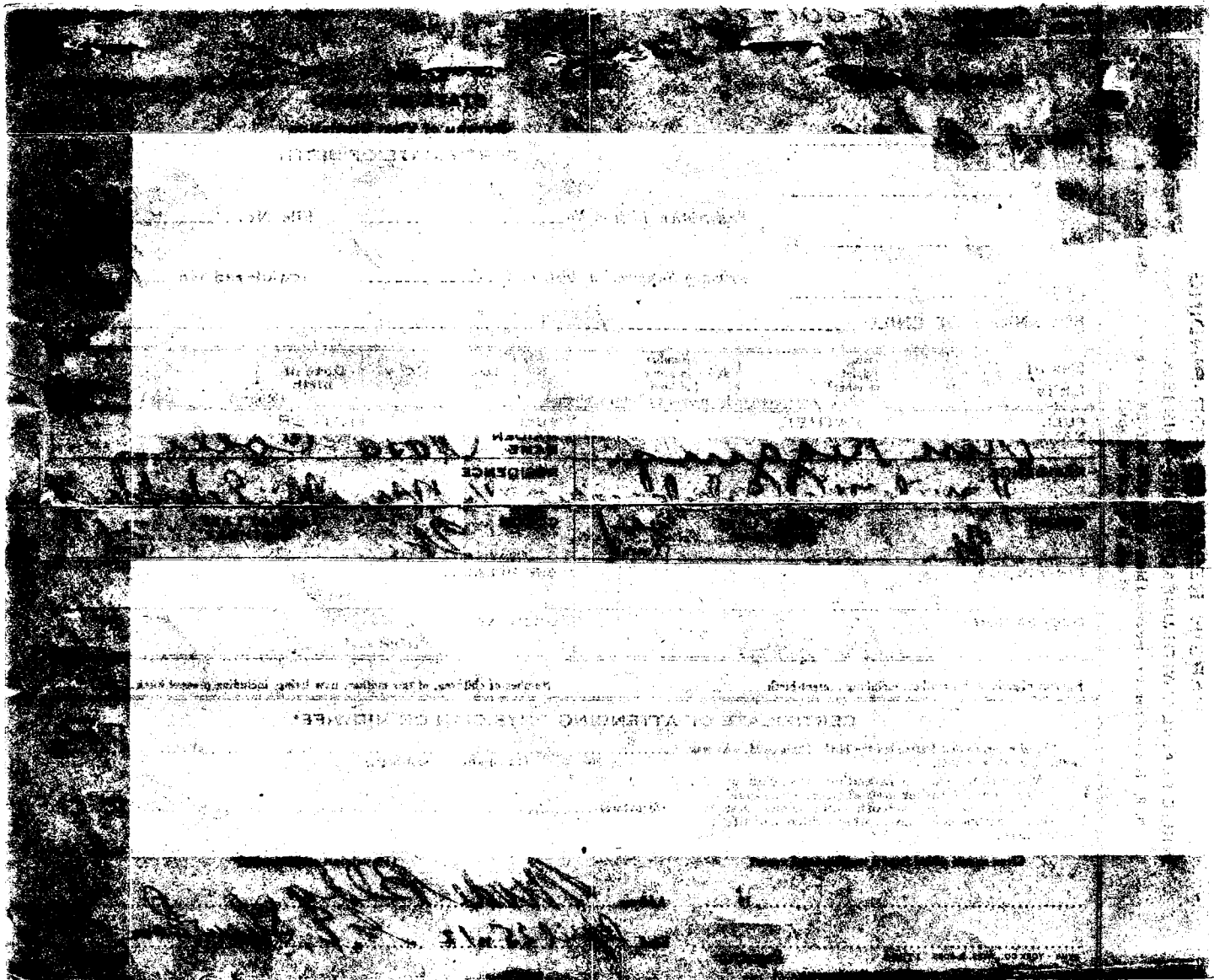
....., 19.....

Filed April 25 1912 G. E. Shawhan M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



97 Original report gave Mothers name Rosa Colli

5674

STATE OF IDAHO

Board of Health---Bureau of Vital Statistics.

I hereby certify that the child

of Olin M. Kiggins
(Name of Father)

and Rosie Mary Colles
(Maiden Name of Mother)

Born on Apr. 18th 1912

has been named Colin Murl

Olin M Kiggins
(Signature of Father or Mother)

This report filed
June 1 1912
E. E. Hawkins

POST CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

DR. G. E. SHAWHAN

Baird,

Texas.

268-128-001-852

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of 6 mi. out on Mt Home road

Registration District No. 1 File No. 5675

No. ____, ____ St.

Primary Registration District No. 2004 Registered No. 98

Hospital ____

FULL NAME OF CHILD Harold Roland Boyd

Sex of Child	'Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	April 28, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Malcolm Boyd	FULL MAIDEN NAME: Adaline Keezer
RESIDENCE: Ada Co	RESIDENCE: Ada Co.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Neb.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at about 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 2 1912 G. E. Shawhan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

763-121-001-469

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise R.D. No 3 Registration District No. 1 File No. 5676

Box 45 St. Primary Registration District No. 2002 Registered No. 99

Hospital

FULL NAME OF CHILD Morrison Sherman Potter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 21, 1912

FATHER		MOTHER	
FULL NAME	David S. Potter	FULL MAIDEN NAME	Nettie Morrison
RESIDENCE	Hay Creek	RESIDENCE	Hay Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Polk Co., Mo.	BIRTHPLACE	McDonald Co., Mo.
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory, M.D.

(Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 2, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. No. 11-C—15m-6-20-11

County of Ada

City of Boise 719 - 215 001 - 967

No. So. Boise St.

Registration District No. Unfinished Ada District.

File No. 5677

Primary Registration District No. 2004

Registered No. 100

Hospital

FULL NAME OF CHILD Mabel Esther Gardiner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 18, 1912

FATHER		MOTHER	
FULL NAME	James Thomas Gardiner	FULL MAIDEN NAME	Rose O'Rope
RESIDENCE	So. Boise	RESIDENCE	So. Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 yrs. (Years)	AGE AT LAST BIRTHDAY	34 yrs. (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Painter	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician ~~or Midwife~~)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 3, 19 12 H. E. Shawhan

S-Y CO., 16670

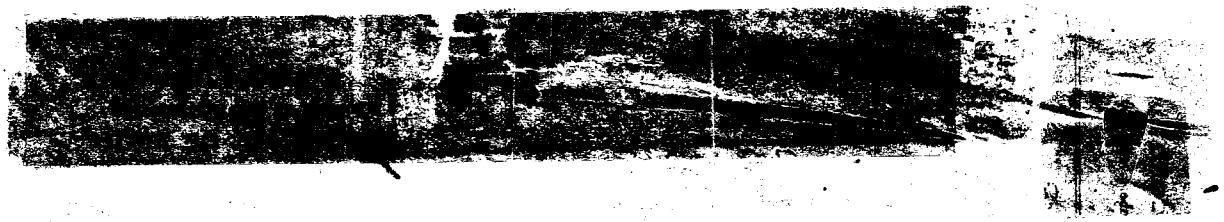
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



APR 8 19

100

5677

STATE OF IDAHO

Board of Health---Bureau of Vital Statistics.

I hereby certify that the child

of James Thomas Gardiner
(Name of Father)

and Rose O'Rokee
(Maiden Name of Mother)

Born on April 18 1912

has been named Mabel Esther Gardiner

Mrs J. T. Gardiner
(Signature of Father or Mother)

This report filed Aug. 12, 1912

JUN 12 1912

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

U.S. POSTAL CARD ONE CENT MARTHA WASHINGTON

DR. G. E. SHAWHAN

Boise,

Ida

635-128-001-941

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 1 File No. 5678

No. Woodbine S. Boise Primary Registration District No. 2004 Registered No. 102

Hospital —

FULL NAME OF CHILD Robert Allen Fletcher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	4 — 28 — 1912

FATHER		MOTHER	
FULL NAME	Ernest A. Fletcher	FULL MAIDEN NAME	Minnie Duarte
RESIDENCE	South Boise	RESIDENCE	S. Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Houseke

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway
Physician
(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 1912 G. E. Thowhan
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 20 1964

Dep. # 1911-146819

815-212-001-418

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

Registration District No. 1

File No. 5679

No. 3rd, Manitou St.

Primary Registration District No. 2004

Registered No. 103

Hospital

FULL NAME OF CHILD Grace Marie Hanson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	11 12 1912

FATHER	MOTHER
FULL NAME Julius Hanson	FULL MAIDEN NAME Cora Mayo
RESIDENCE 3rd & Manitou St	RESIDENCE 3rd & Manitou St.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Wis.
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or ~~Midwife~~)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 8, 1912 G. E. Shawhan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-282020

113-217-001-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of 6 Miles East of Nampa *Registration District No.* 1 **File No.** 5680

No. *_____, _____ *St.* *Primary Registration District No.* 2003 **Registered No.** 104

Hospital —

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl	x		x	Yes	April 17, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Jacob	Hannah Shoemaker
RESIDENCE	Farm, 6 Mi East of Nampa	6 Mi East of Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	33
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive - Butwy Weakly at 1:15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

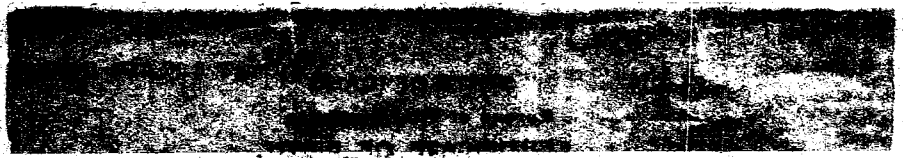
_____, 19____

Filed May 10, 1912 S. E. Shawhan

_____ *Registrar*

Registrar

S-Y CO., 16670



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864 – 217-007-415

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ....., ... St.

Hospital .....

STA[redacted]

Bureau o[redacted]ics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5681

Primary Registration District No. 2022 Registered No. 91

FULL NAME OF CHILD ~~Baby~~ Esther Caroline Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey B Young	Ethel Davey
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Detroit Mich	Hailey Ida
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 17 1912 Robert H Wright

Registrar

S-Y CO., 16670

Registrar

[redacted]

653-222-007-354

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 21 File No. 5682

No. ....., ... St.

Primary Registration District No. 2024 Registered No. 90

Hospital .....

FULL NAME OF CHILD Gwendolyn Ea Wells

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F	X	X	Yes	April 22, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Ray Wells	FULL MAIDEN NAME	Eva Augusta Lemmon
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.48 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthews M. D.

Physician

(Physician or Midwife)

Address Arco Idaho

Given name added from a supplemental report

....., 19.....

Filed 4/18 19 12 R. Butterfield Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-205-007-619

PLACE OF BIRTH

County of Blaine

City of Moore

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21

File No. 5683

Primary Registration District No. 2024

Registered No. 89

FULL NAME OF CHILD Afton Black

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)	X	yes	April 9, 1912

FATHER		MOTHER	
FULL NAME	Henry Black	FULL MAIDEN NAME	Mabel Warner
RESIDENCE	Moore -	RESIDENCE	Moore
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11th

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah C. Gemmer

Midwife (Physician or Midwife)

Address Moore Idaho

Filed 4/13 1912 Robert H. Leigh Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 6 1976

559-225-007-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5684

Primary Registration District No. 2023 Registered No. 88

FULL NAME OF CHILD Hazel Mennela

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4 25 1912

FATHER		MOTHER	
FULL NAME	John A Mennela	FULL MAIDEN NAME	Katherine Lynch
RESIDENCE	Soldier	RESIDENCE	Soldier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Maryland	BIRTHPLACE	Minn.
OCCUPATION	Black Smith	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 4-25-1912, at 5:00 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Hoag MD

Physician

(Physician or Midwife)

Address Soldier Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/30 19 IV R. Lewis Hoag Registrar

S-Y CO., 16670

Amended 2-4-60

PLACE OF BIRTH

715-224-007-213

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Blaine

City of Corral

No. ..... St.

Hospital .....

Registration District No. 21 File No. 5685

Primary Registration District No. 2023 Registered No. 87

FULL NAME OF CHILD Helen Lenora Painter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	April 24, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Harry Painter	FULL MAIDEN NAME: Nora Katzenmeyer
RESIDENCE: Corral, Ida.	RESIDENCE: Corral, Ida.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Nebr.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs

Physician
(Physician or midwife)

Address Soldier, Ida.

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 4-30-1912 Robert H. Wright
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Carval

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2023

File No. 5685

Registered No. 87

FULL NAME OF CHILD Helen Painter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4, 24, 1912

FATHER		MOTHER	
FULL NAME	Harry Painter	FULL MAIDEN NAME	Nora Katzenmeyer
RESIDENCE	Carval Idaho	RESIDENCE	Carval Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 9 3/4 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Higgs

Physician (Physician or Midwife)

Address Baldwin Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/30 19 12

S-Y CO., 16670

Registrar

Registrar

FEB 4 1960

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. 5685

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Helen Painter (Name on Original Certificate) who born (Was Born or Died) on April 24, 1912 (Date of Event) in Corral, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by our family bible (Bible Record, Insurance Policy, Etc.) prepared on few days after her birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Helen Painter	Helen Lenora Painter

I am her mother and gave her the name of Helen Lenora Painter

Subscribed and sworn to before me this 18th day of January, 1960

Notary Public, residing at Gooding, Idaho
My commission expires 12-12-63
(Seal)

Signed Nora Painter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3rd and Wyoming St.; Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of January, 1960

Notary Public, residing at Gooding, Idaho
My commission expires 12-12-63
(Seal)

Signed E. J. Painter
(Signature of Any Credible Person)

237 Wyoming St; Gooding
(Street Address, City, State)

FORM DPH 55.155 CL 1-15-60. nm

Own Child's Birth Certificate on file, #259157 gives mother's full maiden name as Helen Lenora Painter - viewed by V.S.

Statement from Sibyl S. Stevens, Gooding County, Gooding, Idaho -Auditor and Recorder - in which he states that "one, Helen Lenora Painter signed a Marriage License affidavit on February 2nd, 1935, which record further shows her age to be 22."according to his records - viewed by V.S.

966-113-009-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Hospital

Registration District No. 21

Primary Registration District No. 2123

File No. 5686

Registered No. 86

FULL NAME OF CHILD William Thomas Rowland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4 13 1912

FATHER		MOTHER	
FULL NAME	Thomas Rowland	FULL MAIDEN NAME	Hallie Gardener
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4-13-1912, at 11 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dalbith A Riggs

Physician
(Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/20 19 12 R F Lumsden

Registrar

..... Registrar

S-Y CO., 16670

DEC 19 1950

AUG 17 1951

368-104-007-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Baldwin

Registration District No. 21

File No. 5687

No. ____, ____ St.

Primary Registration District No. 2028

Registered No. 85

Hospital ____

FULL NAME OF CHILD Elmer Curtis Coy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	4, 4, 1912

FATHER		MOTHER	
FULL NAME	Elmer Coy	FULL MAIDEN NAME	Mary Curtiss
RESIDENCE	Baldwin Ida	RESIDENCE	Baldwin Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4 4 1912 (Born alive or stillborn) at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Walter O. Riggs

Physician (Physician or Midwife)

Address Baldwin Ida

Given names added from a supplemental report

..... 19.....

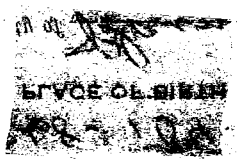
Filed 4/10 19 12 R. Walter Hughes

Registrar

S-Y CO., 16670

Registrar

MAR 30 1944



619-225
007-381

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum Registration District No. 71 File No. 5688

No. ____, ____ St. Primary Registration District No. 2022 Registered No. 84

Hospital

FULL NAME OF CHILD Maudie E. Warfield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apr 25, 1912

FATHER		MOTHER	
FULL NAME	Harry A. Warfield	FULL MAIDEN NAME	Ernie Sharp
RESIDENCE	Ketchum	RESIDENCE	Ketchum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kas	BIRTHPLACE	Kas.
OCCUPATION	Miner	OCCUPATION	Hsw.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Kennard

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 30, 1912 Robert H Smith
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

212-117-007-212

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

No. ....., ... St.

Hospital .....

Registration District No. 21

File No. 5689

Primary Registration District No. 2022

Registered No. 83

FULL NAME OF CHILD Jay B

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			No	April 17, 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Eva Baker
RESIDENCE		RESIDENCE	Picabo
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR W.	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE		BIRTHPLACE	Ore
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ONE

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Lemman M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 20 1912 Robert A Smith

Registrar

S-Y CO., 16670

Registrar

299-103-007-132

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Carey

Registration District No. 21 File No. 5690

No. ____, ____ St.

Primary Registration District No. 2075 Registered No. 82

Hospital ____

FULL NAME OF CHILD James Floyd Bristow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	other	5	yes	Feb 3, 1912

FATHER	MOTHER
FULL NAME James T. Bristow	FULL MAIDEN NAME Nella Albertson
RESIDENCE Carey, Idaho	RESIDENCE Carey, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Fort Worth, Texas	BIRTHPLACE Albion, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Carey Ida

Given names added from a supplemental report

....., 19.....

Filed 5/1-12 19 12 [signature]

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 14 1963

MAY 7 1964

31 1975

959-102-007-142

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Registration District No. 21 File No. 5691

Primary Registration District No. 2025 Registered No. 81

Hospital ____

FULL NAME OF CHILD James Loston Lovie

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other (To be answered only in event of plural births)	4	Yes	March 2, 1912

FATHER		MOTHER	
FULL NAME	Ray Lovie	FULL MAIDEN NAME	Maud E. Ainsworth
RESIDENCE	Carey, Idaho	RESIDENCE	Carey - Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mt. Pleasant Utah	BIRTHPLACE	Sublett - Idaho
OCCUPATION	Farmer & Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Fox M.D.

(Physician or Midwife)

Address Carey Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/1 1912 R. F. Hutchings

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 24 1942

361-121-007-142

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. 115. 11-C—15m-6-20-11

Registration District No. 21 File No. 5692

Primary Registration District No. 2045 Registered No. 80

FULL NAME OF CHILD John Jay Coates

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	7	yes	3 – 2 – 1912

FATHER		MOTHER	
FULL NAME	Paul Coates	FULL MAIDEN NAME	Jean Justison
RESIDENCE	Carey, Idaho	RESIDENCE	Carey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	England	BIRTHPLACE	Spring City, Utah
OCCUPATION	Stock Grower	OCCUPATION	Home wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Carey, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/1 19 12 [signature]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 5692
Date Filed APR 20 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for John Jay Coates (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 31, 1912 (DATE OF EVENT)
in Carey, Idaho (PLACE OF EVENT) ~~are erroneous or were omitted~~; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Coates	John Jay Coates

Subscribed and sworn to before me this 17th day of April, 19 42

Alice A. York
Notary Public, residing at Carey Idaho

My commission expires Feb. 25, 1945
(SEAL)

Signed Jessie Dean Coates
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 138, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 19 42

Alice A. York
Notary Public, residing at Carey, Idaho

My commission expires Feb. 25, 1945
(SEAL)

X Signed Hal L. Patterson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Carey, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 28 1942

MAY 8 1942

APR 15 1969

864-120-007-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5693

Primary Registration District No. 2025 Registered No. 79

FULL NAME OF CHILD Alma Hodges

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Sole (To be answered only in event of plural births)	3	Yes	March 20, 1912

FATHER	MOTHER
FULL NAME: William A. Hodges	FULL MAIDEN NAME: Harriet Richardson
RESIDENCE: Carey, Idaho	RESIDENCE: Carey, Idaho
COLOR: White	COLOR: W.
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Minnesota
OCCUPATION: Farmer	OCCUPATION: Home wife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at [redacted] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs. Schaffer (Mrs. Dr.)

Midwife

(Physician or Midwife)

Address Carey Ida

Filed 5/1 1912 Robert H. Smith

Registrar

S-Y CO., 16670

AFFIDAVIT OF BIRTH

- - - -

State of Washington (
: ss
County of Yakima)

I, Harriet Mary Hodges, a citizen of the United States of America, residing at 414 North Fifth Avenue, in the City of Yakima, County of Yakima, State of Washington, being first duly sworn upon oath states that she is the mother of

ALMER LLOYD HODGES,

now residing at 1504 West Ninth Street, Spokane, Washington. That said Almer Lloyd Hodges was born on March 20th, 1912, at the town of Carey, Blaine County, State of Idaho, his father's name was William Ansel Hodges. Affiant further states that said Almer Lloyd Hodges has continuously resided in the United States since birth.

Dated at Yakima, Washington, March 31st, 1942.

(Signed) Harriet Mary Hodges

SUBSCRIBED AND SWORN to this 31st day of March, 1942, before

Leslie J. Sheley
Notary Public for Washington.

JAN 12 1948

271-207-007-523

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5694

County of Blaine

City of Carey

Registration District No. 21

No. ____, ____ St.

Primary Registration District No. 7075

Registered No. 78

Hospital

FULL NAME OF CHILD Doris Fiesta Sparks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	One	6	Yes	Mar 7, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Sparks	FULL MAIDEN NAME	Harriet Estyholtod
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Clarkston, Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or Midwife)

Address Carey Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/1 1912 [signature]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 23 1967

281-125-007-25-9

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 71 **File No.** 5695

Primary Registration District No. 2077 **Registered No.** 77

FULL NAME OF CHILD ~~[illegible]~~ PHILLIP DEO SHAVER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	twin	first	yes	April 25, 1912

FATHER	MOTHER
FULL NAME Bert R. Shaver	**FULL MAIDEN NAME** Ida Bergh
RESIDENCE Bellevue	**RESIDENCE** Bellevue
COLOR White **AGE AT LAST BIRTHDAY** 37 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 34 (Years)
BIRTHPLACE Illinois	**BIRTHPLACE** Illinois
OCCUPATION rancher	**OCCUPATION** housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Six 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.

(Physician or Midwife)

Address Hailey

Filed 4/30 19 12 Robert Hodgin Registrar

Given names added from a supplemental report

_____, 19____

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

281-225-007-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 71 File No. 5696

No. ____, ____ St.

Primary Registration District No. 7022 Registered No. 76

Hospital ____

FULL NAME OF CHILD no name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	twins	second	yes	April 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert R. Shaver	Ida Bergh
RESIDENCE	Bellevue	Bellevue
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Illinois	Illinois
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at Seven 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Raaf M.D.

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/30 19 12 R. Arthur Hughes Registrar

S-Y CO., 16670

915-225-007-285

Form V. S. No. 11-C—Rev.-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ....., ... St.

Hospital .....

Registration District No. 21 File No. 5697

Primary Registration District No. 2022 Registered No. 75

FULL NAME OF CHILD ~~Geo Mauna~~ ALICE MAE RAVENSCRAFT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 25, 1912

FATHER	MOTHER
FULL NAME: Waltz A. Ravenscraft	FULL MAIDEN NAME: Sottie Brett.
RESIDENCE: Hailey	RESIDENCE: Hailey
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: England
OCCUPATION: rancher	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at four 30 P.M. on the date above stated.

(Signature) John J. Rauf M.D.

(Physician or Midwife)

Address Hailey Idaho

Filed 4/30 1912 Edmund H. Smyth Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Blaine }

Certificate No. 5-612
Date Filed June 27 41

The undersigned does solemnly swear that certain facts on the certificate of Alice Mae Ravenscraft (Birth or death)
for none (Name on original certificate) who born 4/25 1912 (Was born ~~or died~~) on — (Date of event)
in Hailey (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible (Bible record, insurance policy, etc.) prepared on 4/27/41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name Mother of above child	no Name	Alice Mae Ravenscraft
		Just to correct Insanity Herbert Jeeles X

Subscribed and sworn to before me this 17 day of June, 19 41

J. J. McFadden
Notary Public, residing at Hailey Ida

My commission expires 2/1/1945
[SEAL]

Signed Lottie Ravenscraft
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Hailey Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada Blaine }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of June, 19 41

J. J. McFadden
Notary Public, residing at Hailey Ida

My commission expires 2/1/1945
[SEAL]

Signed Edna Alice Hall
(Signature of any credible person other than the previous affiant)

108½ Main St. Boise Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

185-102-007866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5698

Primary Registration District No. 2077 Registered No. 74

FULL NAME OF CHILD Thomas Chas Ayers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Ayers	Sarah Coffer
RESIDENCE	Bellevue	Bellevue
COLOR	White	White
AGE AT LAST BIRTHDAY	35 (Years)	30 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raef M.D.

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

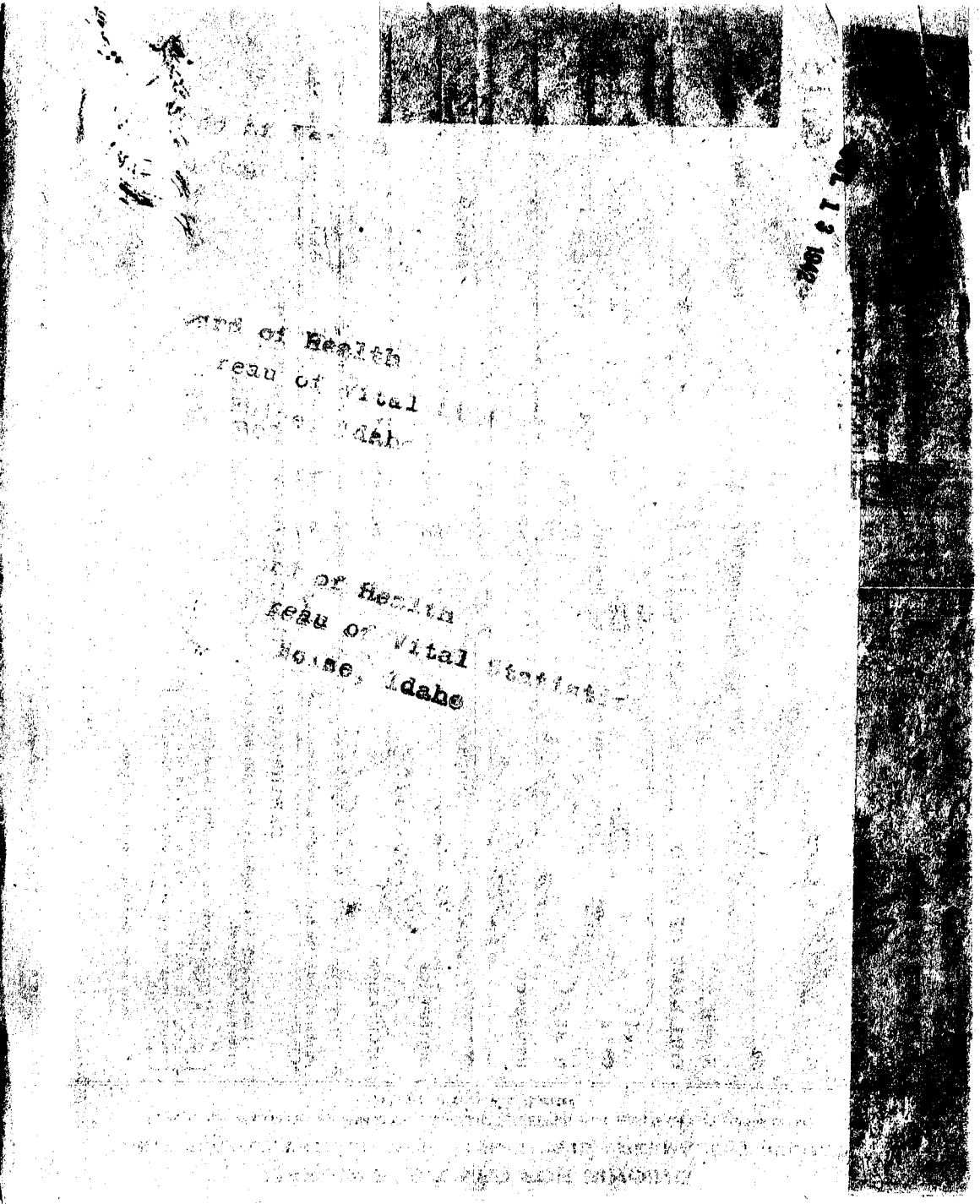
....., 19.....

Filed 4-7-13 19.....

Registrar

S-Y CO., 16870

Registrar



842-225-032-35-9

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital Home

STATE OF IDA[redacted]

Bureau of Vital Sta[redacted]

CERTIFICATE OF BIRTH

Registration District No. 5 3014

File No. 5699

Primary Registration District No. 3014

Registered No. 78

FULL NAME OF CHILD Baby Hubbs, PRISCILLA ADEAL

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5th	Yes	April 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cornelius Hubbs	Gladys Ferry
RESIDENCE	Gooding, Idaho.	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Utah	Draper, Utah.
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas. Monroe

Physician (Physician or ~~Midwife~~)

Address Gooding, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 26 1912 Jas. Monroe

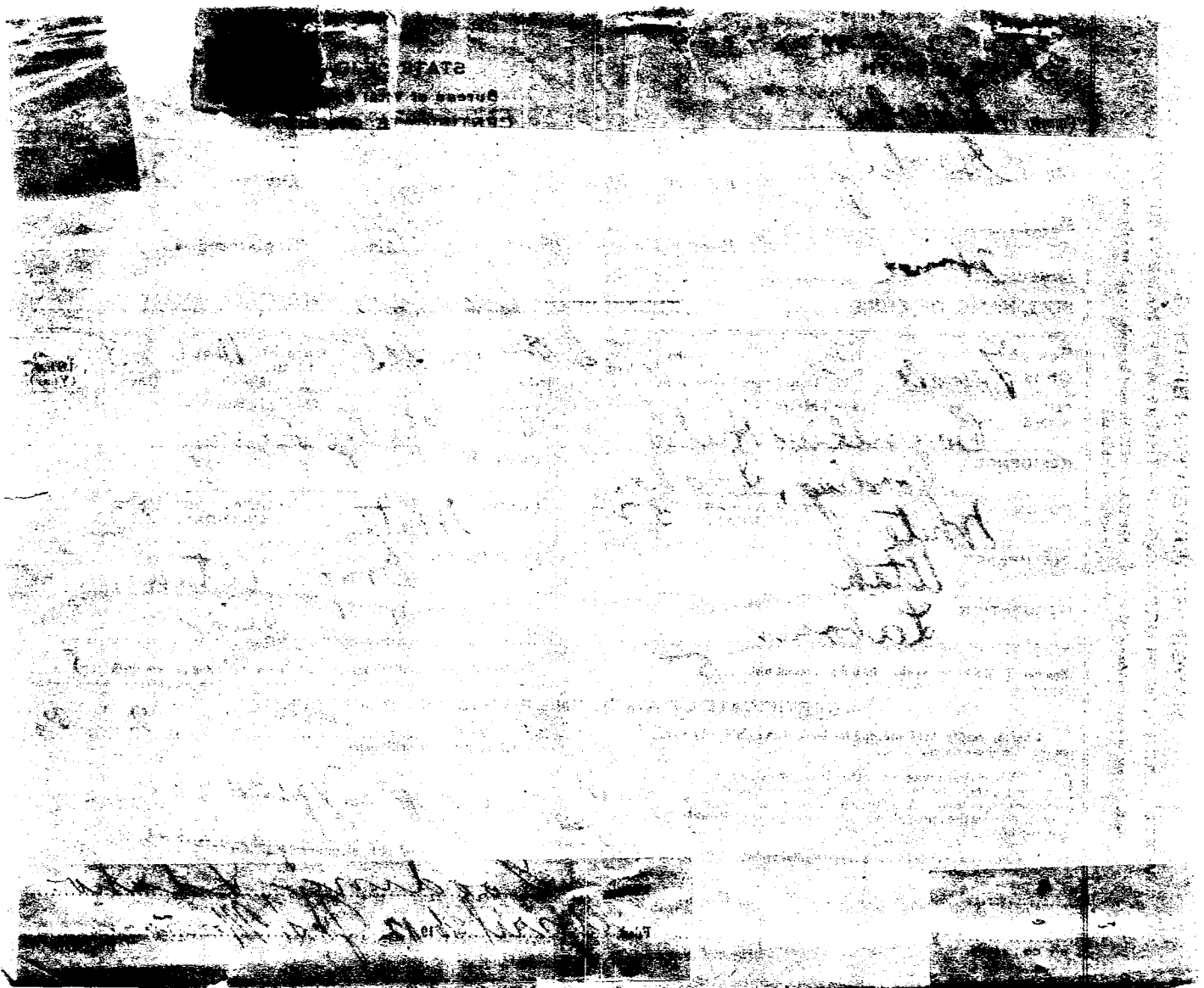
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lincoln } ss.

Certificate No. 5699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hubbs (Name on Original Certificate) who was born (Was Born or Died) on April 25, 1912 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth cert. #269641 Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on June 29, 1912 (Give Date), are:
Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Baby Hubbs	Priscilla Adeal Hubbs

Subscribed and sworn to before me this 2 day of June, 19 55

Notary Public, residing at Shoshone, Idaho
My commission expires 6/5/58
(Seal)

Signed Gladys Hubbs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shoshone, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lincoln } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of June, 19 55

Notary Public, residing at Shoshone, Idaho
My commission expires 6/5/58
(Seal)

Signed Bert L. Terry
(Signature of Any Credible Person)
Shoshone, Idaho
(Street Address, City, State)

DPH 52.155

SEP 9

962-224-032-767

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 5 File No. 5700

Primary Registration District No. 2017 Registered No. 71

FULL NAME OF CHILD ~~Baby~~ Roberts ALICE AUGUSTA ROBERTS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		8	Yes	April 24th 1912

FATHER	MOTHER
FULL NAME John L Roberts	FULL MAIDEN NAME Nellie P Popkey ~~Roberts~~
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Michigan
OCCUPATION farmer	OCCUPATION farmer

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T Schmenkamp M.D.

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

....., 19.....

Filed May 1 19 12 E. D. Piper

Registrar

S-Y CO., 15670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 5700

FEB 10 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Roberts (Name on Original Certificate) who born (Was Born or Died) on April 26, 1912 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on 1898 to 1918 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Roberts	Alice Augusta Roberts
name of mother	Nellie P. Roberts	Nellie Popkey
birthdate	April 26, 1912	April 24, 1912

Subscribed and sworn to before me this 7th
day of February 1942
William T. Comstock
~~Notary Public~~, residing at Jerome, Idaho
My commission expires Probate Judge & Ex-Officio Clerk
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Mrs. Nellie Roberts
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of February 1942
William T. Comstock
~~Notary Public~~, residing at Jerome, Idaho
My commission expires Probate Judge & Ex-Officio Clerk
(Seal)

Signed Mary E. Ott
(Signature of Any Credible Person Other Than Previous Year)
Jerome Idaho
(Street Address, City, State)

FEB 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form No. 6, Mo. H. C.—15m-6-20-11

PLACE OF BIRTH

DATE OF BIRTH

City of Jerome

Registration District No. 5

File No. 5701

No. ..... St.

Primary Registration District No. 2017

Registered No. 70

Hospital

FULL NAME OF CHILD Lucy Charlotte Persons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes	Apr 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jean W Persons	Bessie C. Blackburn
RESIDENCE	4½ mi. S. E. Jerome	4½ mi. S. E. Jerome
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Arkansas	Tennessee
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Piper M. D.

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19.....

Filed May 1 19 12 E. D. Piper

Registrar

S-Y CO., 16670

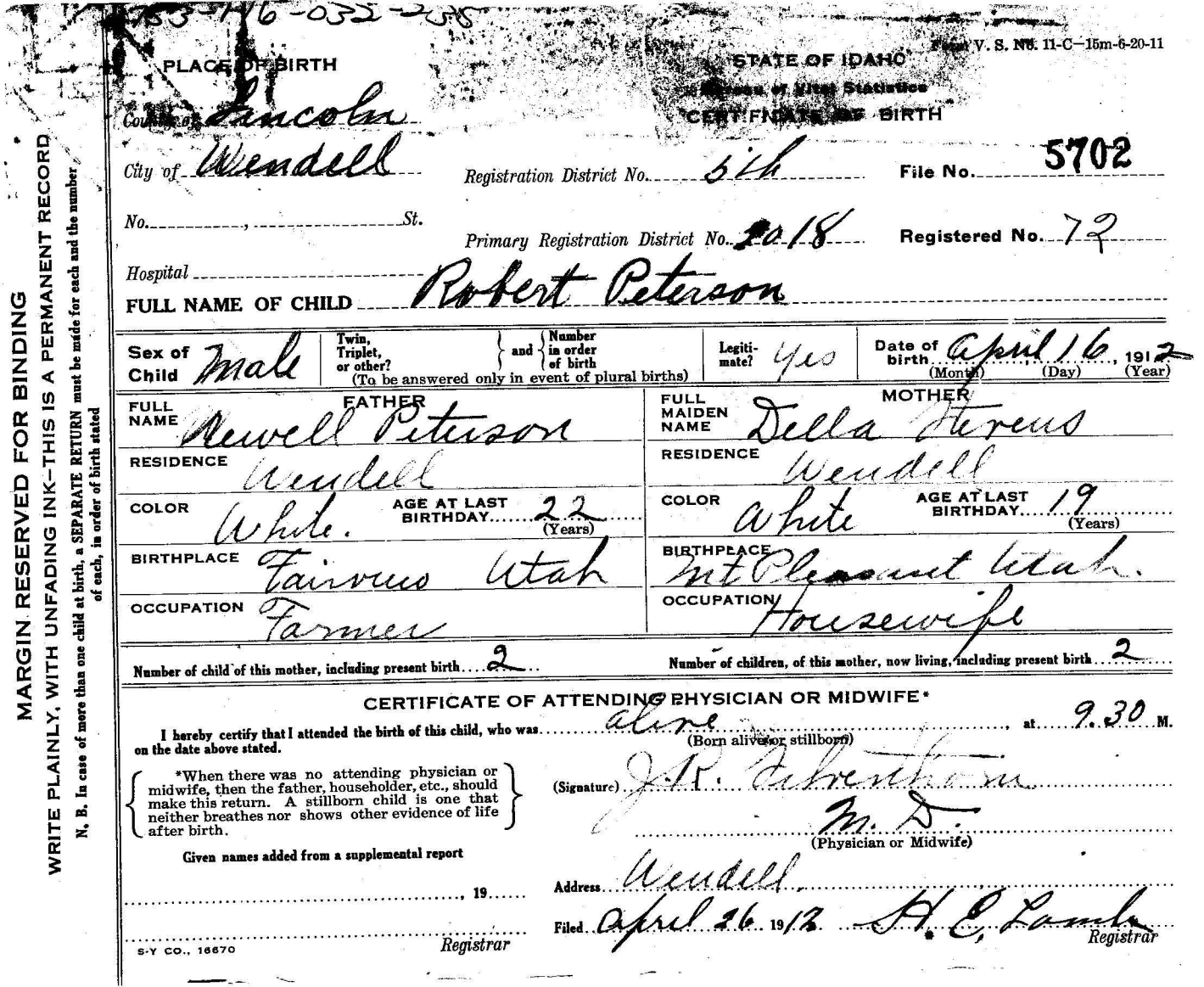
Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH



PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5th

Primary Registration District No. 2018

File No. 5702

Registered No. 72

FULL NAME OF CHILD Robert Peterson

Sex of Child: Male

Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of birth April (Month) 16 (Day) 1912 (Year)

FATHER

FULL NAME Newell Peterson

RESIDENCE Wendell

COLOR White. AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Fairview Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Della Stevens

RESIDENCE Wendell

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Mt Pleasant Utah.

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Lorentzen M. D.

(Physician or Midwife)

Address Wendell

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 26 1912 H. E. Lamb Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY..... (Years)

699-- 214-044-266

Amended 12-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. -5703--
Local Reg. No. 54
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Washington

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Washington

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Evelyn b. (Middle): L. c. (Last): Wright

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 14, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Henry b. (Middle): c. (Last): Wright

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Virginia

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rosa b. (Middle): c. (Last): Boomer

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Virginia

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. R. Hamilton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Weiser, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 1, 1912

22. REGISTRAR'S SIGNATURE: W.R. Hamilton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 26 File No. 5703

Primary Registration District No 1010 Registered No. 54

FULL NAME OF CHILD Evaline Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	March 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Wright.	Rosa Bowers.
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

(Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed April 1st 1912 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 2 1965

SEP 7 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5703

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Evalina Wright (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1912 (Date of Event) in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Evalina Wright	Evelyn Lena Wright

Subscribed and sworn to before me this 27th day of July, 1965

Evelyn L. Waterbank

Notary Public, residing at Thornton, Colo.

My commission expires My Commission expires June 9, 1969

(Seal)

Signed Evelyn Lena Wright

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9161 E 89th Ave Thornton Colo.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Adams }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 th day of July, 1965

Evelyn L. Waterbank

Notary Public, residing at Thornton, Colo.

My commission expires My Commission expires June 9, 1969

(Seal)

Signed Betty Mae Lane

(Signature of Any Credible Person)

1851 E 88th Ave Thornton, Colo.

(Street Address, City, State)

FORM DH 60-155 CL 7-23-65. one copy pd. rec. #18119.

received letter written Nov. 19, 1965 asking that full name be added as Evelyn L. Wright -

Notification of Birth Registration, State of Colorado, gives full name as of Child as Bettie May Green, born May 17, 1930 at Sullivan to Orlando C. Green and Evelyn L. Wright - viewed by V.S.

Family Record, appears old and unaltered gives full name a of father as William H. Wright, mother Rosa B Wright and one child's full name as Evelyn L. Wright, born March 14, 1912 - viewed by V.S.

259-103-044-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26. File No. 5704

Primary Registration District No. 1010 Registered No. 55.

FULL NAME OF CHILD Joseph William Brecraft.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	April 3rd 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Brecraft.	Thyrza Hayes
RESIDENCE	Weiser Idaho.	Weiser Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25.	20
BIRTHPLACE	Washington	Idaho.
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

(Physician or ~~Midwife~~)

Address Weiser Ida.

Given names added from a supplemental report

....., 19.....

Filed April 4th 1912 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 4 1971

976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

636-206-044-15-4

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser, Idaho

Registration District No. 26

File No. 5705

No. Nth. 2nd, st. West St.

Primary Registration District No. 1010

Registered No. 56

Hospital

FULL NAME OF CHILD Dorothy O'Toole

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	1	Yes	4, 6, 12

FATHER	MOTHER
FULL NAME: Raymond O'Toole	FULL MAIDEN NAME: Nellie Ethel Anderson
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: South Dakota
OCCUPATION: Contractor	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Shirley, M.D.

(Physician or Midwife)

Address. Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 8th 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

MAY 25 1959

977

253-206-044-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser, Idaho. Registration District No. 26 File No. 5706

No. ____, ____ St. Primary Registration District No. 1010 Registered No. 57

Hospital Conant

FULL NAME OF CHILD Margaret Kellogg

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	# (To be answered only in event of plural births)	1	Yes	4 (Month) 6 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George B. Kellogg	Julia Adeline Ricker
RESIDENCE	Weiser, Idaho.	Weiser, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Iowa	Wisconsin
OCCUPATION	Clerk	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Kellogg M.D

(Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 8th 1912 M. R. Summers

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 8 1976

249-104-044-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 5707

No. ____, ____ St.

Primary Registration District No. 1010

Registered No. 58,

Hospital Josephine

FULL NAME OF CHILD ~~OLIVER~~ Ronald ~~Clinton~~ Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	single	one	yes	April 4th, 1912

	FATHER	MOTHER
FULL NAME	Jas Oliver Smith	FULL MAIDEN NAME Alice Kiethly
RESIDENCE	Midvale Idaho	RESIDENCE Midvale Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Beard, Illinois	BIRTHPLACE Midvale Idah.
OCCUPATION	School Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~) on the date above stated. April 4 at 10 00 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James a Young

(Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

..... 19 17

Filed April 9th 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 10 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 5707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ronald Smith (Name on Original Certificate) who born (Was Born or Died) on April 4 1912 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers statement (Bible Record, Insurance Policy, Etc.) prepared on Sept. 7th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ronald Clinton	Ronald Oliver Smith

Subscribed and sworn to before me this 7th
day of September, 1942

J. H. Goodnight

Notary Public, residing at Midvale Idaho

My commission expires May 10th 1944
(Seal)

Signed Alice O. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 1 1 1942

JUN 2 0 1968

755-[redacted]044-65-9

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 5708

No. ____, ____ St.

Primary Registration District No. 1010 Registered No. 59

Hospital ____

FULL NAME OF CHILD Hazel Willma Gentry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	7th	yes	April 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Gentry	Fannie Ferguson
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Ray Co Mo	Ray Co Mo
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Apr 9 1912 W. P. Hamilton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 24 1960

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registrar

.978

962-112-044-291

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26. File No. 5709

No. 9th. & Court St.

Primary Registration District No. 1610 Registered No. 60.

Hospital

FULL NAME OF CHILD Ralph Ross

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	#		Yes	4 12, 192

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Benj. F. Ross	FULL MAIDEN NAME: Minnie Barbara Krause
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho.
COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kansas
OCCUPATION: Stockman	OCCUPATION: House-wife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.40 p M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Kinney M.D.

(Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed April 13 1912 W. R. Hamilton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 19 1944

JAN - 7 1943

JAN 12 1944

AUG 27 1952

352-211-044-152

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. ——, ——St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 5710

Primary Registration District No. 2112 Registered No. 61

FULL NAME OF CHILD Maybel Helen Lesh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	April 11, 1912

FATHER		MOTHER	
FULL NAME	Wm. A. Lesh	FULL MAIDEN NAME	Gertrude Ansell
RESIDENCE	Nine miles south of Weiser	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or Midwife)

Address Payette, Idaho

Filed April 16 1912 W. R. Hamilton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 16 1970
Bureau of Vital Statistics

State of WASHINGTON
County of KICKITAT } ss.

Certificate No. 5710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnaed Lesh- (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1912. (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Lesh	Maybel Helen Lesh
HELEN MABLE LESH		

Subscribed and sworn to before me this 20th day of
August 1970
Roy J Weatherly
Notary Public, residing at White Salmon, Wash.
My commission expires May 8, 1973
(Seal)

Signed Edith (Lesh) Kyte
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 3 Box 722 White Salmon Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/8/70 lcc pd. rec. # 36470.

Marriage Return from Oregon gives groom's name as Edgar Allen LeVander and the brides name as Maybell Hellen Lesh. Married Setp. 8, 1934. Viewed byV. S.

MAY 8 1972

Family Bible Record for children of Harold Albert Lesh and Edith Lizzie Lesh gives child's name as Helen Mable Lesh, Born April 11, 1912. Viewed by V. S.

Federal Withholding Tx Staement for ⅈ 1963 gives name as Maybel Levander. Social Security No. 518-34-0506. Viewed by V. S.

367-113-044-368

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of —

No. — , ——— St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26. File No. 5711

Primary Registration District No. 2112. Registered No. 62.

FULL NAME OF CHILD ~~Unnamed~~ Christened Jesse John Ralph

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male.	Twin (To be answered only in event of plural births)	1	Yes	April 13, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. B. Cox	FULL MAIDEN NAME	Florence A. Coy.
RESIDENCE	Nine Miles south of Weiser	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette, Idaho.

Given names added from a supplemental report

....., 19.....

Filed April 16th 1912 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 31 1972

FEB 7 1974

367-213-044-368

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No ——, ——St.

Hospital ——

Registration District No 26 File No. 5712

Primary Registration District No. 2112 Registered No. 63

FULL NAME OF CHILD ~~Unnamed~~ Christine Jewell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	yes	April 13, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: E. B. Cox.	FULL MAIDEN NAME: Florence A. Coy
RESIDENCE: Nine miles south of Weiser	RESIDENCE: with husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5-40 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. N. Avery

Physician
(Physician or Midwife)

Address Payette, Idaho

Filed April 16th 1912 M. R. Hamilton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 26 1974

314-223-044-994

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 5713

No. ____, ____ St.

Primary Registration District No. 1010

Registered No. 64

Hospital ____

FULL NAME OF CHILD Vesta Elgaleen Camp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Female	Other	—	yes	4, 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David B. Camp	Eliza Irene Ridgon
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Georgia	Oregon
OCCUPATION	Mechanic	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 8 H0 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M D

(Physician or Midwife)

Address Weiser, Idaho

Given name added from a supplemental report

Jas

..... 19....

Filed April 25th 19 12 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 8 1953

281-215-044-897

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5714

5714

County of Washington

City of Weiser

Registration District No. 26 File No.

No. , St.

Primary Registration District No. 2112. Registered No. 65

Hospital

FULL NAME OF CHILD Gladys Shannon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	one	yes	April 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry S Shannon	Florince Huggubotham
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Beaver Utah	Browning Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Mooney

(Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed April 26th 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 30 1959

485-120-044-239

Form V. S. No. ...m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington — Registration District No. 26 — File No. 5715

City of Weiser — No. ____, ____ St. — Primary Registration District No. 2112 — Registered No. 66

Hospital ____

FULL NAME OF CHILD Paul Quinton Myers

Sex of Child: Male — Twin, Triplet, or other? x (To be answered only in event of plural births) and Number in order of birth 5th — Legitimate? yes — Date of birth April 20 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John F Myers	FULL MAIDEN NAME	Amelia S Strobel
RESIDENCE	Weiser R F D 1	RESIDENCE	Weiser R F D 1
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Harrisburg Linn Co Ore	BIRTHPLACE	Malheur Co Ore
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S R Dudley (Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed April 29 1912 W. R. Hamilton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 4 1976

980

266-230-044-316

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 1010 File No. 5716

No. ____, ____ St.

Primary Registration District No. 26 Registered No. 67

Hospital ____

FULL NAME OF CHILD Clara Abbie Bowman

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	1	Yes	4 30 1912

FATHER	MOTHER
FULL NAME: Robert R. Bowman	FULL MAIDEN NAME: Mary Abbie Cawse
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Illinois
OCCUPATION: Laborer	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Shirley, MD (Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed April 30 1912 W. R. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 6 1971

867-105-044-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Cambridge

No ....., ... St.

Hospital .....

Registration District No 26 File No. 5717

Primary Registration District No 2214 Registered No. 65

FULL NAME OF CHILD Clinton Sherman Hopper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 5 1912

FATHER		MOTHER	
FULL NAME	Clarence J. Hopper	FULL MAIDEN NAME	Gladys ~~Hopper~~ Wicks
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Springfield Mo	BIRTHPLACE	Kenwood Co Kans
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Clarence J Hopper

(Physician or Midwife)

Address Cambridge Ida

Filed Mar 12 1912 L. E. Elliott Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 7 1942

842-230-044-363

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 5718

Primary Registration District No. 2113 Registered No. 69

FULL NAME OF CHILD Catharine Hubbard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph W Hubbard	Lula Myrtle Collier
RESIDENCE	Midvale	Midvale
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Washington	Nebraska
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth two.

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. V. Tadahnuff

Physician (Physician or midwife)

Address Midvale Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 5 1912 D. V. Tadahnuff Registrar

8-Y CO. 20174

APR 1 8 1975

693 - 106-044-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26 File No. 5719

No. ..... St.

Primary Registration District No. 2113 Registered No. 70

Hospital .....

FULL NAME OF CHILD Delbert Basil Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	April 6 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Hamm Oren Williams	FULL MAIDEN NAME Jennie Rebecca Coldwell
RESIDENCE Midvale	RESIDENCE Midvale
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ill	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

(Signature) T. A. Schmidt M.D.

Physician (Physician or midwife)

Address Midvale

Filed April 8 1912 T. A. Schmidt Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Child's Birth Cert. on file: (Idaho Birth) #285326 gives father's name as Delbert Basil Williams - viewed by V.S. - Selective Service Registration Certificate, Oct. 16, 1940 gives full name as Delbert Basil Williams - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5719

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Basil Williams (Name on Original Certificate) who was born (Was Born or Died) on April 6, 1912 (Date of Event) in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Basil Williams	Delbert Basil Williams

Subscribed and sworn to before me this 19th day of March, 1962

Notary Public, residing at Weiser, Idaho
My commission expires Oct 1-1962
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Midvale Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 L 3-12-62. one copy pd. rec. #7975.

MAR 22 1962

962-116-044-219

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 5720

Primary Registration District No. 2113 Registered No. 71

FULL NAME OF CHILD Wallis Walter Rosin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	April 16 1912

FATHER		MOTHER	
FULL NAME	Fred A Rosin	FULL MAIDEN NAME	Ida Barnhardt
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	S. D.	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Lohmiller M.D.

Physician (Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 24 1912 F. A. Lohmiller Registrar

S-Y CO. 20174

MAR 7 1942

369-211-044-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED May 13, 1947

County of Washington
City of Midvale
No. ..... St.
Hospital .....

Registration District No. 26
Primary Registration District No. 2113

File No. 5721
Registered No. 72

FULL NAME OF CHILD Nellie Leona Lorentz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth	
Female			Yes	April 11 (Month) (Day)	1912 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth: one
Number of children of this mother now living, including present birth: one

FATHER		MOTHER	
FULL NAME	Newton Grant Lorentz	FULL MAIDEN NAME	Cleo Belle Linder
RESIDENCE	Midvale, Idaho	RESIDENCE	Midvale, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) F. A. Schmitz, M.D.

Physician
(Physician or midwife)

Address Midvale, Idaho

Filed Apr. 29 1912 F. A. Schmitz Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26

Primary Registration District No. 2113

File No. 5721

Registered No. 72

FULL NAME OF CHILD Lona Belle Lorenz

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 11 1912

FATHER

FULL NAME: Newton Grant Lorenz

RESIDENCE: Midvale

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Clara Belle Linder

RESIDENCE: Midvale

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho

OCCUPATION: House Wife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

(Signature) F. A. Fadelmann M.D.

Physician (Physician or midwife)

Address Midvale Idaho

Filed April 29 1912 F. A. Fadelmann Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

K

RESIDENCE

COLOR — BIRTHDAY (Year) — AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was born alive

(Signature)

(Physician or midwife)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [redacted} ss.
County of Lane

Certificate No. 5721

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Leona Belle Lorenze (Name on Original Certificate) who April 11 1912 (Was Born or ~~Died~~) on (Date of Event)
in Medvale Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Leona Belle Lorenze	Nellie Leona Lorentz
Surname	Lorenze	Lorenta

Subscribed and sworn to before me this 10th day of May, 1947

Notary Public, residing at Springfield, Oregon
My commission expires June 17, 1949
(Seal)

Signed Nellie Leona Lorentz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Lane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1947

Notary Public, residing at Springfield, Oregon
My commission expires June 17, 1949
(Seal)

Signed Benton P Lorentz
(Signature of Any Credible Person)

1736 East main Springfield
(Street Address, City, State)

MAY 13 1947

2[redacted]8-029-814

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 13

File No. 5722

No. ____, ____ St.

Primary Registration District No. 2062

Registered No. 122

Hospital

FULL NAME OF CHILD Melvina Boyys

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred L. Boyys	Birdie Hauer
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	25
BIRTHPLACE	Ida	Mo
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Thorn

Genesee Idaho (Physician or Midwife)

Given names added from a supplemental report

Address

..... 19.....

Filed May 4 1912 W. W. Cohen

..... Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 25 1950

195-210-029-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____ St.

Hospital Genesee

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2063

File No. 5723

Registered No. 131

FULL NAME OF CHILD Bernice Armstrong

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4 10 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Armstrong	Ellen Nicholson
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Cal	Idaho
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Swanson

Genesee Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed 4-19 1912 W. F. Ehrman
Registrar

S-Y CO., 16670

818-126-029-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital

Registration District No. 15

Primary Registration District No. 2063

File No. 5724

Registered No. 132

FULL NAME OF CHILD Harvey Irwin Hague

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Hague	Myra Shirley
RESIDENCE	Troy	Troy
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Idaho	Norway
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thomas

Troy Idaho (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 6 1912 W. H. Cheem Registrar

S-Y CO., 16670

289-103029-21

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5725

Primary Registration District No. 2066 Registered No. 128

FULL NAME OF CHILD Ellen Byrski

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	4 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Byrski	Coralia Statuk
RESIDENCE	Potlatch	Potlatch
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Poland	Poland
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. LeCard, M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

Ellen Byrski, 1912

D. Jr. Thompson Registrar

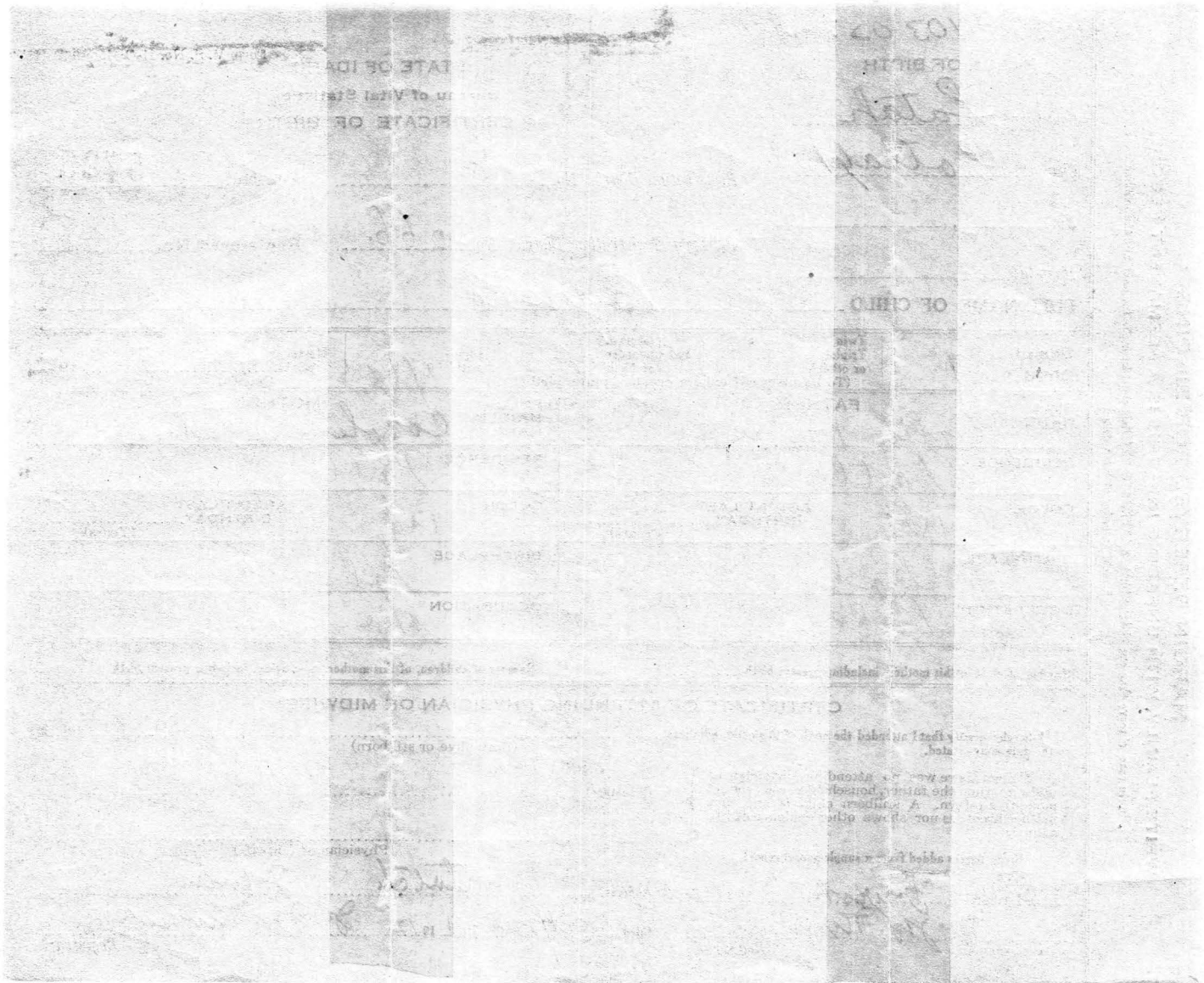
Filed April 10, 1912 D. Jr. Thompson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



259-201-029-459

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch (Country) Registration District No. 15 File No. 5726

No. ____, ____ St. Primary Registration District No. 2066 Registered No. 129

Hospital ____

FULL NAME OF CHILD Archie Raymond Berry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	—	—	Yes.	Apr 1 1912

FATHER		MOTHER	
FULL NAME	Jesse H Berry	FULL MAIDEN NAME	Vesta Berryman
RESIDENCE	Palouse, Wash. (Country)	RESIDENCE	Palouse Country
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd

M D

(Physician or Midwife)

Address Palouse, Wash.

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed April 6 1912 D. J. M. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

862-101-029-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 15. File No. 5727

No. ____, ____ St.

Primary Registration District No. 2066 Registered No. 130

Hospital ____

FULL NAME OF CHILD Marlind Hoskins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	yes	4 — 1 — 1912

FATHER	MOTHER
FULL NAME Henry Marlin Hoskins	FULL MAIDEN NAME Jennie Elizabeth Andrews
RESIDENCE Potlatch	RESIDENCE Potlatch
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive April 1st (Born alive or stillborn) at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed April 6th 1912 J. W. Tawney M.D.

Registrar

S-Y CO., 16670

Registrar

415-209-029-242

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No 15. File No. 5728

Primary Registration District No. 2066 Registered No. 127

FULL NAME OF CHILD (Not named) Frances Etta Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apl 9 1912

FATHER		MOTHER	
FULL NAME	J Bridges Davis	FULL MAIDEN NAME	Mary Van Buskirk
RESIDENCE	Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	Neb
OCCUPATION	Clk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 2.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison MD

M. D. (Physician or Midwife)

Address Palouse Wn.

Given names added from a supplemental report

Frances Etta Davis — 19.12

J. W. Thompson M.D. Registrar

Filed April 9 — 1912 D. W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17208

DECEASED

665-120-029-683

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 15

File No. 5729

No. ____, ____ St.

Primary Registration District No. 2064

Registered No. 133

Hospital ____

FULL NAME OF CHILD Aubrey R. Fondren

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis N. Fondren	Ella Wilkins
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Mississippi	Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed May 1 1912

J. E. Hoyt

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 25 1941

215-116-025-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 5730

Primary Registration District No. 2064

Registered No. 112

FULL NAME OF CHILD Clifford Adolph Sandberg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Nels Sandberg	Ada Albertina Jonea
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	39
BIRTHPLACE	Stanton Iowa	Gottenberg Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

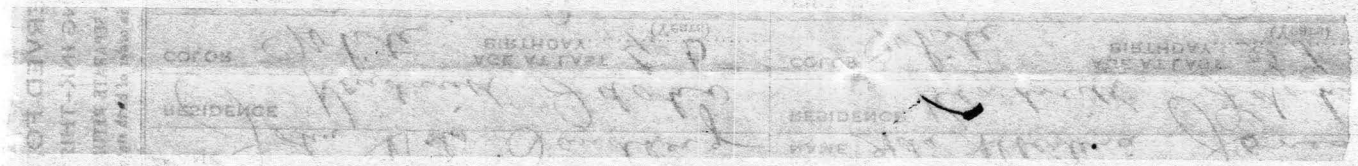
....., 19.....

Registrar

Filed Apr 8 1913 J. E. Hoyt

Registrar

S-Y CO., 16670



236-211-029-5-94

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Kendrick

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5731

Primary Registration District No. 2064 Registered No. 113

FULL NAME OF CHILD Mildred Ora Kloth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Kloth	Mary Eide
RESIDENCE	near Kendrick Idaho	near Kendrick Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	33	40
BIRTHPLACE	Norway	Norway
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Albert Kloth
father
(Physician or Midwife)

Address Kendrick

Filed March 30 1912 J. E. Hoyt
Registrar

S-Y CO., 16670

SEP 2 0 1973

553-230-029-714

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 5732

Primary Registration District No. 7064 Registered No. 114

FULL NAME OF CHILD Bertha Claudia Nilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	3 30 1912

FATHER		MOTHER	
FULL NAME	Nils Nelson	FULL MAIDEN NAME	Bertha Paulson
RESIDENCE	Near Troy	RESIDENCE	Near Troy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Hoyt MD

(Physician or ~~Midwife~~)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 30 1912 J E Hoyt

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 24 1959

APR 14 1964

195-206-025-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of near Kendrick Registration District No. 15 File No. 5733

No. ____, ____ St. Primary Registration District No. 2064 Registered No. 116

Hospital ____

FULL NAME OF CHILD Isabelle Arnot

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	3 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. C. Arnot	Nettie Boock
RESIDENCE	near Kendrick Ida	same
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	Ind	Ore
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 7 1912 J. E. Hoyt Registrar

.....
Registrar

S-Y CO., 16670

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY

396 - 213 - 029 - 351

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ *St.*

Hospital ____

Registration District No. 15 — File No. 5734

Primary Registration District No. 2064 — Registered No. 115

FULL NAME OF CHILD Muriel A. Crocker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	3 — 13 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Crocker	Lulu Leakey
RESIDENCE	Kendrick	Kendrick
COLOR	we	we
AGE AT LAST BIRTHDAY (Years)	39	32
BIRTHPLACE	Pa	Mo.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 9 M. on the date above stated.

(Signature) John E Hoyt M.D.

(Physician or Midwife)

Address ____

Filed Mch 16 19 12 — J. E. Hoyt, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

FEB 11 1943

819-220-029-213

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of near Kendrick

Registration District No. 15

File No. 5735

No. ....., ... St.

Primary Registration District No. 2064

Registered No. 117

Hospital .....

FULL NAME OF CHILD Ova Belle Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	3 20 1912

FATHER		MOTHER	
FULL NAME	J.C. Harris	FULL MAIDEN NAME	Minnie Battorff
RESIDENCE	near Kendrick	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E Hoyt MD

(Physician or Midwife)

Address Kendrick, Ida

Given names added from a supplemental report

....., 19.....

Filed 3-20 1912 J E Hoyt

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 1-30-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

453-120-029-617

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 5736

Primary Registration District No. 2064 — Registered No. 118

FULL NAME OF CHILD James Mellison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James F. Mellison	Louise May Wagner
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Kansas	Minnesota
OCCUPATION	Merchant (Hardware)	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) W. A. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Filed Apr 8 1912 J. E. Hoyt Registrar

S-Y CO., 16670

DEC 2 7 1941

236-124-029-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5737

Primary Registration District No. 2064 Registered No. 126

FULL NAME OF CHILD Orval LaVerne Stout

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Corwin S. Stout	Vera L. Gaut
RESIDENCE	Kendrick Ida.	Kendrick Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Orwood Indiana	Wallace Idaho
OCCUPATION	Barber	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or Midwife)

Address Kendrick

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 1 1912 J. E. Boyle

Registrar

S-Y CO., 16670

AUG 30 1972

666-206-029-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 5738

Primary Registration District No. 2068 Registered No. 121

FULL NAME OF CHILD Helen Majorie Wooten

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
♀	—	—	Yes	Apr. 6, 1912. (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M. Wooten	Myrtle M. McBee
RESIDENCE	Deary	Deary
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Ga.	Arkansas
OCCUPATION	Engineer	H. W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or Midwife)

Address Deary, Ida.

Given names added from a supplemental report

....., 19.....

Filed 4/7 1912. P. C. Faust

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

NAME	MAIDEN NAME
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

229-104-029-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Deary

No ✓, ✓ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 5739

Primary Registration District No. 2068 Registered No. 124

FULL NAME OF CHILD + James Albert Skinner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	✓	✓	Yes	Apr. 4 1912

FATHER		MOTHER	
FULL NAME	Raymond Richard Skinner	FULL MAIDEN NAME	Elvira Sarah Newby
RESIDENCE	Bear Ridge	RESIDENCE	Bear Ridge
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 + (Years)	AGE AT LAST BIRTHDAY	+ 26 (Years)
BIRTHPLACE	+ Washington	BIRTHPLACE	+ Washington
OCCUPATION	+ Farmer	OCCUPATION	+ house keeper

Number of child of this mother, including present birth ++

Number of children, of this mother, now living, including present birth ++

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:05 P. M. on the date above stated.

(Signature) P. C. Faust

(Physician or Midwife)

Address Deary Ida.

Filed 4/22 1912 P. C. Faust Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 30 1954

MAR 31 1954

363-222-029-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Avon

No ____, ____ St.

Hospital ____

Registration District No 15 File No. 5740

Primary Registration District No. 2068 Registered No. 125

FULL NAME OF CHILD Una Rosemary Collins

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	—	Yes.	Apr. 22, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Andy Collins	Anastacia Broz
RESIDENCE	Avon	Avon
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	44	40
BIRTHPLACE	Pa.	Germany
OCCUPATION	Farmer	Farming

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) P. C. Stanat

Physician
(Physician or Midwife)

Address Deary, Idaho

Filed 5/1 1912 P. C. Stanat
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MAR 3 1947

255-129-029-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow Nicr

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 5741

Primary Registration District No. 2062 — Registered No. 123

FULL NAME OF CHILD Olof Severson

Sex of Child: Male | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth Oct 29 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Sam Severson	FULL MAIDEN NAME	Annie Nelson
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	White	AGE AT LAST BIRTHDAY (Years)	57
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Morgan

Mid Wife

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 1 19 12

J F Kane

Registrar

S-Y CO., 16670

11-24-11

915 - 106 - 029 - 966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of South of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5742

Primary Registration District No. 2062 Registered No. 410

FULL NAME OF CHILD Barnard Azariah Randall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Randall	Grace Root
RESIDENCE	South of Moscow	South of Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Idaho	Michigan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Chas. L. Gilman M.D.

Physician

(Physician or Midwife)

Address Moscow

Filed ..... 19.....

Registrar

S-Y CO., 16670

MAR 1 2 1973

456-208-029-933

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5743

Primary Registration District No. 2062 Registered No. 109

FULL NAME OF CHILD Ruth E. Dewey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	April 6, 1912

FATHER		MOTHER	
FULL NAME	W. P. Dewey	FULL MAIDEN NAME	Frieda Illi
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 12 - A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~Midwife~~)

Address Moscow Idaho.

Given names added from a supplemental report

____, 19____

Registrar

Filed Apr 12 1912 D. F. Kramer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 23 1971

269-116-029-275

PLACE OF BIRTH

County of Laloth

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15

File No. 5744

Primary Registration District No. 2062

Registered No. 107

FULL NAME OF CHILD George Lee Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr 16, 1912

FATHER		MOTHER	
FULL NAME	James Bailey	FULL MAIDEN NAME	Leah Spencer
RESIDENCE	Near Howell	RESIDENCE	Laloth near Howell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	49
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Virginia	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Rae

Phy (Physician or Midwife)

Address Moscow

Given name added from a supplemental report

..... 19.....

Filed Apr 16 1912 D. F. Rae

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 4 1942

MAR 2 8 1974

264-115-029-165

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15 File No. 5745

Primary Registration District No. 2062 Registered No. 196

FULL NAME OF CHILD Lester A Southworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Southworth	Cloy Jones
RESIDENCE	East of Palouse	East of Palouse
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Iowa	California
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D F Ray

Phy (Physician or Midwife)

Address Moscow

Given name added from a supplemental report

....., 19.....

Registrar

Filed April 16 19 12 D F Ray

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

229-213-029-236

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Viola

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5746

Primary Registration District No. 2062 Registered No. 105

FULL NAME OF CHILD Wilma Skinner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 13, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred M. Skinner	Emma Lulu Scott
RESIDENCE	Viola	Viola
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Boatsman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician (Physician or Midwife)

Address Moscow

Given names added from a supplemental report

____, 19____

Registrar

Filed Apr 20 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 9 1970

133-227-029-636

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of ~~Kootenai~~ Latah

City of Moscow

No. ....., ... St.

Hospital .....

Registration District No. 15 File No. 5747

Primary Registration District No. 2062 Registered No. 100

FULL NAME OF CHILD Vera Irene Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	April 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. T. Allen	Amy Flowers
RESIDENCE	Moscow Idaho	Moscow
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	W. Virg.	Wash
OCCUPATION	Farmer	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10-a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 30 19 12 [illegible]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

SEP 25 1941

SEP 22 1941

This statement certifies that the Child born to Mr. and Mrs. John T. Allen of Latah county, Idaho, April 27, 1912 was Christened Vera Irene.

John T. Allen

Subscribed and Sworne to before me this 13 May 1941.

W. K. Thomas

Notary Public

Moscow Idaho

244-204-029-4 [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Registration District No. 15 File No. 5748

Primary Registration District No. 1008 Registered No. 111

FULL NAME OF CHILD Unnamed at death

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	April 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Virgil Suddreth	Bertha Maguire
RESIDENCE	Moscow	[redacted] Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Wash	Idaho.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~Midwife~~)

Address Moscow Idaho

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed Apr 8 1912 D. F. Rae
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

314-208-029-414

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 5749

Primary Registration District No. 1008 Registered No. 108

FULL NAME OF CHILD Dorothy Geneva Lauritsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 8, 1912

FATHER		MOTHER	
FULL NAME	L. C. Lauritsen	FULL MAIDEN NAME	Inga Madsen
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 12 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 1944

252 - 213 - 029 - 15 - 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5750

Primary Registration District No. 1008 Registered No. 104

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 12, 1912

FATHER		MOTHER	
FULL NAME	A. C. Kiesner	FULL MAIDEN NAME	Etta Anderson
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman

Physician (Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Apr 20 1912

E. F. Parr
Registrar

S-Y CO., 16670

255-223-029=466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow. Registration District No. 15 File No. 5751

No. ____, ____ St. Primary Registration District No. 1008 Registered No. 443

Hospital Gritman

FULL NAME OF CHILD Hester Elizabeth Knepher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Knepher	Hester Moore
RESIDENCE	Juliaetta	Juliaetta, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Ill.	Kansas.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 29 1912 S. F. Kae

Registrar

S-Y CO., 16670

K

JAN 17 1975

219-213-229-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 5752

Primary Registration District No. 1008 Registered No. 102

FULL NAME OF CHILD Alice Victoria Barthles

Sex of Child F. | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes. | Date of birth April 13, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. J. Barthles	FULL MAIDEN NAME	Emma Benson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Penn	COLOR	W.
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Minn.
		OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~Midwife~~)

Address Moscow Idaho ✓

Given names added from a supplemental report

....., 19.....

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Registrar

Filed Apr 20 1912 D. F. Ra...
Registrar

S-Y CO., 16670

JUN 26 1942

249-213-029-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Registration District No. 15 File No. 5753

Primary Registration District No. 1008 Registered No. 101

FULL NAME OF CHILD Hazel Ruth Smithwick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	Oct 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. O. Smithwick	Goldie Fogelsong
RESIDENCE	Moscow	Moscow
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Ind.	Mich
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~Midwife~~)

Address Moscow Idaho

Filed Oct 20 1912 S. F. Ramsey

Registrar

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

JUL 12 1954

811-118-029-914

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 1008

File No. 5754

Registered No. 120

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Feb 15 1912

FATHER		MOTHER	
FULL NAME	Herman Haggedorn	FULL MAIDEN NAME	Tabitha Ramsier
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	
OCCUPATION	Farming	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Cadair M.D.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

____ 19____

Filed May 1 1912 D. F. Parr

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

813-119-029-365

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 5755

No. ____, ____ St.

Primary Registration District No. 1808

Registered No. 119

Hospital

FULL NAME OF CHILD Edward Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		3	Yes	April 19, 1912

FATHER		MOTHER	
FULL NAME	Lewis E Hall	FULL MAIDEN NAME	Velma E. Longstreet
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed May 1 19 12 D. F. Rae

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 20 1942

699-2[redacted]8-456

PLACE [redacted]

County of Kootenai

City of Salt Lake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

5756

Registration District No. 121

File No. [redacted]

Primary Registration District No. 2051

Registered No. 734

FULL NAME OF CHILD Nellie Jane Friend

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	other	—	yes	Apr 1 1912

FATHER		MOTHER	
FULL NAME	Ralph R Friend	FULL MAIDEN NAME	Clara DeWitt
RESIDENCE	Blanchard	RESIDENCE	Blanchard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Md	BIRTHPLACE	Md
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Friend MD

(Physician or Midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

....., 19.....

Filed 5/10 1912 L D Brennan

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 13 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 5756

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Friend (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1912 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nellie Jane Friend

Subscribed and sworn to before me this 28 day of May, 1968

Mabel L. Deitle

Notary Public, residing at Garrettsville, Ohio.

My commission expires MABEL L. DEITLE, Notary Public, My Commission Expires [illegible] 1968

(Seal)

Signed Clara Jeanette Weather
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8519 Center St. Garrettsville Ohio 44231
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of May, 1968

Mabel L. Deitle

Notary Public, residing at Garrettsville, Ohio

My commission expires MABEL L. DEITLE, Notary Public, My Commission Expires [illegible] 1968

(Seal)

Signed G. A. Deitle Sr.
(Signature of Any Credible Person)

8519 Center St
(Street Address, City, State)
Garrettsville, Ohio 44231

FORM DH 60-155

CL 5-15-68. one copy paid

Church Record Statement by Rev. Walter S. Hengen, Jr., East Market Street United Church of Christ, states "Nellie Jane Friend was born April 1, 1912, of Ralph R. Friend and Clara B. (nee Dewitt) Friend, and was Baptized and Confirmed in our church on October 16, 1927, by the Reverend William E. Troupe, the pastor of the church at that time" - viewed by VS.

JAN 16 1969

Photo copy of Child's Birth Certificate, State of Ohio, County of Columbus (?), District # 1224, gives mother's name as Nellie Jane Friend, child bonr March 8, 1941, Sandra Alice Weyrick - viewed by VS.

764-201-008-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5757

Registration District No. 17

File No. ____

Primary Registration District No. 2049

Registered No. 73

FULL NAME OF CHILD Julia Goulett

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apr 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe Goulett	Nellie Blair
RESIDENCE	St Maries	St Maries
COLOR	W	W
AGE AT LAST BIRTHDAY	33 (Years)	19 (Years)
BIRTHPLACE	New Brunswick Canada	Little Falls Minn.
OCCUPATION	Lumber grader	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

(Signature) D E Cornwall

(Physician or ~~Midwife~~)

Address St Maries, Ida.

Filed May 10 1912 A. L. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

238-105-028-914

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5758
Local Reg. No.
Reg. Dist. No. 12

Amended 5/11/77

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Maries,
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Maries
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Howard b. (Middle): William c. (Last): Schlee

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 5, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William b. (Middle): c. (Last): Schlee

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Elberton, Georgia	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie b. (Middle): c. (Last): Ramey

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
29 YEARS	Clayton, Georgia	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. E. Cornwall
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: St. Maries, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 5/10/12
22. REGISTRAR'S SIGNATURE: D. D. Drennan
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

RECEIVED BUREAU OF VITAL STATISTICS
APR 11 12 38 PM '77

Certificate No. 5758

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Howard William Slay (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1912 (Date of Event)
in St. Maries, Idaho (Kootenai) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Slay	Schlee
father's last name	Slay	Schlee

Subscribed and sworn to before me this 17TH. day of
FEBRUARY, 1977

Notary Public, residing at YAKIMA WASHINGTON
My commission expires 3-1-79
(Seal)

Signed Howard William Slay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Schlee
RT. 1 BOX 245 TIETON WASHINGTON
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of YAKIMA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of
February, 1977

Notary Public, residing at YAKIMA
My commission expires 12-
(Seal)

Signed (Relationship is Sister) Florence L. Johnson
(Signature of Any Credible Person)
Rt 2. Box 2279 Selah Wn. 98942
(Street Address, City, State)

FORM DH 60-155

CL 2/9/77
1cc pd rec. # 10438

Marriage certif from XXXX Washington gives names as William Schlee and Louise Rader. datd April 14, 1946. viewed by V. S.

Voter's registration card gives nameas Howard Schlee dated Oct 4, 1968. in Washington. viewed by V. S.

231-105-028-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5758

Primary Registration District No. 2049 Registered No. 74

FULL NAME OF CHILD William Howard Slay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 — 5 — 1912

FATHER		MOTHER	
FULL NAME	William Slay	FULL MAIDEN NAME	Millie Ramey
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Elberton - Georgia	BIRTHPLACE	Clayton - Georgia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or Midwife)

Address St Maries

Given names added from a supplemental report

....., 19.....

Filed 5/10 1912 D E Greenman Registrar

S-Y CO., 16670

Registrar

JUN 9 1965

MAY 1 1 1977

MAR 8 1945

239-202-028-791

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of McClellan — Registration District No. 12 — File No. D 5759

No. —; St. — Primary Registration District No. 1003 — Registered No. 95

Hospital —

FULL NAME OF CHILD Thelma May Bell Strong

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	2	Yes	4 2 1912

FATHER		MOTHER	
FULL NAME	Joseph L Strong	FULL MAIDEN NAME	Clara Ethel Graves
RESIDENCE	McClellan Ida	RESIDENCE	McClellan Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry E Dahleen, Physician (Physician or Midwife)

Address Osburn Idaho

Filed Feb 10 1912 D. D. Greenawalt Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 24 1970

395-202-028-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5760

Primary Registration District No. 2049 Registered No. 76

FULL NAME OF CHILD Ruth Lindsey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 — 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Meadow Lindsey	Julia Jennison
RESIDENCE	St. Maries	St. Maries
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	18
BIRTHPLACE	Nianticy, Ill.	Dahlgren, Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 45 8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

(Physician or Midwife)

Address St Maries

Filed 5/10 1912 A. J. Greenwood Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

NOV 17 1965

719 - 104-028-622

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5761

Primary Registration District No. 2049 Registered No. 77

FULL NAME OF CHILD Lewis Alfred Gardner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes	April 4, 1912

FATHER		MOTHER	
FULL NAME	Roy Gardner	FULL MAIDEN NAME	Ethel Osborn
RESIDENCE	Harrison Idaho.	RESIDENCE	Harrison Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) April 4 1912 at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Tunney

Physician.

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed 5/10 1912 D. D. Freeman

Registrar

S-Y CO., 16670

BIRTHPLACE	
OCCUPATION	

943-206-058-943

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 17 File No. 5762

No. ....., ... St.

Primary Registration District No. 2049 Registered No. 98

Hospital .....

FULL NAME OF CHILD VIOLA PEGGY ZUCCATTI ~~Viola Zuccatti~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 6, 1912

FATHER	MOTHER
FULL NAME Natale Zuccatti	FULL MAIDEN NAME Victoria Zuccatti
RESIDENCE Harrison Idaho.	RESIDENCE Harrison Idaho.
COLOR White	AGE AT LAST BIRTHDAY 47 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Chiago. Austria	BIRTHPLACE Chiago. Austria.
OCCUPATION Laborer.	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive April 6, 1912 at 8. P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Kinney

Physician (Physician or Midwife)

Address Harrison, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/10 19 12 D D Drennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Lewis } ss.

Certificate No. 5762

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Viola Zuccatti (Name on Original Certificate) who born (Was Born or Died) on Apr.6,1912 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Viola Zuccatti	Viola Peggy Zuccatti

Subscribed and sworn to before me this 28th day of July, 19 42

Notary Public, residing at Pe Ell

My commission expires Nov.30,1943
(Seal)

Signed Victoria Zuccatti
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt.4, Chehalis, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Lewis } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 19 42

Notary Public, residing at Pe Ell

My commission expires Nov.30,1943.
(Seal)

Signed Paul Zuccatti
(Signature of Any Credible Person Other Than Previous Year)

Rt.4, Chehalis, Wash.
(Street Address, City, State)

AUG 14 1942

AUG 18 1942

353-106-028-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of K

City of Rose Lake

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5763

Primary Registration District No. 2118 Registered No. 79

FULL NAME OF CHILD Jack Lelson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Single	1	Yes	April 6, 191

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Lee Lelson	FULL MAIDEN NAME Florence May
RESIDENCE Rose Lake Ida.	RESIDENCE Rose Lake Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Minn.
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.20 Noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington M. D.

(Physician or Midwife)

Address Rose Lake Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/10 19 12 D. D. Freeman

Registrar

S-Y CO., 16670

APR 20 19
JÁN 2 5 1977

381-106-028-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. R. F. D. #2.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5764

Primary Registration District No. 2051 Registered No. 80

Hospital

FULL NAME OF CHILD Robert Charles Chandler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Apr. 6, 1912

FATHER		MOTHER	
FULL NAME	Charles E. Chandler	FULL MAIDEN NAME	Julia F. Burrows
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Penna.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or Midwife)

Address Rathdrum Ida

Given names added from a supplemental report

....., 19.....

Filed 5/10 19 17 D. D. Freeman

Registrar

S-Y CO., 16670

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FATHER

MAIDEN NAME

RESIDENCE

863-208-028-257

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

Registration District No. 12 File No. 5765

Primary Registration District No. 2049 Registered No. 81

FULL NAME OF CHILD Alpha Rose Holstine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Apr. 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Walter Holstine	Lulu May Seat
RESIDENCE	Harrison	Harrison
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	16
BIRTHPLACE	Missouri	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard de Lisle

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19....

.....
Registrar

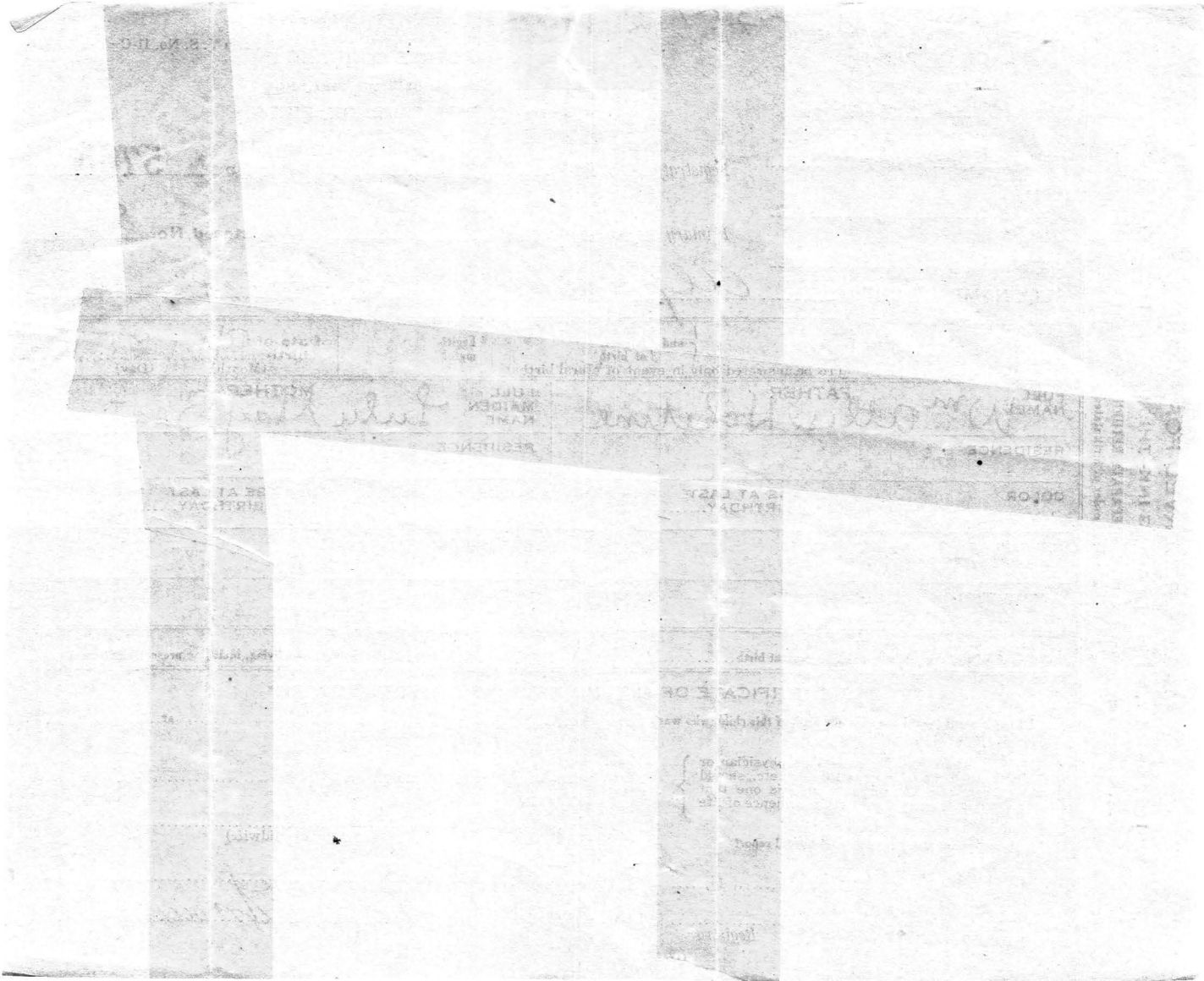
Filed 5/10 1912 D. S. Freeman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



313-108-028-454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, ____ St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5766

Primary Registration District No. 1003 Registered No. 82

FULL NAME OF CHILD Oscar Floyd Jacklind

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	1st	Yes	Apr 8 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar B. Jacklind	Rena M. Medcalf
RESIDENCE	Medimont Ida	Medimont Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	17
BIRTHPLACE	Minn.	Mont.
OCCUPATION	Setter in Saw Mill	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Henry E. Dahleen

Physician

(Physician or Midwife)

Address Coeur d'Alene Ida

Filed Apr 10 1917 W. D. Drennan
Registrar

S-Y CO., 18670

(7) 10-6-41

MAR 8 1947

214-108-028-381

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 923, Sherman St.

Hospital

Registration District No. 12

File No. 5767

Primary Registration District No. 1003

Registered No. 83

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	5	Yes	Apr. 8, 1912

FATHER	MOTHER
FULL NAME Milford A. Boucher	FULL MAIDEN NAME Laura Carney
RESIDENCE Coeur d'Alene Idaho	RESIDENCE Coeur d'Alene Ida
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR Wh AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Chipewa Falls	BIRTHPLACE Florence Wis
OCCUPATION Motorman Elect. Ry	OCCUPATION Home wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 A.M. on the date above stated.

(Signature) J. O. Dwyer

Phys.

(Physician or Midwife)

Address Coeur d'Alene Idaho

Filed 5/10/12 19 A. A. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 5 1969

195-209-028-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 5768

Primary Registration District No. 1003 Registered No. 84

FULL NAME OF CHILD Not named Arabella Charlotte Archer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	One	yes	April 9, 1912

FATHER		MOTHER	
FULL NAME	William J Archer	FULL MAIDEN NAME	Grace Nellie Seesley
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Dwyn Phys (Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/10 1912 D D Freeman Registrar

S-Y CO., 16670

File No. 3769

No. St.

Hospital

FULL NAME OF CHILD

OCCUPATION

OCCUPATION

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

867-109-028-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Sp. Lake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5769

Primary Registration District No. 205 Registered No. 85

FULL NAME OF CHILD Not named Hogue

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	—	yes	Apr 9 1917

FATHER		MOTHER	
FULL NAME	J.E. Hogue	FULL MAIDEN NAME	Catherine Lundy
RESIDENCE	Sp Lake	RESIDENCE	Spirit Lake
COLOR	W	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montana	BIRTHPLACE	Ireland
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 4 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Priddy MD

(Physician or Midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/10 1917 D D Drennan

Registrar

S-Y CO., 16670

FOR BIRTHS IN ENGLAND AND WALES

Place of Birth	Child	Full Name	Father	Full Maiden Name	Mother	Residence

345 - 213 - 028-863

PLACE OF BIRTH

County of Kootenai

City of Harriem

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 5770

Primary Registration District No. 2049 Registered No. 86

FULL NAME OF CHILD BEULAH AGNES CUNNINGHAM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 13, 1912

FATHER		MOTHER	
FULL NAME	Joseph Phillip Cunningham	FULL MAIDEN NAME	Artie Alicia Holetine
RESIDENCE	Harriem	RESIDENCE	Harriem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard LeGride

Physician

(Physician or Midwife)

Address Harriem Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/10 19 12 D. D. Brennan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 5770

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bulah Agnes Cunningham (Name on Original Certificate) who Born (Was Born or Died) on Apr. 13, 1912 (Date of Event)
in Carlin Bay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Beulah Agnes Cunningham

Subscribed and sworn to before me this 25
day of May, 1945

Notary Public, residing at Harrison,

My commission expires 11/16/46
(Seal)

Signed Beulah Agnes Underwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 9 1953

319-213-028-225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No ....., ... St.

Hospital .....

Registration District No 12 File No. 5771

Primary Registration District No. 1003 Registered No. 87

FULL NAME OF CHILD Irene Lucile Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	5/13/1914

FATHER		MOTHER	
FULL NAME	John Logan Carpenter	FULL MAIDEN NAME	Elizabeth Spellman
RESIDENCE	Coeur d' Alene Ida.	RESIDENCE	Coeur d' Alene Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Morris Ill.	BIRTHPLACE	Coal City, Ill.
OCCUPATION	Lineman	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 10:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shephard

Physician (Physician or Midwife)

Address Coeur d' Alene, Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/10 1914 John Hunt Shephard Registrar

..... Registrar

by D. Brennan Dep.

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 6 1968

419 - 114-028-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

Registration District No 12 File No. 5772

No ....., ... St.

Primary Registration District No. 1003 Registered No. 88

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	5 14 1912

FATHER	MOTHER
FULL NAME Jack Marsden	FULL MAIDEN NAME Agusta J. Hillberg
RESIDENCE Coeur d'Alene Ida.	RESIDENCE Coeur d'Alene Ida.
COLOR W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Norway	BIRTHPLACE Wisconsin
OCCUPATION Laborer in Lumber Mill	OCCUPATION H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) John Hunt Shephard

Physician

(Physician or Midwife)

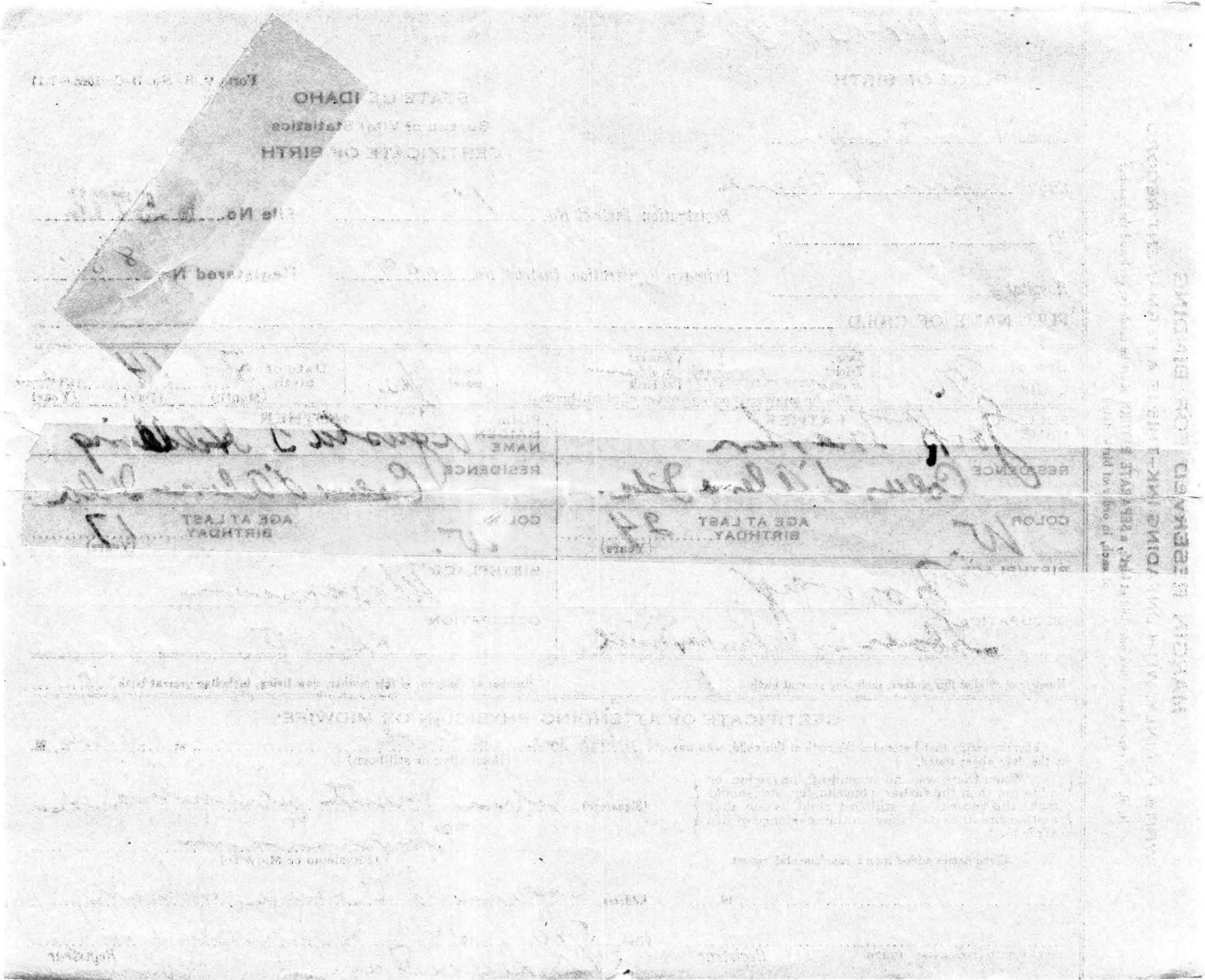
Address Coeur d'Alene Idaho

Filed Jun 10 1912 J. H. Shephard Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



655-215-025-344

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5773

Primary Registration District No. 218 Registered No. 89

FULL NAME OF CHILD Mary O Neil

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	2	yes	Apr 15 1912

FATHER		MOTHER	
FULL NAME	Edgar J O Neil	FULL MAIDEN NAME	Catherine Carmichael
RESIDENCE	Rose Lake Ida.	RESIDENCE	Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Saw filer & Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E Worthington md

(Physician or Midwife)

Address Rose Lake

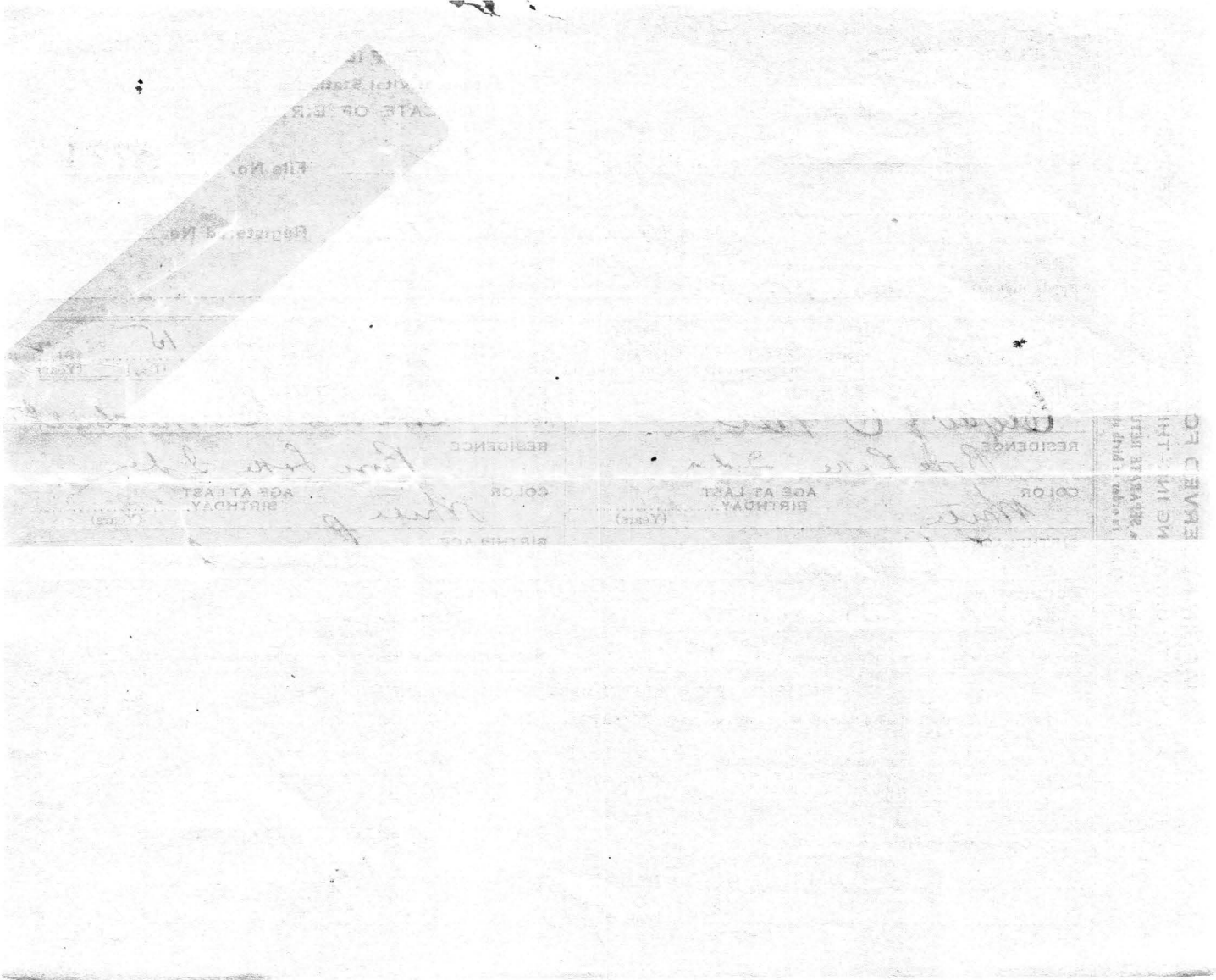
Given names added from a supplemental report

....., 19.....

Filed 5/10 1912 D D Drennan

S-Y CO., 16670 Registrar

Registrar



264-116-028-276

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 818 – 2nd St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1st

File No. 5774

Primary Registration District No. 1663

Registered No. 40

FULL NAME OF CHILD Omar Kenneth Bouffioux.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Bouffioux	Myrtle Stoutenburg
RESIDENCE	818 2nd St. C. D. A.	818 2nd St. C. D. A.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Mich.	Mich.
OCCUPATION	Postal Banker.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Wood.

Physician.

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/10, 1912 J. H. Shephard Registrar

S. D. Brennan Dep.

S-Y CO., 16670 Registrar

AUG 9 1972

12-222-028-256

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

Registration District No. 12

Primary Registration District No. 2049

File No. 5775

Registered No. 91

FULL NAME OF CHILD Frances Pearl Asbury

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F			Yes	Apr.	22	1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Asbury	Pearl Lemza
RESIDENCE	Harrison	Harrison
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	22 (Years)
BIRTHPLACE	Missouri	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L. Lisle

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed 4/10 19.12 A. A. Freeman

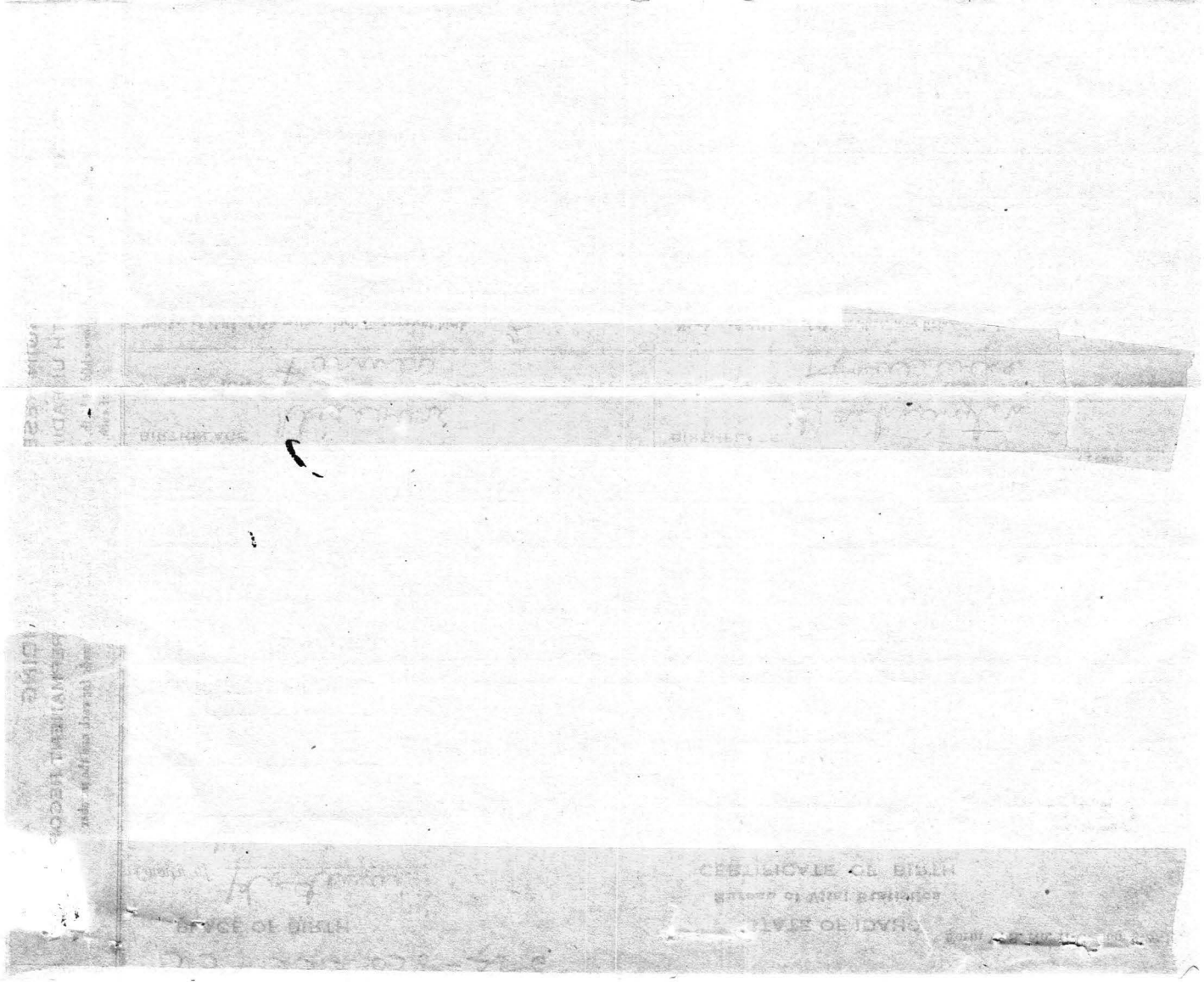
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Form V. S. No. 298—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5775

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Harrison
Street and House No.
County Kootenai

Registered Number 91
Registration District No. 12

Sex of Child Female

Date of Birth, April 27 (Month) (Day) 1914 (Year)

Full Name of Father Wm A Asbury

Full Maiden Name of Mother Pearl Sawyer

I HEREBY CERTIFY that the child described herein has been named:

Frances Pearl Asbury
(Given name in full) (Surname)

as reported by Wm W B Asbury
(Father or Mother)

L D Drennan
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

AUG 7 1973

462-128-028-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of McClellan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5776

Primary Registration District No. 1003 Registered No. 92

FULL NAME OF CHILD LeRoy Mosa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	Yes	4-28-1912

FATHER		MOTHER	
FULL NAME	Lee Mosa	FULL MAIDEN NAME	Lily Graves
RESIDENCE	McClellan, Ida	RESIDENCE	McClellan, Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry E. Dahleen

Physician

(Physician or Midwife)

Address Coeur d'Alene, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5/10 1912 D. D. Bruning Registrar

S-Y CO., 16670

JUN 30 1973

418-128-028-456

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5777

Primary Registration District No. 2051 Registered No. 93

FULL NAME OF CHILD Thomas Day

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Ap. 28, 1912

FATHER		MOTHER	
FULL NAME	Reuben Day	FULL MAIDEN NAME	Della Dawson
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	50
BIRTHPLACE	England	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a Live (Born alive or stillborn) at 11. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank L Vern M.D.

Physician

(Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

Registrar

Filed 5/10 1912 A. S. Freeman

Registrar

S-Y CO., 16670

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

942-229-028-253

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Registration District No. 12

File No. 5778

Primary Registration District No. 2049

Registered No. 94

Hospital

FULL NAME OF CHILD Lois Velma Russell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	April 29, 1912

FATHER		MOTHER	
FULL NAME	Walter Butler Russell	FULL MAIDEN NAME	Lulu Mae Kelly
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Idaho
OCCUPATION	Lumber Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L. Lisle

Physician (Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19....

Filed 5/10 19 12 D. D. Greenaway Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 29 1952

259-116-028-284

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Gibbs St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 5779

Primary Registration District No. 1003 Registered No. 95

FULL NAME OF CHILD Roy Leonard Berg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	Yes.	Mar. 16, 1912

FATHER

FULL NAME: James Berg.

RESIDENCE: Gibbs

COLOR: White. AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Germany

OCCUPATION: Lumber mapreto

MOTHER

FULL MAIDEN NAME: Mary Anna Bruecher.

RESIDENCE: Gibbs

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Chippewa Falls. Wis.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or ~~stillborn~~ on the date above stated, at 3 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Elwood

Physician.

(Physician or Midwife)

Address .....

Filed 5/10 19 12 J. H. Shepherd
Sub-Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 5779

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed child (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 2, 1912 (DATE OF EVENT)
in Gibbs, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by father's statement (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 25, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Roy Leonard Berg
Birth date	March 2, 1912	March 16, 1912
mother's name	Anna Brueher	Mary Brueher Mary Anna Brueher

Subscribed and sworn to before me this 28
day of April 1942

D. A. Sheldon

Notary Public, residing at Mt. Shasta

My commission expires June 20 1943
(SEAL)

Signed James A Berg
(SIGNATURE OF PARENT OR ATTENDANT OF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

McCloud, California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Saskatchewan } ss.
County of Canada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this twenty-fifth
day of April 1942

D.A. Sheldon

Notary Public, residing at Mt. Shasta

My commission expires June 20-1943
(SEAL)

Signed James A Berg
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Mt. Shasta Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 8 1942 By
(REGISTRAR'S SIGNATURE)

MAY 14 1942

942-116-028-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital Coeur d'Alene

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5780

Primary Registration District No. 1003 Registered No. 96

FULL NAME OF CHILD George Wright Imberg.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	May 16, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Imberg	FULL MAIDEN NAME	Pearl E. Wright
RESIDENCE	Coeur d'Alene.	RESIDENCE	Coeur d'Alene.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Castle Rock. Minn.	COLOR	White
OCCUPATION	Dentist	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Omaha. Neb.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Gilwood.

Physician. (Physician or Midwife)

Address Coeur d'Alene

Given names added from a supplemental report

....., 19.....

Filed 4/10 19 12 H. Shephard Sub-Registrar

S-Y CO., 16670 Registrar

D. D. Freeman

@ c 9/25/40
pd d

259-121-028-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No 12 File No. 5781

No ....., ... St.

Hospital Coeur d'Alene Primary Registration District No. 1003 Registered No. 97

FULL NAME OF CHILD Page Knight Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 1 1917

FATHER	MOTHER
FULL NAME: Claude J. Knight	FULL MAIDEN NAME: Elizabeth Barrington
RESIDENCE: Coeur d'Alene Idaho.	RESIDENCE: Coeur d'Alene Idaho.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Waupaca Wis.	BIRTHPLACE: Waupaca Wis
OCCUPATION: Rancher	OCCUPATION: H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shephard, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Coeur d'Alene Idaho

Filed 5/10 1917 W. W. Brennan Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar D. D. Brennan John Hunt Shephard

SEP 27 1956

JUL 7 1952

MAR 27 1948

JUL 7 1952

899-228
004-655

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted] Lake

City of Genesa

No ____, ____ St.

Hospital ____

Registration District No. 24 File No. 5782

Primary Registration District No. 2100 Registered No. 101

FULL NAME OF CHILD Opal Helen Hirschi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1	yes	Jan 25 1912

	FATHER	MOTHER
FULL NAME	Otto J Hirschi	FULL MAIDEN NAME Freesal Emma Clara Teuscher
RESIDENCE	Genesa	Genesa
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	26	17
BIRTHPLACE	Sachsen	Sachsen
OCCUPATION	Farmer	house wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Clarence Gleason (Physician or Midwife)

Address Genesa Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 2 1912 J. H. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

799-119-004-265

Amended 11-6-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5783
Local Reg. No. 11
Reg. Dist. No. 24

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Geneva

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Geneva

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Rulon b. (Middle): James c. (Last): Price

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 19, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Albert b. (Middle): Thomas c. (Last): Price

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
42 YEARS	Pennsylvania	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Frieda b. (Middle): c. (Last): Boehme

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
32 YEARS	Germany	5	1	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Erthnna Blechert

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Geneva, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 2, 1912

22. REGISTRAR'S SIGNATURE: J.W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the DIVISION OF VITAL STATISTICS, BOISE, IDAHO. in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-11

PLACE OF BIRTH

County of Bear Lake

City of Geneva

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 3783

Primary Registration District No. 2100 Registered No. 1114

FULL NAME OF CHILD James Price

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	7th	yes	April 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Thomas Price	Frieda Boehme
RESIDENCE	Geneva	Geneva
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	32 (Years)
BIRTHPLACE	Pennsylvania	Saxony Germany
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed May 2 1912 Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 6 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 6 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 5783

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Prise (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1912 (Date of Event)
in Geneva, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	James Prise	Rulon James Price
Full Name of Father	Albert Thomas Prise	Alfred Thomas Price

Subscribed and sworn to before me this 1 day of ....., 19 67

Notary Public, residing at Rupert Idaho
My commission expires 1-15-69
(Seal)

Signed Harrison Hirschi
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

228 Washington Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minn Dahs }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of ....., 19 67

Notary Public, residing at Rupert Idaho
My commission expires 1-15-69
(Seal)

Signed Ray G. Smith
(Signature of Any Credible Person)

Route 3 - Rupert, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-23-65. one copy pd. rec. #13317.

L.D.S. Church Cert. of Birth, entered on record July 7, 1912 gives full name as Rulon James Price, born April 19, 1912 at Geneva, Idaho to Albert Thomas Price and Freida Boehme - viewed by V.S.

L.D.S Church Cert. of Ordination to the office of Deacon, Jan. 10, 1927 gives full name as Rulon James Price, born April 19, 1912 at Geneva, Idaho to Albert T. Price and Frieda Boehme - viewed by V.S.

269 - 219-004-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 5785

Primary Registration District No. 2099 Registered No. 98

FULL NAME OF CHILD Arthur Paul Sorenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 19, 1912

FATHER		MOTHER	
FULL NAME	Charles Sorenson	FULL MAIDEN NAME	Mary Hans
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Denmark	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Cowley

(Physician or ~~Midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 20 1912 J. H. Shepard

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-6-41

PLACE OF BIRTH

CERTIFICATE OF BIRTH

MOTHER		FATHER	
Full Maiden Name		Full Name	
Residence		Residence	
Age at Last Birthday		Age at Last Birthday	
Color		Color	

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5795

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Dingle
Street and House No.
County Bear Lake

Registered Number 98
Registration District No. 24

Sex of Child Female

Date of Birth, Apr. (Month) 19 (Day) 1912 (Year)

Full Name of Father: Charles Sorenson

Full Maiden Name of Mother: Mary Haws

I HEREBY CERTIFY that the child described herein has been named:

Arthur Paul Sorenson
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. W. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MARGIN RESERVED FOR BINDING

844-221-004-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5787

Primary Registration District No. 2098 Registered No. 102

FULL NAME OF CHILD Elaine Anne Humberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 21, 1912

FATHER		MOTHER	
FULL NAME	Ruben Humberg	FULL MAIDEN NAME	Edith Smith
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Paris	BIRTHPLACE	Sharon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley, M.D.

(Physician or Midwife)

Address Paris, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 16, 1912 Jill Hayward

Registrar

.....

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

AUG 3 1966

249-206-004-195

Amended 10-3-61

(Be sure the information is complete and accurate)

State File No. 5788
Local Reg. No. 104
Reg. Dist. No. 24

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sharon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sharon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Wanda
b. (Middle): Marie
c. (Last): Smith

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 6, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Smith

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Sharon

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Delpha
b. (Middle): C.
c. (Last): Arnell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): St. Charles

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. D. Curley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Paris, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: May 15, 1912

20. REGISTRAR'S SIGNATURE: J.W. Hayward

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 5788

Primary Registration District No 2093 Registered No 104

FULL NAME OF CHILD Wanda Mae Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	April 17 1912

FATHER		MOTHER	
FULL NAME	William Smith	FULL MAIDEN NAME	Della Arnold
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sharon	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Corley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed May 5 1912 J. W. Hargrave
Registrar

SYMS - YORK CO., PTRS. & BORS. 17328

APR 4 1961

OCT 3 1961

L.D.S. Church Certificate of Blessing, June 2, 1912 gives full name of child as Wanda Marie Smith, daughter of William K. Smith and Delpha C. Arnell, born April 6, 1912 at Sharon, Idaho - viewed by V.S.

Mother's Death Certificate on file: (Idaho Death) #48-3240 gives full name as Delpha C. Arnell Smith (Smith is married name) born September 30, 1887 at St. Charles, Idaho - died Sept. 21, 1948 at Pocatell, Idaho- viewed by V.S.

Application for Membership to the Beneficial Protective Ass., Inc. date policy was issued July 29, 1939 gives full name as William K. Smith, born March 19, 1888 at Ovid, Idaho, age of insured at time of policy - 51 years old, -beneficiary is given as Delpha Smith, wife - viewed by V.S.

Application for License to Marry, Application No. 35369, dated December 24, 1930 gives full name of male as James Heber Lyon and full name of female as Wanda Marie Smith, born April 6, 1912 at Sharon, Idaho to William K. Smith and Delpha C. Arnell - viewed by V.S.

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 5788

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Wanda Marie Smith (Name on Original Certificate) who was born (Was Born or Died) on April 17, 1912 (Date of Event) in Sharon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Sex and Date of Birth	Male and April 17, 1912	Female and April 6, 1912
Full Maiden Name of Mother	Della Arnold	Delpha C. Arnell
Mother's Age (at time of this child's birth)	26	Sept. 30, 1887 – 24
Father's Age	29	March 19, 1888 – 24

Subscribed and sworn to before me this 22nd day of August, 1961.

John B. Lusha

Notary Public, residing at Pocatello Idaho

My commission expires 9-23-64

(Seal)

Signed Nellie E. Lyon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3571 Valley N. Pocatello Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1961.

John B. Lusha

Notary Public, residing at Pocatello Idaho

My commission expires 9-23-64

(Seal)

Signed Elma Marie Wood

(Signature of Any Credible Person)

385-11th St., Idaho Falls Idaho

(Street Address, City, State)

FORM DH 60-155 CL 5-31-61. one copy pd.

666-224-004-285

Amended 6-2-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5789
Local Reg. No. 107
Reg. Dist. No. 24

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Liberty

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Liberty

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Wanda b. (Middle): Emily c. (Last): Woods

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 24, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Fred b. (Middle): c. (Last): Woods

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
41 YEARS	Liberty, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Isabell b. (Middle): c. (Last): King

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
40 YEARS	Liberty, Idaho	5	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. F. Ashley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Paris, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 15, 1912

22. REGISTRAR'S SIGNATURE: J.W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address TAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 24 1966
Bureau of Vital Statistics

State of IDAHO
County of BEAR LAKE } ss.

Certificate No. 5789

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wanda Emily Woods (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1912 (Date of Event)
in Liberty, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by INSURANCE Policy - Son's BIRTH CERT. (Bible Record, Insurance Policy, Etc.) prepared on Apr 10 1961 - Jan 28 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this 23rd day of May, 1966

Notary Public, residing at Montpelier

My commission expires January 6, 1969

(Seal)

Signed Wanda Emily Woods Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 18 Ovid, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BEAR LAKE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 1966

Notary Public, residing at Montpelier Idaho

My commission expires January 6, 1969

(Seal)

Signed C. R. Wilson
(Signature of Any Credible Person)

452 So. 4th St Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5-17-66. two copies pd.

Own Child's Birth Cert. on file: (Idaho Birth) #284509 gives mother's name as Wanda Emily Wood - viewed by V.S.

National Public Service Insurance Co., Policy No. LIC-IDA-91362, date of issue April 10, 1961 gives full name of insured as Wanda W. Johnson, age 49, female, born April 24, 1912 at Liberty, Idaho - beneficiary is given as Herman G. Johnson, husband - viewed by V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 5789

Primary Registration District No 2093 Registered No 109

FULL NAME OF CHILD Wanda Emily Woods

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 24, 1912

FATHER		MOTHER	
FULL NAME	Fred Woods	FULL MAIDEN NAME	Isabell King
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed May 15 1912 J. W. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 14 1963

JUN 2 1966

699-121-004-799

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A+B

Registration District No 24 File No. 5790

Primary Registration District No 2092 Registered No. 100

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male / female	____	2	yes	April 21, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Ludwick Wringle	FULL MAIDEN NAME: Lotta Price
RESIDENCE: Paris	RESIDENCE: Paris
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Paris	BIRTHPLACE: Paris
OCCUPATION: Electrician	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed May 16 1912 J. H. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

699-121-004-799

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A+B

Registration District No 24 File No. 5790

Primary Registration District No 2092 Registered No. 100

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male / female	____	2	yes	April 21, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Ludwick Wringle	FULL MAIDEN NAME: Lotta Price
RESIDENCE: Paris	RESIDENCE: Paris
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Paris	BIRTHPLACE: Paris
OCCUPATION: Electrician	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed May 16 1912 J. H. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

867-219-004-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5791

Primary Registration District No. 2092 Registered No. 196

FULL NAME OF CHILD Nadia Hoge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Smith Hoge	Bertha Grummett
RESIDENCE	Paris	Paris
COLOR / AGE AT LAST BIRTHDAY	White / 26 (Years)	White / 23 (Years)
BIRTHPLACE	Paris	Bingle
OCCUPATION	Abstracter	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 15 1912 J. W. Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 10 1971

864-226-004-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. Std. C-D—10m-6-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5792

Primary Registration District No. 2092 Registered No. 105

FULL NAME OF CHILD Irene Hodges

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Hodges	Maud Neal
RESIDENCE	Garden City, Ut.	Garden City, Ut.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Laketown, Ut	Laketown, Ut.
OCCUPATION	Miller	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:10 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Corby

(Physician or ~~Midwife~~)

Given names added from a supplemental report

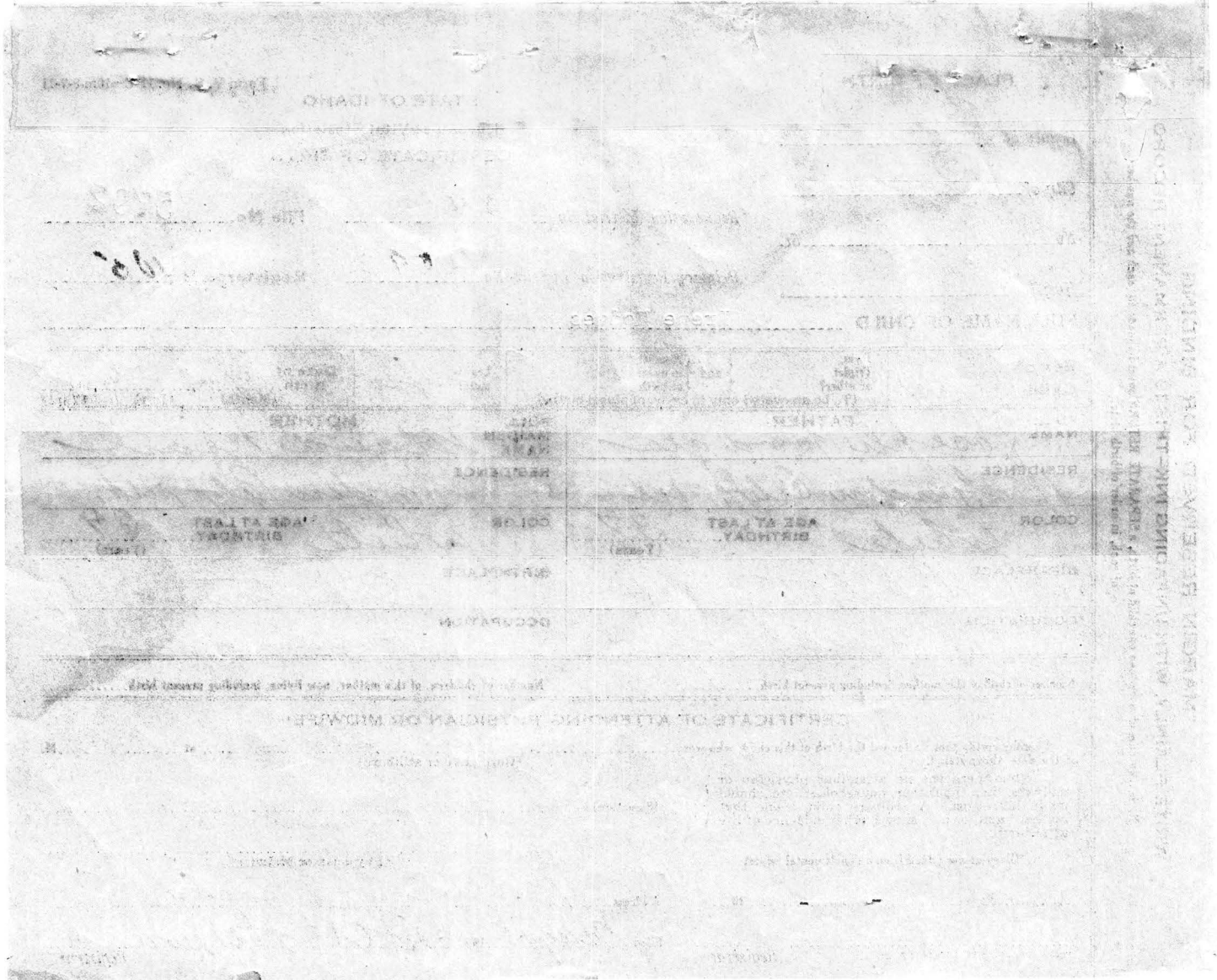
....., 19.....

Address Paris, Idaho.

Filed May 15, 1912 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



Form V. S. No. 278—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5792

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Paris
Street and House No.
County Bear Lake

Registered Number 105
Registration District No. 24

Sex of Child Female

Date of Birth, April (Month) 26 (Day) 1912 (Year)

Full Name — Father: Joseph Hodges

Full Maiden Name — Mother: Maud Stark

I HEREBY CERTIFY that the child described herein has been named:

Irene (Given name in full) Hodges (Surname)

as reported by Father (Father or Mother)

J. W. Hayward (Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

MAY 22 1967

DEC 20 1974

495-120-004-569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 5793

Primary Registration District No. 2092 Registered No. 103

FULL NAME OF CHILD Thomas Norton Minson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Minson	Christine Norton
RESIDENCE	Paris	Paris
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Paris	Paris
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Ashley & Eccley

(Physician or ~~Midwife~~)

Address Paris Idaho

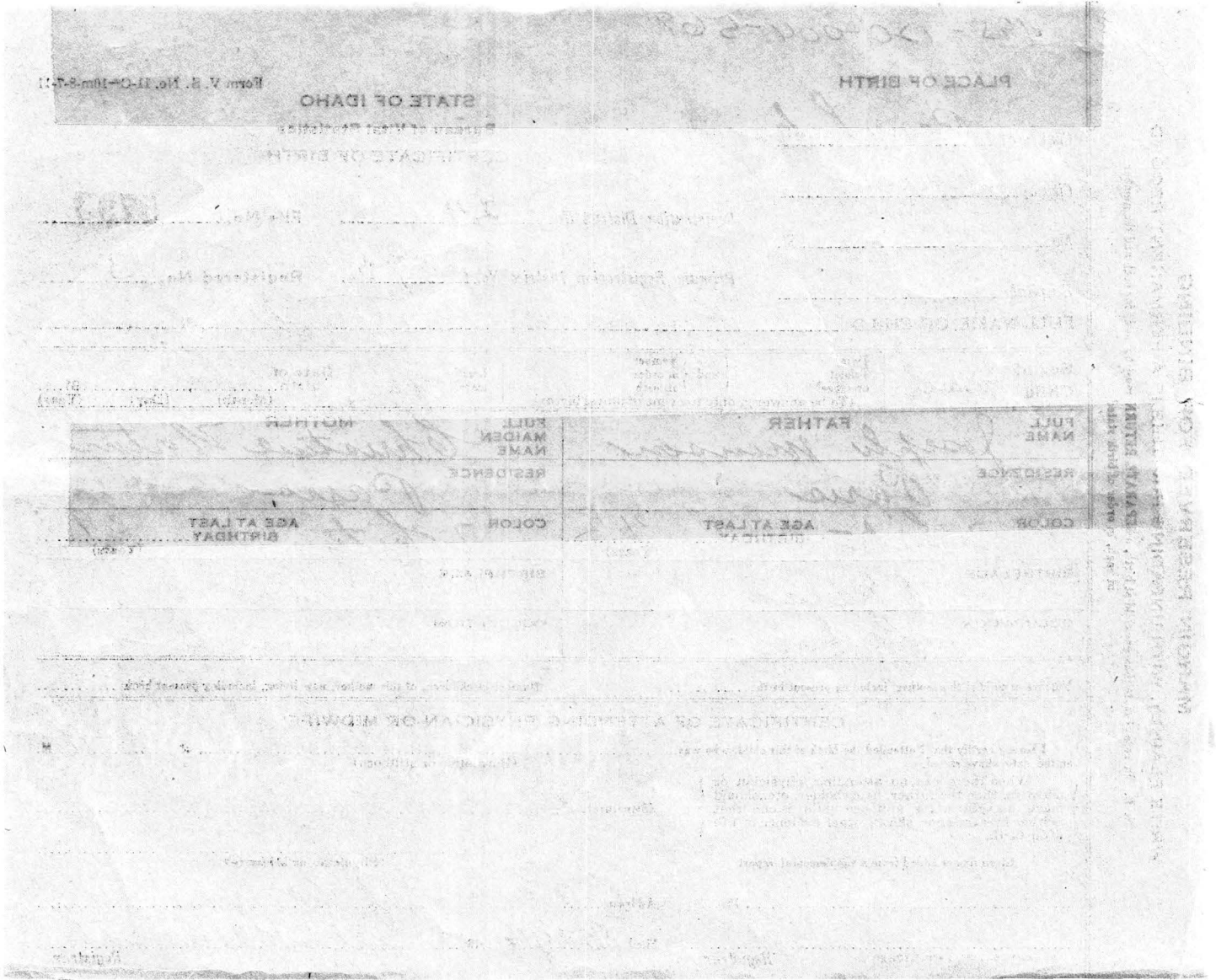
Given names added from a supplemental report

....., 19.....

Filed May 16 1912 Jell Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar



386-216-004-252

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5794

Primary Registration District No. 2091 Registered No. 99

FULL NAME OF CHILD Marie Harriett Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	April 16, 1912

FATHER		MOTHER	
FULL NAME	Hyrum Thompson	FULL MAIDEN NAME	Celia Sessions
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Woodruff, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Dr. A. D. Corby

(Physician or ~~Midwife~~)

Address Paris Idaho

Filed May 16 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	
OCCUPATION	

893-102-004-747

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 5795

Primary Registration District No. 2090 Registered No. 108

FULL NAME OF CHILD Annie Vella Hill

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	April 2, 1912

FATHER		MOTHER	
FULL NAME	William Hill	FULL MAIDEN NAME	Annie Puyniure
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	St. Charles	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 5 '12 J. W. Hayward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 1 1972

141-129-002

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Meadows

Registration District No. 4

File No. 5796

No. ——— St.

Primary Registration District No. 2012

Registered No. 33

Hospital ———

FULL NAME OF CHILD David Willis Adamson

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2 nd	Yes	April 24th 1912

FATHER	MOTHER
FULL NAME Jesse W Adamson	FULL MAIDEN NAME Faith Kerr
RESIDENCE Meadows Idaho	RESIDENCE Meadows
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Washington	BIRTHPLACE Indiana
OCCUPATION Forest Ranger	OCCUPATION House Wife

Number of child of this mother, including present birth Second

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) George L Ray MD

Physician

(Physician or Midwife)

Address Meadows Idaho

Filed 5-26- 19 12 Frank E. Brown

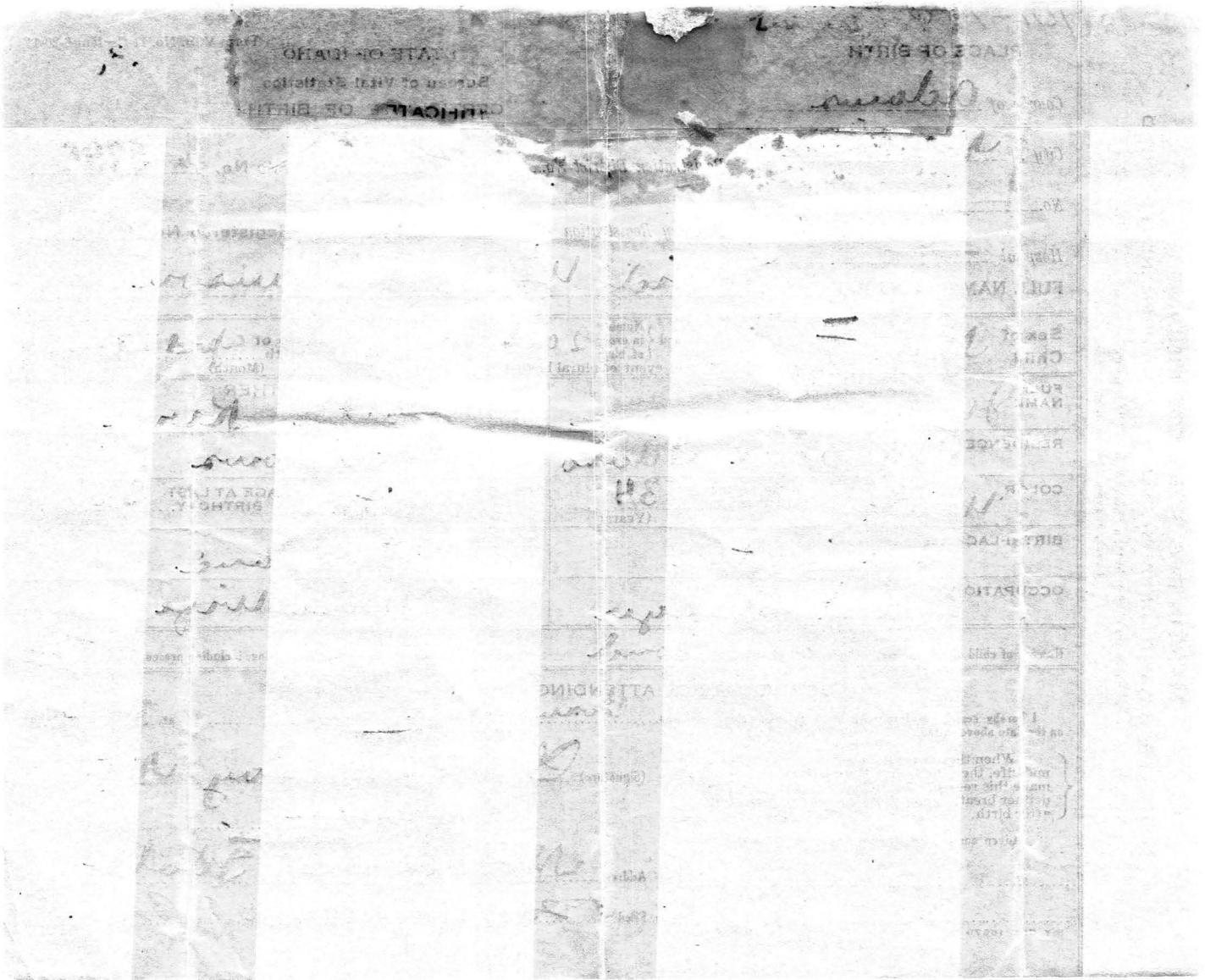
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



893 - 17-002-693

PLACE OF BIRTH

STATE OF IDAHO

Form S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

County of Adams

City of New Meadows

Registration District No. 4

File No. 5797

No. ____, ____ St.

Primary Registration District No. 2012

Registered No. 32

Hospital

FULL NAME OF CHILD Ruth Elizabeth Hill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Apl. 17, 1912

	FATHER	MOTHER
FULL NAME	John Hanks Hill	FULL MAIDEN NAME Cora E. Wilton.
RESIDENCE	New Meadows, Ida.	RESIDENCE New Meadows,
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	33.	AGE AT LAST BIRTHDAY (Years) 35
BIRTHPLACE	Oregon.	BIRTHPLACE Nebraska.
OCCUPATION	Banker.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-26- 1912 Frank L. Brown

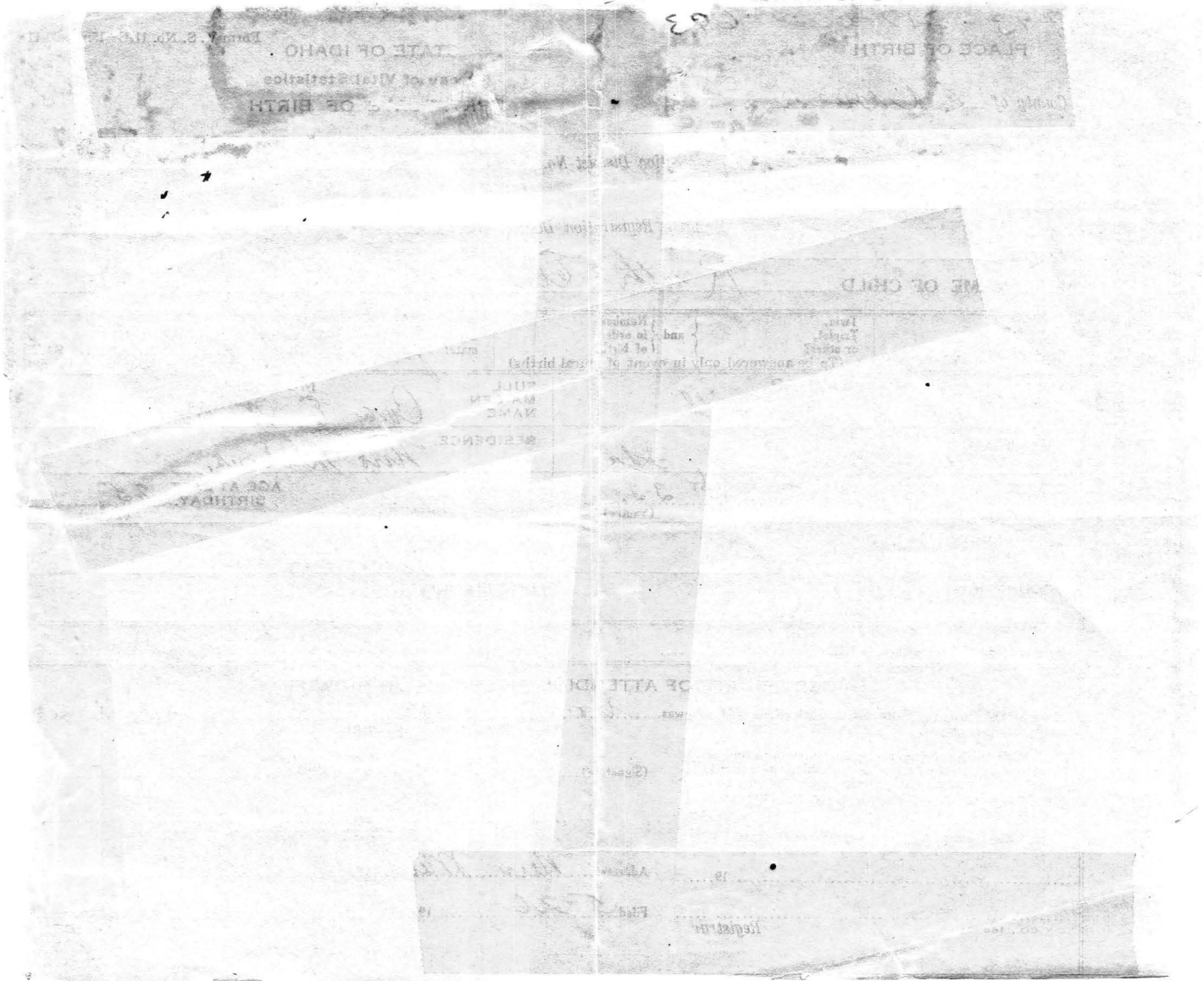
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



413-226-002-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

5798

County of Adams

City of Indian Valley Registration District No. 4 File No.

No. , St.

Primary Registration District No. 2011 Registered No. 31

Hospital

FULL NAME OF CHILD Catherine Matson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		2	Yes	April 26, 19[illegible]

FATHER		MOTHER	
FULL NAME	Chris Matson	FULL MAIDEN NAME	Sarah Jones
RESIDENCE	Indian Valley.	RESIDENCE	Indian Valley.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Ohio
OCCUPATION	Rancher.	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd. Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuth M D (Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-29 1912 Frank E Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 7 1944

419-127-002-466

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

5799

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 4

File No. 5799

No. ____, ____ St.

Primary Registration District No. 2011

Registered No. 23

Hospital ____

FULL NAME OF CHILD Harold Lister [illegible] MARKS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Ml.	—	—	yes	1 — 27 — 1912

FATHER		MOTHER	
FULL NAME	Wm Marks	FULL MAIDEN NAME	Nettie Downs
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	wht
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	[illegible] Oakwood, OHIO	BIRTHPLACE	[illegible] Dallas, Oregon
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

Mrs. E. F. Fisk, informant (Physician or Midwife)

Address Council

Given names added from a supplemental report

....., 19.....

Filed Apr 2 1912 Frank E Brown Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 14 1943

OCT 2 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Parents' Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 4/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** LESTER HAROLD MARKS

5. Date of Birth of Child (Month, day, year) Jan 27 1912

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Marks
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Oakwood, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie L. Downs
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Dallas, Oregon (City or town) (State or foreign country)
20. Exact Occupation Home making
21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie L. Marks (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Maud Fletcher Midwife Address Council, Idaho Date 9-25-1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Adams }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie L. Marks Signature

Fruitvale Idaho P. O. Address

Subscribed and sworn to before me this 25th day of September, 19 43.

(SEAL) ..... Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho—see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-117-002-755

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ____, ____ St.

Hospital ____

Registration District No. 4 File No. 5800

Primary Registration District No. 20 11 Registered No. 24

FULL NAME OF CHILD Hiram Alfred Wooden

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		—	yes	3-17, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. B. Wooden	FULL MAIDEN NAME	Mary Ann Peebles
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

W. B. Wooden Father Dng.

(Physician or Midwife)

Address Council

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 2 — 1912 Frank E Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 7 1949

NOV 21 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864-108-002-281

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 5801

Primary Registration District No. 30 11

Registered No. 25

FULL NAME OF CHILD Harold H. Houston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj Burton Houston	Lydia Edna Shaw
RESIDENCE	Council	Council
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	39	20
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Farmer	Hswf

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 3 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician or ~~Midwife~~)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 4-8 1912 Frank E Brown

S-Y CO., 16670

Registrar

Registrar

JUL 31 1972

695-120-002-959

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Registration District No. 4 File No. 5802

Primary Registration District No. 20 11 Registered No. 26

Hospital .....

FULL NAME OF CHILD Hubert Ralph

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Ml.	— (To be answered only in event of plural births)	—	Yes	4 (Month) — 20 (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	E. F. Fiske	FULL MAIDEN NAME	Mary E. Engel
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Texas	BIRTHPLACE	Ky
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 9— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician or ~~midwife~~)

Address Council

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4—20 1912 Frank E Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-123-002-281

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ____ St.

Hospital ____

Registration District No. 4 File No. 5803

Primary Registration District No. 2011 Registered No. 27

FULL NAME OF CHILD Edward Kenneth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Ml	\	\	yes	4-23-1912

FATHER		MOTHER	
FULL NAME	Harry B Bouldin	FULL MAIDEN NAME	Beatrice Shaw
RESIDENCE	Council Spokane	RESIDENCE	Council
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Neb.
OCCUPATION	Hotel Keeper	OCCUPATION	Hswf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or mid-wife~~)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 4-23-1912 Frank E. Brown

..... Registrar

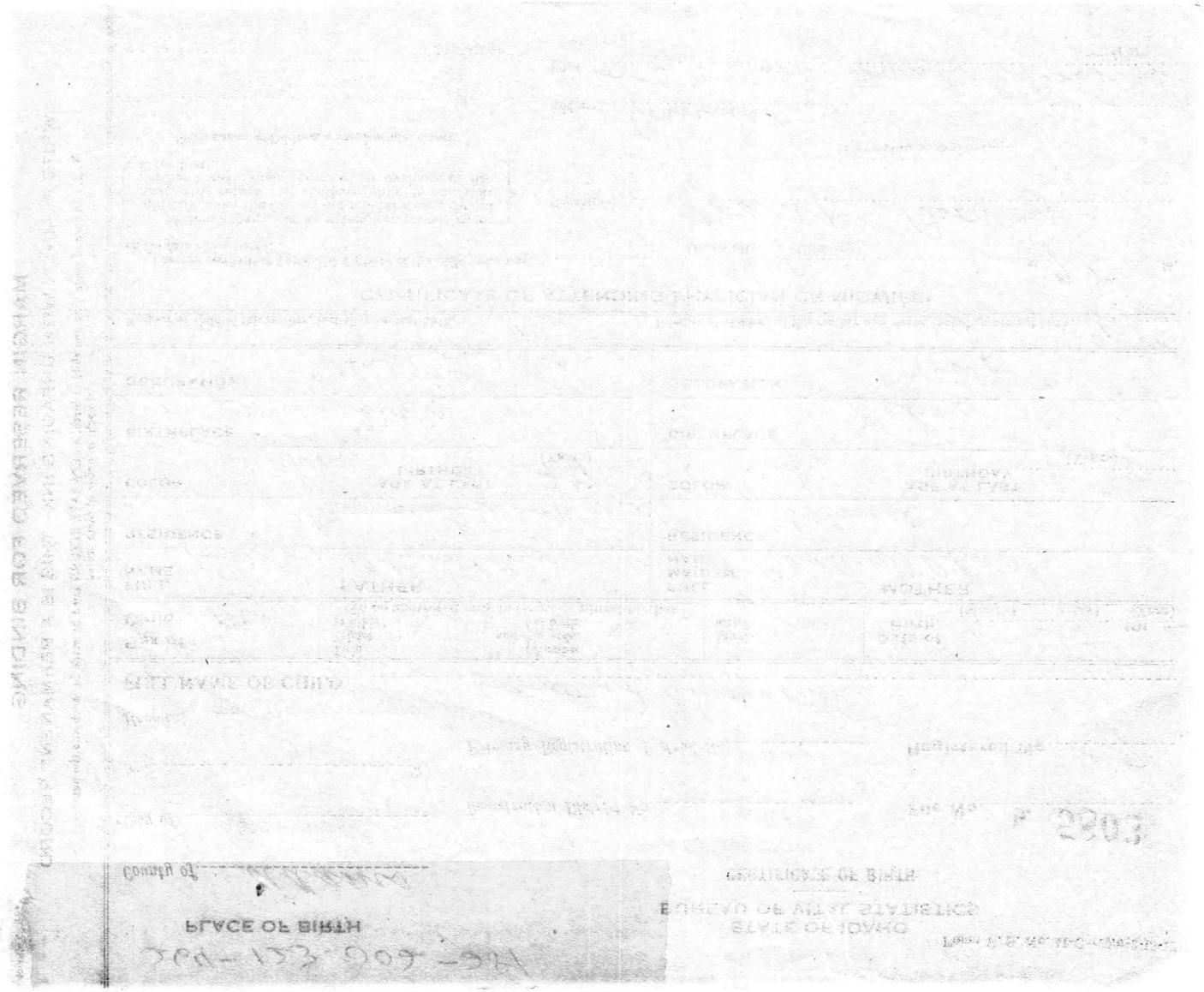
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



551-125-002-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 4

File No. 5804

No. _____ St.

Primary Registration District No. 2011

Registered No. 28

Hospital _____

FULL NAME OF CHILD Burton Cecil Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4-25-12

FATHER		MOTHER	
FULL NAME	Thos Evans	FULL MAIDEN NAME	Lucy Ball
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Forester	OCCUPATION	Hsekpr

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 P M. on the date above stated.

(Signature) Frank E Brown

(Physician or midwife)

Address Council

Filed 4-26-12 Frank E Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

5-Y CO. 20174

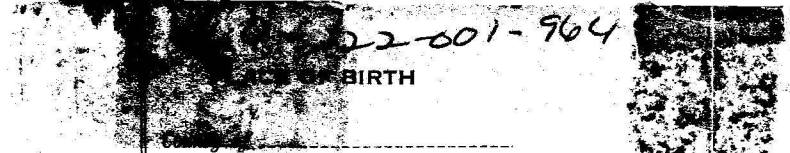
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1952

DECEASED



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

City of Boise

Registration District No. 2

File No. 5805

No. 1320, Idaho St.

Primary Registration District No. 1004

Registered No. 175

Hospital

FULL NAME OF CHILD Anna Mary Romriell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Female			Yes	May 23, 1912

	FATHER	MOTHER
FULL NAME	Henry Ferguson	Ida May Romriell
RESIDENCE	Unknown	McCammon Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	Unknown	17
BIRTHPLACE	Unknown	Idaho
OCCUPATION	Unknown	Schoolgirl

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Faull M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/28/12 19.. McCaskey Registrar

.....
Registrar

S-Y CO., 16670

DEC 3 1947

5-99

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Boise — Registration District No. 2 — File No. 5806

No. 1312, Sherman St. — Primary Registration District No. 1004 — Registered No. 174

Hospital —

FULL NAME OF CHILD Ralph Raymond Barringer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin Loren Barringer	Grace Lillian Erry
RESIDENCE	1312 Sherman	Boise
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Wyo	Utah
OCCUPATION	Cook	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Glass

✓ (Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 5/25/12 19.. M. E. Griffiths
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County No. 06

139-119-081-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rm-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 1609 State St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2

Primary Registration District No 1004

File No. 5807

Registered No. 173

FULL NAME OF CHILD ~~HAROLD~~ LEWIS ~~Xxxxx~~ Eugene Aldrich

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	(To be answered only in event of plural births)		Yes	May 19 (Month) (Day), 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry S. Aldrich	Edna F. McKenney
RESIDENCE	1609 State	1609 State
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Ind	Neb
OCCUPATION	Real Estate	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. Jenkins

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/24 1912 W. E. Hoffman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 8-1-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUL 2 1941

State of California } ss.
County of Los Angeles }

Certificate No. 5807
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Harold Lewis Aldrich (Birth or death)
for Louis Eugene Aldrich (Name on original certificate) who was born (Was born or died) on May 19th, 1912 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Louis Eugene Aldrich	Harold Lewis Aldrich

Subscribed and sworn to before me this 23rd, day of June, 1941

Viola Martone
Notary Public, residing at 2612 Mozart St.
My commission expires Dec. 18th, 1941
[SEAL]

Signed Mrs Edna D Moses
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
2328½ Johnston Street, Los Angeles, California
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd, day of June, 1941

Viola Martone
Notary Public, residing at 2612 Mozart St.
My commission expires Dec. 18th, 1941
[SEAL]

Signed Mrs Nellie Garrett
(Signature of any credible person other than the previous affiant)
2328 Johnston St.
Los Angeles Calif
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

MAR 10 1953

386-128-001-274

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5808

No. 521 South 1st St.

Primary Registration District No. 1004

Registered No. 174

Hospital —

FULL NAME OF CHILD Clarence Stevens Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Apr 28, 1912

FATHER		MOTHER	
FULL NAME	Frank Thompson	FULL MAIDEN NAME	Elizabeth Shelley
RESIDENCE	Boise Bend Ida	RESIDENCE	Boise Bend
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Twin Falls, Ida.	BIRTHPLACE	Clarkville, Ida
OCCUPATION	Lineman	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Morgan

Physician (Physician or Midwife)

Address In Co. City Bldg.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/24 19 12 W. E. Lloyd

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 17 1942

412-219-00[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 5809

No. 527 So. 13 St.

Primary Registration District No. 1004 Registered No. 171

Hospital

FULL NAME OF CHILD Bardella Leone Maerner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Raymond Maerner	Hattie Fairbanks
RESIDENCE	527 So. 13th Boise	527 So. 13th Boise
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	32 yrs.	24 yrs.
BIRTHPLACE	Kans.	Kans.
OCCUPATION	Laborer	H W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hix

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/23/12 19..... W. E. Hopkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
CERTIFICATE OF BIRTH

258-218-001-766

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5810

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 169

Hospital St. Lukes

FULL NAME OF CHILD Catherine ~~Synder~~ Snyder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter C. ~~Synder~~ Snyder	Julia A. Powell
RESIDENCE	Boise - Idaho	Boise - Idaho.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30 yrs.	25 yrs.
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Clerk	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Keil

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 5/23/12 19..... M. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 9 1944

165-219-001-343

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. V

File No. 5811

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 168

Hospital St. Alphonsus

FULL NAME OF CHILD Mary Winifred Jones

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/ (To be answered only in event of plural births)	5	yes	May 19, 1912

FATHER	MOTHER
FULL NAME: Thos. J. Jones	FULL MAIDEN NAME: Winifred Cullen
RESIDENCE: 818 N. 10th St. Boise	RESIDENCE: 818 N. 10th St. Boise Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Penn	BIRTHPLACE: Kansas City, Mo.
OCCUPATION: Attorney at Law	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/21 1912 H. C. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 11 27 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 5811

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jones (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1912 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Feb. 10, 1977 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Mary Winifred Jones

Subscribed and sworn to before me this 10th day of February, 19 77

Notary Public, residing at Boise, Idaho

My commission expires

(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February, 19 77

Notary Public, residing at

My commission expires 5/26/79

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

In office - no corresp 2-9-77

Social Security issued 1972, gives name as Mary Winifred Jones, C# 518 18 4901
Issued by The Social Secrutiy Administration.
Viewed by V.S.

Family Bible gives name as Mary Winifred Jones born May 18, 1912. Family Bible obviously old.
Viewed by V.S

666-219-001-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 2017, 713 St.

Hospital

Registration District No 2 File No. 5812

Primary Registration District No. 1804 Registered No. 167

FULL NAME OF CHILD MARY HENRIETTA KATHERINE WOODY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	3 — 19 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A Woody	Myrtle Shaw
RESIDENCE	2017 N 13 St	2017 N 13
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	16
BIRTHPLACE	U. S.	Ore
OCCUPATION	Real Estate Dealer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Fred A Tallentyre

(Physician or Midwife)

Address Falk Bldg

Filed 5/21/12 19.. W. E. Hopkins.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 28 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ga } ss.
County of ..... }

Certificate No. 5812

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mary Henrietta Katherine Woody (NAME ON ORIGINAL CERTIFICATE) who May 18 1912 (WAS BORN OR DIED) on May 18 - 1912 (DATE OF EVENT)
in Baine Ga (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 21 - 42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Mary Henrietta Katherine Woody

Subscribed and sworn to before me this 21
day of December, 19 42

Louise D. Wheat

Notary Public, residing at Bainbridge Ga

My commission expires 1945

(SEAL)

Signed Mrs C. M. Woody

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAY 2 4 1973

DEC 2 8 1942

138-112-001-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No 1904 No 19 St.

Hospital —

Registration District No 2 **File No.** 5813

Primary Registration District No. 1004 **Registered No.** 166

FULL NAME OF CHILD James Davies Athay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	May 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William L. Athay	Ruth Davies
RESIDENCE	1904 No 19th	1904 No 19
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Druggist	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Athay

Physician (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/21/12 19..... M. A. Hopkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 26 1943

JAN 25 1967

211-112-001-925

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No 407 W Bannock, *Hospital* —

Registration District No 2 — **File No.** 5814

Primary Registration District No. 1004 — **Registered No.** 165

FULL NAME OF CHILD Thomas Franklin Saake

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
M	—	—	Yes	May 17, 1912 (Month, Day, Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry A Saake	Rose Isetta
RESIDENCE	407 W. Bannock	407 W Bannock
COLOR	W	W
AGE AT LAST BIRTHDAY	37 (Years)	29 (Years)
BIRTHPLACE	Iowa	N.Y.
OCCUPATION	Prop. Billard Hall	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Thurman, Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 5/21/12, 19..... W. A. Hoskins, Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 19 1942

JAN 13 1949

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

JAN 12 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 400 Block on
(d) Name of Hospital or Maternity Home: Bannock St
None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Bannock St.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Bannock St.

4. FULL NAME OF CHILD Thomas Franklin Saake

5. Date of Birth of Child (Month, day, year) May 17, 1917

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Alexander Saake
11. Color or Race White **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Iowa (City or town), U.S.A. (State) ~~or foreign country~~)
14. Exact Occupation Merchant
15. Industry or Business Retail Cigar Stores

MOTHER OF CHILD

16. FULL MAIDEN NAME Abbie Lora Isetts
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace — (City or town) New York U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of San Francisco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Tukey (United States Army) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name)

Mrs Abbie I Saake Signature
2029 Anza St., San Francisco, California P. O. Address

Subscribed and sworn to before me this 3rd day of January 1942

(SEAL) Mrs Lenore Notary Public, residing in and for the City and County of San Francisco, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-111-001-297

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 521 S 14th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5815

Primary Registration District No. 1004 Registered No. 164

FULL NAME OF CHILD Ernest Porter Frazier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 11, 1912

FATHER		MOTHER	
FULL NAME	Ernest H. Frazier	FULL MAIDEN NAME	Ethel Sigman
RESIDENCE	521 S. 14th	RESIDENCE	521 S. 14th St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Salesman	OCCUPATION	Nurse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reg. J. Tully M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

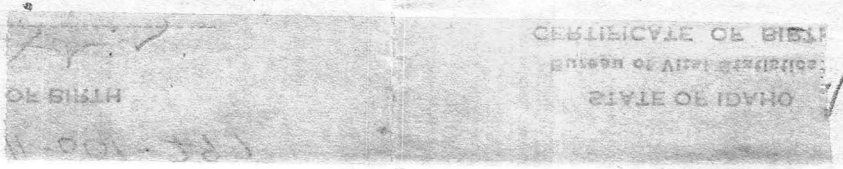
....., 19.....

Filed 5/18/12 M. E. Hopkins

Registrar

S-Y CO., 16670

Registrar



456-213-001-217

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 908 Res St.

Registration District No. 2 File No. 5816

Primary Registration District No. 1004 Registered No. 163

Hospital

FULL NAME OF CHILD Margaret Dewain

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			no	May 13, 1912

FATHER		MOTHER	
FULL NAME	Dan Dewain	FULL MAIDEN NAME	Elsa Bayle
RESIDENCE	Boise	RESIDENCE	908 Resigue
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	not known	BIRTHPLACE	Nebraska
OCCUPATION	Barber	OCCUPATION	Housemaid

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10-30a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Williamson M D

(Physician or Midwife)

Address 824 Franklin St Boise

Given names added from a supplemental report

....., 19.....

Filed 5/18 19.14 W E Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

666-114-001-849

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1035 W State St.

Hospital

Registration District No. 7

File No. 5817

Primary Registration District No. 1807

Registered No. 16

FULL NAME OF CHILD Ralph Abraham Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin L. Wood	Meta Harding
RESIDENCE	1035 W State	1035 W State
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Oregon	Vermont
OCCUPATION	Candy Maker	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St

Given names added from a supplemental report

....., 19.....

Filed 5/18 19 12 M. E. Hopkins

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-15-41.

AUG 10 1945

OCT 15 1969

JAN 30 1976

689-114-001-239

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St. Alphonsus

Registration District No. 7

File No. 5818

Primary Registration District No. 1004

Registered No. 161

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	1	2	yes	May 14, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: D. R. Whitaker	FULL MAIDEN NAME: Nellie Bliss
RESIDENCE: Boise Idaho	RESIDENCE: Boise Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Ill	BIRTHPLACE: Ill
OCCUPATION: Fruitgrower	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

May 17, 1912

Registrar

Filed 5/17 1912

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

749 - 115-001-652

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 5819

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 160

Hospital St. Lukes

FULL NAME OF CHILD Neff Hosley Smith.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	May 5 1912

FATHER		MOTHER	
FULL NAME	Charles Hosley Smith	FULL MAIDEN NAME	Elizabeth L. Neff
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Iowa
OCCUPATION	Baggageman	OCCUPATION	H W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Fully alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Keil

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 5/17/12 19.. M. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 17 1973

JAN 18 1943

468-207-001-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 1406, N 12 St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5822

Primary Registration District No. 1004 Registered No. 156

FULL NAME OF CHILD Elsie Margaret Mayer

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	1	Yes	5-7-12

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A P Mayer	Alpha Shields
RESIDENCE	1406 N 12	1406 N 12
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Nebraska	Kansas
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Swtomey

Boise Ida

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

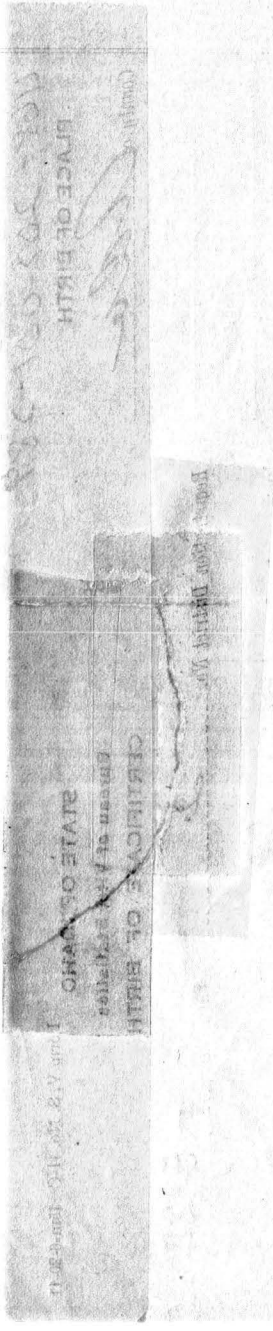
Address .....

Filed 5/10/12 19. M. E. Hopkins.

Registrar

S-Y CO., 16670

12/9/40 L. B.



285-105-001-285

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5823

No. 521 So. 12th St.

Primary Registration District No. 1004

Registered No. 155

Hospital

FULL NAME OF CHILD Melvin Cecil Shelley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5, 1912

FATHER	MOTHER
FULL NAME: George Franklin Shelley	FULL MAIDEN NAME: Edith Stella Sherard
RESIDENCE: Horseshoe Bend	RESIDENCE: Horseshoe Bend
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 26 yrs. (Years)	AGE AT LAST BIRTHDAY: 21 yrs. (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boy alone (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Kiz

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5/10/12 19..... W. E. Hopkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4/18/41 L. B.

466-106-001-443

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 521 Grove St.

Hospital

Registration District No. 2 File No. 5824

Primary Registration District No. 1004 Registered No. 154

FULL NAME OF CHILD Clarence Downald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Downald	Sarah Mullany
RESIDENCE	Sunnyside Ada	Sunnyside Ada
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31 yrs.	34 yrs.
BIRTHPLACE	Mo.	Idaho
OCCUPATION	Farmer	N.N.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Kell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 5/10/12 19..... M E Hopkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

813-206-001-231

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 604, So. 15th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5825

Primary Registration District No. 1004 Registered No. 153

FULL NAME OF CHILD Francis Marie Hall

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth May (Month) 6 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Karl V. Hall	FULL MAIDEN NAME	Marie Blanchard
RESIDENCE	604 So 15th St.	RESIDENCE	604 So 15th St.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Michigan	BIRTHPLACE	Seattle Washington
OCCUPATION	Painter.	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2-25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J Bivins MD

Physician (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 5/10/12 19.. W. E. Hopkins

Registrar

S-Y CO., 16670

Registrar

415-207-001-217

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 504, S. 13 *St.*

Hospital —

Registration District No. 2 **File No.** 5826

Primary Registration District No. 1004 **Registered No.** 1572

FULL NAME OF CHILD Alice Isabella Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 7, 1912

FATHER		MOTHER	
FULL NAME	James LeRoy Davis	FULL MAIDEN NAME	Leora Page
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Shipman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 4:35 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glass

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 5/9/12 19..

S-Y CO., 16670

Registrar

Registrar

6-27-41

545-103-001-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No 511 No 10th *St.*

Hospital —

Registration District No 7 *File No.* 5827

Primary Registration District No 1004 *Registered No* 150

FULL NAME OF CHILD Orrin Ernest Nunlist

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	May 3 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Nunlist	Alta Portners
RESIDENCE	511 No 10th	511 No 10th
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Germany	Wis
OCCUPATION	Baker	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or dead) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Lusby

Physician

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 5/7 1912 W. E. Hodgin

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 21 1953

256-204-001-458

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 811 Shatchey St.

Registration District No. 4 File No. 5828

Hospital —

Primary Registration District No. 1004 Registered No. 149

FULL NAME OF CHILD Jane Elizabeth Nuow

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes	May 4 1912

FATHER		MOTHER	
FULL NAME	Edwin A Nuow	FULL MAIDEN NAME	Alice M McGregor
RESIDENCE	811 Shatchey	RESIDENCE	811 Shatchey
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Pa.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turkey

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 5/7 19 12 W. H. Hoppe

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 22 1942

NOV 12 1976

815-219-001-559

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 5829

No. 10th & Brumback St.

Primary Registration District No. 1004

Registered No. 148

Hospital

FULL NAME OF CHILD Caroline Elizabeth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—			Apr. 19th, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur J. Hansen.	Mabel C. Hansen. (Evelette)
RESIDENCE	10th & Brumback	10th & Brumback.
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	29 yrs 5 mos.	1 yr 3 mos.
BIRTHPLACE	Little Falls Minn	Boise Ada
OCCUPATION	Carpenter.	Housewife

Number of child of this mother, including present birth ..... One.

Number of children, of this mother, now living, including present birth ... One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. B. Titus

Physician.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 7th 1912. W E Hopkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-128-001-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 5830

Primary Registration District No. 1004 Registered No. 147

FULL NAME OF CHILD Premature Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				April 28, 1912

FATHER		MOTHER	
FULL NAME	Bert A. Slater	FULL MAIDEN NAME	Francis Neely
RESIDENCE	613 S 16th St	RESIDENCE	613 S 16th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Mo
OCCUPATION	Laborer Steamfitter	OCCUPATION	Housework

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falls M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/6 19 12 W. McKnight

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

295-113-001-295

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 140 N. 3rd St.

Registration District No. 2 File No. 5831

Primary Registration District No. 1004 Registered No. 159

Hospital

FULL NAME OF CHILD Clarence Edward King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			No	May 2, 1912

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Thelma King
RESIDENCE	—	RESIDENCE	Caldwell
COLOR	—	COLOR	W
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	—	BIRTHPLACE	No —
OCCUPATION	—	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn) at 12 noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/17/12 19.. M. E. Hopkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613- 44-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No 26 File No. 5832

No ....., ... St.

Primary Registration District No. 1010 Registered No. 73

Hospital .....

FULL NAME OF CHILD Marie Waldo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	May 2nd, 1912

FATHER		MOTHER	
FULL NAME	William Waldo	FULL MAIDEN NAME	Eunice Harris
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	44
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Weiser Ida

Filed May 6th 1912 W. R. Hamilton

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

AUG 14 1964

396-206-044-391

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of R F D # 1 Weiser

Registration District No. 26 File No. 5833

No. ____, ____ St.

Primary Registration District No. 1010 Registered No. 74

Hospital Consult,

FULL NAME OF CHILD Lida Alice Crowell.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	5 6 1912

FATHER		MOTHER	
FULL NAME	Henry A. Crowell	FULL MAIDEN NAME	Lora Cauen
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	41
COLOR	white	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa Cahoun Co	BIRTHPLACE	Weiser Ida.
OCCUPATION	Farmer	OCCUPATION	Housemaker.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll C. Conant MD

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8th 1912 W. R. Hamilton

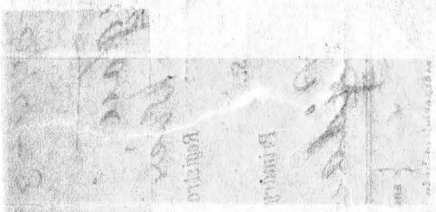
S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2/24/61/ L. B.



318-207-044-819

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. Court St.

Hospital Conant

Registration District No. 26 File No. 5834

Primary Registration District No. 1010 Registered No. 75

FULL NAME OF CHILD Margaret Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	5 7 1912

FATHER		MOTHER	
FULL NAME	Fredrick Taylor	FULL MAIDEN NAME	Anna Hartley
RESIDENCE	Weiser	RESIDENCE	Weiser Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Lawrence Kansas	BIRTHPLACE	Middleton Idaho
OCCUPATION	Farmer Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

(Signature) Conrad E. Conant M.D.

(Physician or Midwife)

Address Weiser Idaho

Filed May 11th 1912 W. R. Hamelton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

389-107-044-364

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 26 File No. 5835

Primary Registration District No. 2114 Registered No. 76

FULL NAME OF CHILD Orville John Thrall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 7, 1912

FATHER		MOTHER	
FULL NAME	Arthur A Thrall	FULL MAIDEN NAME	Amanda A Combs
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hodgen

Physician (Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 12, 1912 M. R. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 19 1966

318-107-044-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 5836

No. ~, ~ St.

Primary Registration District No. 212 Registered No. 77

Hospital

FULL NAME OF CHILD Richard Lee Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 7, 1912

FATHER		MOTHER	
FULL NAME	Waldo Taylor	FULL MAIDEN NAME	Margaret Watson
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser Wash. Co.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Canistel N.Y.	BIRTHPLACE	Millsap Texas.
OCCUPATION	Rancher	OCCUPATION	H. W.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Feeney

Physician

(Physician or Midwife)

Address Weiser, Ida. Wash. Co.

Given names added from a supplemental report

K ....., 19.....

Registrar

Filed May 14th 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

SEP 24 1942

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 1008, West 4th St.

Registration District No. 26 File No. 5837

Primary Registration District No. 1010 Registered No. 78

Hospital

FULL NAME OF CHILD Vernon Marion Hixon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 17 1912

	FATHER	MOTHER
FULL NAME	Clyde Leroy Hixon	FULL MAIDEN NAME Edna Belle Stevenson
RESIDENCE	Weiser Idaho	Weiser Idaho.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	31 *	28
BIRTHPLACE	Onega Kansas	Nebraska
OCCUPATION	Student.	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician

(Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 14th 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 27 1964

OCT 9 1942

713-129-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. R. F. D. No 2. St.

Registration District No. 26. File No. 5838

Primary Registration District No. 2112 Registered No. 79

Hospital

FULL NAME OF CHILD John Eldon Palmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			Yes	May 29 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John N. Palmer	FULL MAIDEN NAME	Rhoda Smith
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed May 29 1912 W. R. Hamilton

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

5838

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Weiser
Street and House No.
County Washington

Registered Number 79
Registration District No. 26

Sex of Child	M
Date of Birth,	May 20th 1913 (Month) (Day) (Year)
Full Name Father	John M [illegible]
Full Maiden Name Mother	[illegible]

I HEREBY CERTIFY that the child described herein has been named:

John Elden Patience
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

W. C. [illegible]
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

AUG 1 1974

959-123-094-253

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 10th & Liberty St.

Hospital

Registration District No. 26 File No. 5839

Primary Registration District No. 1010 Registered No. 53

FULL NAME OF CHILD Raymond Reininger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	May 23rd 1912

FATHER		MOTHER	
FULL NAME	Christopher C. Reininger	FULL MAIDEN NAME	Phebe J. Kelley
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Filed May 29th 1912 M. R. Hamilton

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RECORD

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

~~5-6-5~~
5839

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City..... Nezperce
Street and House No..... 10th E of Park
County..... Washington

Registered Number,..... 80
Registration District No..... 26

Sex of Child..... M

Date of Birth,..... May 23rd 1913
(Month) (Day) (Year)

Full Name of Father..... Christopher Crumrine

Full Maiden Name of Mother..... Phoebe J Kelly.

S-Y CO. 16659

I HEREBY CERTIFY that the child described herein has been named:

Raymond Crumrine
(Given name in full) (Surname)

as reported by ..... James
(Father or Mother)

W. R. Hamilton
(Local Registrar)

name added per affidavit sent years ago and
jsut attached by this office. 9-23-86 dl

SEP 23 1986

364-218-044-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser R.F.D. No 1

Registration District No 26 File No. 5849

No ....., ... St.

Primary Registration District No. 2112 Registered No. 77

Hospital .....

FULL NAME OF CHILD Helena Zefora Coulter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3rd	yes	May 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James H. Coulter	Ida Vender
RESIDENCE	Weiser	Weiser
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 44	White / 34
BIRTHPLACE	Kentucky	Montana
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mutchler

(Physician or ~~Midwife~~)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed May 24 1912 W. R. Kimmell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

NOV 18 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319 - 207-0 [redacted] 3

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of Fruitland

Registration District No. 22

File No. 5841

No. ....., ... St.

Primary Registration District No. 2008

Registered No. 56

Hospital .....

Card. Form ... Mailed 5/15/12

FULL NAME OF CHILD Grace Chatelaine Carlson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adolph E. Carlson	Tilly Petersen
RESIDENCE	Fruitland Idaho	Fruitland Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	35
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. N. Whitney M.D.

(Physician or Midwife)

Address Ontario, - Ore.

Given names added from a supplemental report -

....., 19.....

Filed May 15 1912 J. C. Woodward

.....
Registrar

S-Y CO., 16670

Registrar

JUN 25 1968

664-229-014-253

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon,

City of Emmett,

Registration District No. 3

File No. 5842

No. Third & McKinley St.

Primary Registration District No. 2010

Registered No. 37

Hospital

FULL NAME OF CHILD Lucy Elizabeth Womack

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	other		Yes	April 29, 1912.

FATHER	MOTHER
FULL NAME: Richard Ralph Womack	FULL MAIDEN NAME: Pearle Deloris Keller
RESIDENCE: Emmett, Idaho	RESIDENCE: Emmett, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Falks Store, Idaho	BIRTHPLACE: Caldwell, Idaho
OCCUPATION: Editor	OCCUPATION: Former teacher

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Flake M.D.

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Filed 6-9- 19 12 J. L. Reynolds Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 8 1942

847-109-014-125

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 3

File No. 5843

No. ____, ____ St.

Primary Registration District No. 2010

Registered No. 58

Hospital ____

FULL NAME OF CHILD James Everett Hughes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	5 - 9 - 2

FATHER		MOTHER	
FULL NAME	Charley Edward Hughes	FULL MAIDEN NAME	Anna Mahala Abney
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rockmason	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or Midwife) MD

Address Emmett Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-11 1917 J L Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUL 31 1942

AUG 19 1942

DECEASED

666-209-014-79

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of EMMETT, IDAHO.

Registration District No. 3

File No. 5844

No. ____, ____ St.

Primary Registration District No. 2010

Registered No. 59

Hospital

FULL NAME OF CHILD Maude Muriel Woody

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	5 - 9, 1912

FATHER		MOTHER	
FULL NAME	Charley Askew Woody	FULL MAIDEN NAME	Blanch Francis Gilmore
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

M.D. (Physician or Midwife)

Address Emmett Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-11 1912 J. L. Reynolds Registrar

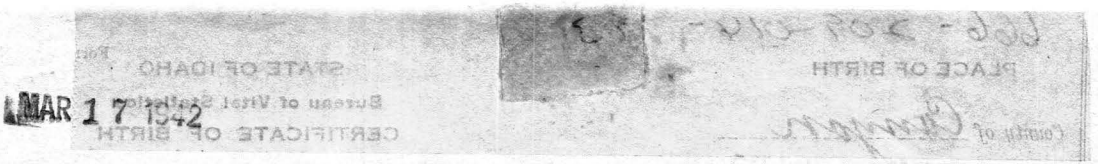
.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


MAR 17 1942

867 - 111-014-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 114 First Ave. S. St.

Hospital

Registration District No. 22 File No. 5845

Primary Registration District No. 2008 Registered No. 60

FULL NAME OF CHILD Frederick Carlton Hogue

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 11 1912

FATHER	MOTHER
FULL NAME: Frank H. Hogue	FULL MAIDEN NAME: Florence Pappan
RESIDENCE: Payette, Ida	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Ohio
OCCUPATION: Fruit & Coal Dealer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 12 1912 J. C. Woodward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7 20 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 20 1973 BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

Certificate No. 5845

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Hogue (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1912 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Frederick Carlton Hogue

Subscribed and sworn to before me this 20th day of July, 1973.

Notary Public, residing at Boise, Idaho

My commission expires 6/13/76

(Seal)

Signed Timothy E. Hogue

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7117 Cascade Drive, Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own sons birth certificate Frederick Carlton Hogue born Sept. 30,1936 at Boise, Idaho State file No. 248725, gives fathers name as Frederick Carlton Hogue.
Viewed by VS

JUL 20 1973

Church marriage Certificate - First Christian Church dated December 20, 1933 gives names as Frederick Carlton Hogue & Mary Harriet Eaton- bride & Groom.

Viewed by VS

793-112-014-466

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of near Emmett

Registration District No. 3

File No. 5846

No. ____, ____ St.

Primary Registration District No. 210

Registered No. 61

Hospital ____

FULL NAME OF CHILD Andrew Gilbride

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	**	**	yes	5-- 12 191.2

FATHER		MOTHER	
FULL NAME	Michel Gilbride	FULL MAIDEN NAME	Ellen Moore
RESIDENCE	Near Emmett	RESIDENCE	******
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

..... 19.....

Filed 6-1 1912 J. L. Reynolds

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 3 1942

437-212-014-236

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of FREMONT COUNTY IDAHO

City of [illegible], IDAHO.

Registration District No. ..... File No. 5847

No. ....., ... St.

Primary Registration District No. ..... Registered No. 62

Hospital .....

FULL NAME OF CHILD Rebecca Mary McDee

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	Single		1	yes	May	12th	1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank McDee	FULL MAIDEN NAME	Grace Stoddard
RESIDENCE	Trailland, Idaho	RESIDENCE	Trailland, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Paris, Missouri	BIRTHPLACE	Grouse Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 1 ..... Number of children, of this mother, now living, including present birth .... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright M.D.

Trailland, Idaho

(Physician or Midwife)

[illegible], IDAHO.

Address .....

Given names added from a supplemental report

....., 19.....

Filed May 15 1912 J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 27 1968

SEP 9 1942

625-117-014-5-69

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Near Emmett

No. ____, ____ St.

Hospital ____

Registration District No. 3 File No. 5848

Primary Registration District No. 211 Registered No. 63

FULL NAME OF CHILD Not named Lewis Ewing William Obermeyer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	***	***	yes	5 (Month) 17 (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Obermeyer	FULL MAIDEN NAME	Malbrey Ewing
RESIDENCE	Near Emmett	RESIDENCE	"
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M D

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-2- 19 12 J L Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 26 1956

717-120-014-391

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of (near) Payette

Registration District No. 22 File No. 5849

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 64

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 20 1912

FATHER		MOTHER	
FULL NAME	Jas W Page	FULL MAIDEN NAME	Elizabeth Crawford
RESIDENCE	(near) Payette	RESIDENCE	(near) Payette
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Mo.
		OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at 1:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 24 1912 J C Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419 - 228-014-295

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of PAYETTE, IDAHO

Registration District No. 22

File No. 5850

No. ____, ____ St.

Primary Registration District No. 2008

Registered No. 65

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 28, 1912

FATHER		MOTHER	
FULL NAME	Willard V. Marvin	FULL MAIDEN NAME	Stella King
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Teamster	AGE AT LAST BIRTHDAY	29 (Years)
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 28 1912 J. C. Woodward

S-Y CO., 18670 Registrar

Registrar

313-130-014-795

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 3 File No. 5851

No. ____, ____ St.

Primary Registration District No. 2010 Registered No. 66

Hospital ____

FULL NAME OF CHILD MARION ERNEST CALLENDER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	5 30 1912

FATHER		MOTHER	
FULL NAME	Ernest Cleveland Callender	FULL MAIDEN NAME	Vera Rachel Green
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Liveryman	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 6-30-12, 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds MD

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 6-1- 1912 J. L. Reynolds Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 5851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marion Ernest Callender (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1912 (Date of Event)
in Emmett Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Callender	Marion Ernest Callender

Subscribed and sworn to before me this 25th
day of Aug, 1942

C. A. Van Voorhis
Notary Public, residing at Boise Ida

My commission expires
(Seal)

Signed Vera Harrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 4 Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of Aug, 1942

C. A. Van Voorhis
Notary Public, residing at Boise Ida

My commission expires
(Seal)

Signed Mrs. Marion Ernest Callender
(Signature of Any Credible Person Other Than Previous Year)

1015 Roosevelt Boise
(Street Address, City, State)

AUG 25 1942

JUL 10 1973

993 - 101-014-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 22 File No. D 5852

No. ____, ____ St. Primary Registration District No. 2009 Registered No. 67

Hospital ____

FULL NAME OF CHILD Irwin Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	Yes	May 1, 1912

FATHER		MOTHER	
FULL NAME	Caleb Dee Richards	FULL MAIDEN NAME	Hattie Richards
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30	COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Nova Scotia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 M. on the date above stated.

(Signature) Wm T Drysdale

Physician (Physician or Midwife)

Address New Plymouth, Ida.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed June 1 1912 J C Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 16 1955

993-101-014-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. R. F. D. St.

Registration District No. 22

File No. 5853

Primary Registration District No. 2009

Registered No. 68

Hospital

FULL NAME OF CHILD Evans Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin	1	Yes	May 1, 1912

FATHER		MOTHER	
FULL NAME	Caleb Dee Richards	FULL MAIDEN NAME	Hattie Ringer
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Nova Scotia
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Drysdale

Physician

(Physician or Midwife)

Address New Plymouth, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1 1912 J. C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 10 1942

318-216-014-419

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Registration District No. 22

Primary Registration District No. 2009

File No. 5854

Registered No. 69

FULL NAME OF CHILD Taylor

Sex of Child female | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May (Month) 16 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Samuel F. Taylor	FULL MAIDEN NAME Augusta Marker
RESIDENCE Payette R. F. D.	RESIDENCE Payette R. F. D.
COLOR White	AGE AT LAST BIRTHDAY 66 (Years)
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale

Physician (Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 1 1912 J C Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

691-128-014-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of D, IDAHO.

No ____, ____ St.

Hospital ____

Registration District No. 22 File No. 5855

Primary Registration District No. 2008 Registered No. 70

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 28, 1914

FATHER		MOTHER	
FULL NAME	Geo. Frank	FULL MAIDEN NAME	Eva Campbell
RESIDENCE	Near Fruitland, Ida.	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or Midwife)

Address Payette, Idaho.

Given names added from a supplemental report

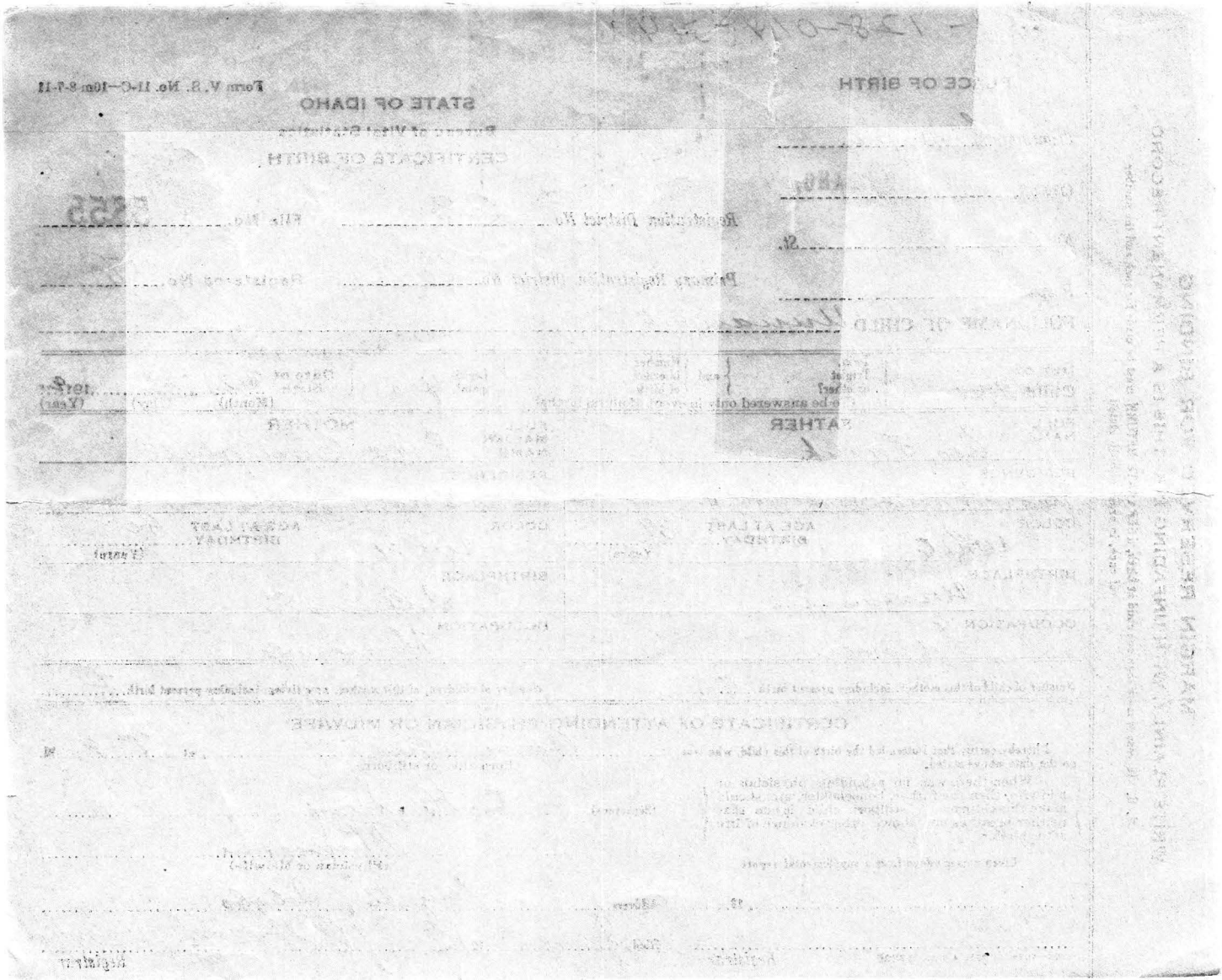
....., 19.....

Filed James 5 1915 J. C. Woodward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-2:28-007-5

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital

Registration District No. 21

File No. 5856

Primary Registration District No. 2023

Registered No. 111

FULL NAME OF CHILD Hazel Parker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5-28-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Parker	Hazel Nelson
RESIDENCE	Soldier Idaho	Soldier Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Ky.	Mich
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 5-28-1912, at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D O Higgs

Physician
(Physician or Midwife)

Address Soldier Idaho

Filed June 1 1912 Robert Leighton
Registrar

S-Y CO., 16670

DEC 2 2 1958

213-123-007-485

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5857

Primary Registration District No. 2023 Registered No. 110

FULL NAME OF CHILD Bland Ballard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 23 1912

FATHER		MOTHER	
FULL NAME	Elmer Ballard	FULL MAIDEN NAME	Carrie Munk
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5-23-1912, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Higgs

Physician
(Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Filed May 30 1912 Robert A Bryden
Registrar

.....
Registrar

S-Y CO., 16670

812-117-007-396

PLACE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 5858

Primary Registration District No. 2023 Registered No. 109

FULL NAME OF CHILD Marvel Adolph Hassel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 17 1912

FATHER		MOTHER	
FULL NAME	Adolph Hassel	FULL MAIDEN NAME	Nellie Cronen
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 5-17-1912, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Higgs

Physician
(Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Filed May 20 19 12 Robert H Wright

Registrar

.....
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 18 1942

165-212-007-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ....., ... *St.*

Hospital .....

Registration District No. 21 **File No.** 5859

Primary Registration District No. 2025 **Registered No.** 108

FULL NAME OF CHILD Estella Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	5 (Month) 12 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Ray Jones	FULL MAIDEN NAME Clara Belle Musser
RESIDENCE	Cook Idg	RESIDENCE Cook Idg
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Iowa	BIRTHPLACE Iowa
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 5-12-1912, at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Stiggs

Physician (Physician or Midwife)

Address Soldier Idg

Given names added from a supplemental report

....., 19.....

Filed May 20, 1912 R. Thornton Haughton

S-Y CO., 16670 *Registrar* *Registrar*

FEB 6 1962

652 - 111-007-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 21 **File No.** 5860

Primary Registration District No. 2023 **Registered No.** 107

FULL NAME OF CHILD Theodore Weber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 11 1912

FATHER		MOTHER	
FULL NAME	Adolph Weber	FULL MAIDEN NAME	Pauline Debrick
RESIDENCE	Soldier	RESIDENCE	Soldier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 5-11-1912, at 8-9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

(Signature) D. Ortega

Physician (Physician or Midwife)

Address Soldier Idaho

Filed May 20 1912 Robert H. Taylor *Registrar*

S-Y CO., 16670

DUP OF 1912 - 296344

259-106-002-713

PLACE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Carey

Registration District No. 21

File No. 5861

No. ____, ____ St.

Primary Registration District No. 2045

Registered No. 106

Hospital ____

FULL NAME OF CHILD John Randall Briggs

Sex of Child	Twin, Triplet or Other?	and Number in order of birth	Legitimate?	Date of birth
Male	Other (To be answered only in event of plural births)	5	Yes	April 6 (Month) (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME: William G. Briggs	FULL MAIDEN NAME: Sahara E. Patterson
RESIDENCE: Carey Idaho	RESIDENCE: Carey Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: England	BIRTHPLACE: Spanish Fork Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) Lewton MD

(Physician or Midwife)

Address Carey Ida

Filed June 1, 19 12

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 4 1974

669-222-007-713

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Registration District No. 21 File No. 5862

Primary Registration District No. 2075 Registered No. 105

Hospital ____

FULL NAME OF CHILD Sarah Viola Ford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other	8	yo	April 22, 1912

FATHER		MOTHER	
FULL NAME	Frank M. Ford	FULL MAIDEN NAME	Maggie Patrick
RESIDENCE	Carey - Idaho	RESIDENCE	Carey - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Douglas Co. Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ewton Jr

Mrs Carey - midwife (Physician or Midwife)

Address Carey Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 11 19 12 Robert Hyrum Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 4 1963

753-224-007-796

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Registration District No. 21 File No. 5863

Primary Registration District No. 2025 Registered No. 104

Hospital ____

FULL NAME OF CHILD Gladers Irma Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Other	1	yes	April 24, 1912

FATHER		MOTHER	
FULL NAME	Ruben Peterson	FULL MAIDEN NAME	Pauline Gifford
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Lava Track, Nevada	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Ferguson

(Physician or Midwife)

Address Carey Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1 1912 R. Hutchings Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

689-230-007-249

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue — Registration District No. 21 — File No. 5864

No. ____, ____ St. — Primary Registration District No. 2077 — Registered No. 103

Hospital ____

FULL NAME OF CHILD Elizabeth White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 30, 1912

FATHER		MOTHER	
FULL NAME	Thos W. White	FULL MAIDEN NAME	Lillie Burke
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ohio	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	HW

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was male alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) E. W. Kleinman M.D.

(Physician or Midwife)

Address Hailey Ida

Filed June 8 1912 Robert Leigh Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

8-27-41

296 - 121-007-231

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 5865

Primary Registration District No. 2022 Registered No. 102

FULL NAME OF CHILD AARON BILL BROOKS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	May 21 (Month) (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME	Harvey M. Brooks	Winnifred Stanfield
RESIDENCE	Hailey Ida	Hailey Idd
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed May 25 1912 R. Smith Laughlin

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
– DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 5865

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Aaron Bill Brooks

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Minnie Brooks-Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of April, 19 42
D. W. Walker

Notary Public, residing at Hailey

My commission expires April 18-1943
(Seal)

Signed Aaron Clements
(Signature of Any Credible Person Other Than Previous Year)

Hailey Idaho –
(Street Address, City, State)

APR 30 1942

1642

469-122-007-913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5866

Primary Registration District No. 2022 Registered No. 101

FULL NAME OF CHILD Robert Keith Mormon

Sex of Child: Male	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: May 22, (Month) (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eugene Mormon	Emma Rall
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed May 25 19 12 Robert H. Wright Registrar

S-Y CO., 16670

719-120-007-114

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

*No.*_____, _____ *St.*

Registration District No. 21 **File No.** 5867

Primary Registration District No. 2022 **Registered No.** 100

Hospital _____

FULL NAME OF CHILD Ross James Parkinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ross H. Parkinson	Minnie E. James
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed May 25 19 12 Lewis H. Wright Registrar

Given names added from a supplemental report

_____, 19_____

_____ Registrar

S-Y CO., 16670

819-215-007-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 5868

Primary Registration District No. 2025 Registered No. 99

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	May 15 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Kate Harris
RESIDENCE		RESIDENCE	Picabo
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE		BIRTHPLACE	Nephi Utah City Utah
OCCUPATION		OCCUPATION	School girl

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 20 19 14 R. Thorpe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-212-007-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 5869

Primary Registration District No. 2022 Registered No. 98

FULL NAME OF CHILD Infant [illegible]

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Apr 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. D. C. Wilson	Myrtle M Wilson
RESIDENCE	Bellevue Ida	Bellevue, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Clinda, Iowa	Bellevue, Ida
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Girl (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

(Physician or Midwife)

Address Bellevue Ida

Filed May 25 1912 Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

Amended 3-23-59.

PLACE OF BIRTH

796-206-007-386

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5870

Primary Registration District No. 2022 Registered No. 96

FULL NAME OF CHILD Jean Elspey Proctor

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	XX	2nd	Yes	May 6, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: R. G. Proctor	FULL MAIDEN NAME: Mabel Thomas
RESIDENCE: Bellevue, Ida.	RESIDENCE: Bellevue, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Canada
OCCUPATION: Merchant	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen, M.D.

(Physician or midwife)

Address Bellevue, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed May 25, 1912 Robert H. Wright

Registrar.

~~796-206-007-386~~
~~796-206-007-386~~
PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 5870

Primary Registration District No. 2072 Registered No. 96

FULL NAME OF CHILD JEAN PROCTOR

Sex of Child	Twin, ~~Triplet, or other?~~	Legitimate?	Date of birth (Month) (Day) (Year)
girl	yes and Number in order of birth	yes	May 6, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. J. Proctor	Mable Thomas
RESIDENCE	Bellevue	Bellevue
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Canada	Canada
OCCUPATION	merchant	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

(Physician or Midwife)

Address Bellevue Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 15 19 12 R. Thurston Hughes Registrar

S-Y CO., 16670

Willard Elementary School Record (Statement from Principal) 1923, records give name as Jean Elspey Proctor - viewed by V.S. and Letter regarding Social Security Records, from District Officein STATE OF IDAHO Seattle Washington, gives name as

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wyoming
County of Natrona } ss. Jean Elspey Proctor, #541-12-3417 - viewed by V.S.

Certificate No. 5870

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jean (Name on Original Certificate) who was born (Was Born or Died) on May 6, 1912 (Date of Event)
in Bellevue, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Jean	Jean Elspey Proctor

Subscribed and sworn to before me this 2nd day of February 19 54

Elsner L. Fuller
Notary Public, residing at 1129 So Beech Casper Wyo
My commission expires June 23 1959
(Seal)

Signed C. R. Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

116 South Kenwood, Casper, Wyoming
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming
County of Natrona } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 19 54

Elsner L. Fuller
Notary Public, residing at Casper Wyo
My commission expires June 23 1959
(Seal)

Signed E. Lois Wilson
(Signature of Any Credible Person)

116 South Kenwood, Casper, Wyoming
(Street Address, City, State)

DPH 52-155

MAR 6 1959
MAR 23 1959

699-122-007-696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. 5871

Primary Registration District No. 2022

Registered No. 95

FULL NAME OF CHILD William Arthur Wright

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	May 22, 1912

	FATHER	MOTHER
FULL NAME	O. J. Wright	Nan Froome
RESIDENCE	Bellevue	Bellevue
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Utah	Sweden
OCCUPATION	Engineer	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

(Physician or Midwife)

Address Bellevue Ida

Given names added from a supplemental report

____, 19____

Registrar

Filed May 25 19 12 Robert H. Lucas

Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

OCT 26 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-117-007-685

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

[redacted]ATE OF IDAHO

[redacted] of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21 File No. 5872

No. ____, ____ St.

Primary Registration District No. 2022 Registered No. 94

Hospital ____

FULL NAME OF CHILD no name George Wallace Barce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	May 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo W Barce	Edna F Wrencher
RESIDENCE	Lemhi Ida	Lemhi, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Richfield Conn	Bellevue, Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

(Physician or Midwife)

Address Bellevue Ida

Filed June 1 19 12 Robert H. Leigh Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

Certified copy issued 2-5-1941. dp

S. No. 27B—1M-6-20-11.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

5672

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Bellevue

Street and House No.

County Blaine

Registered Number, 94

Registration District No. 21

Sex of Child Male

Date of Birth, May 17 1912
(Month) (Day) (Year)

Full Name of Father Geo N. Barce

Full Maiden Name of Mother Edna Wrucker

I HEREBY CERTIFY that the child described herein has been named:

George Wallace Barce
(Given name in full) (Surname)

as reported by Mrs. Geo. N. Barce
(Father or Mother)

(Local Registrar)

S-Y CO. 18659

653-102-007-414

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Registration District No. 21

File No. 5873

Primary Registration District No. 2022

Registered No. 93

Hospital

FULL NAME OF CHILD Willard Wilson Welch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 2, 1912

	FATHER	MOTHER
FULL NAME	M. Reed Welch	Jean Daugherty
RESIDENCE	Hailey	Hailey
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Penn	Ohio
OCCUPATION	Electrical Manager	Hsw.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman

(Physician or ~~Midwife~~)

Address Hailey Ida

Filed May 10 19 12 Robert Hough Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 9 1972

966-102-007-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 5874

Primary Registration District No. 2025 Registered No. 92

FULL NAME OF CHILD Kenneth Bowderry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			No	May 2 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Margaret Lavern Harris
RESIDENCE		RESIDENCE	Picabo Idaho
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR White	AGE AT LAST BIRTHDAY 15 (Years)
BIRTHPLACE		BIRTHPLACE	Nephi Juab Co. Utah
OCCUPATION		OCCUPATION	none

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Hailey Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 1912 [illegible] Registrar

S-Y CO. 20174

PLACE OF BIRTH

395-203-025-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 5875

Primary Registration District No. 2044 Registered No. 81

FULL NAME OF CHILD Inez Irene Livengood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 3, 1912

FATHER		MOTHER	
FULL NAME	E. D. Livengood	FULL MAIDEN NAME	Pearl Woods
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or Midwife)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

Filed June 1 1912 G S Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 21 1953

495-215-025 1866 Married

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Ferdinand P.O. Registration District No. 2042 File No. 5876

No. ____, ____ St.

Primary Registration District No. 10 Registered No. 80

Hospital ____

FULL NAME OF CHILD Dorothy Clara Dietrich

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		one	yes	April 15, 1912

FATHER		MOTHER	
FULL NAME	Max a Dietrich	FULL MAIDEN NAME	Josie Howell
RESIDENCE	Ferdinand Id.	RESIDENCE	Ferdinand P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~27~~ (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truth, M.D.

(Physician or Midwife)

Address Cottonwood Ida

Given names added from a supplemental report

....., 19.....

Filed May 1 1912 G S [illegible] Registrar

.....
Registrar

S-Y CO., 16670

Joe [illegible] Co. Sub Reg.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

JAN 23 1957

415-114-025-814

PLACE OF BIRTH — Not Named

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand — Registration District No. 2042 — File No. 5878

No. ____, ____ St. — Primary Registration District No. 10 — Registered No. 78

Hospital ____

FULL NAME OF CHILD Lynn Darel Manning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	May 14 1912

FATHER		MOTHER	
FULL NAME	Clyde E Manning	FULL MAIDEN NAME	Thona Hamill (Manning)
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Cashier Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt, M.D.
Phys. (Physician or Midwife)
Address Cottonwood Ida

Given names added from a supplemental report

....., 19.....
..... Registrar

Filed May 17 1912 G S Stockton Registrar
per W Blake Supvs

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 3 1942

619-216-005-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Weotlake

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2042 File No. 5879

Primary Registration District No. 10 Registered No. 77

FULL NAME OF CHILD [redacted] Hazel May Warren

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George B Warren	Annie Smith
RESIDENCE	Weotlake Idaho	same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Mo.	Mo
OCCUPATION	Farm Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 : P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician or ~~Midwife~~)

Address Kentonville Idaho

Filed May 25 1912 G S Stockton Registrar

per H B Blake Sub Reg.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

FEB 7 1961

693-128-025-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Mt Idaho

No ____, ____ St.

Hospital ____

Registration District No 10 File No. 5889

Primary Registration District No. 1001 Registered No. 76

FULL NAME OF CHILD MELBORN MAX WILLIAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	May 28, 1912

FATHER		MOTHER	
FULL NAME	Mackie H. Williams	FULL MAIDEN NAME	Hazel Pearl Ward
RESIDENCE	Mt Idaho Ida	RESIDENCE	Mt Idaho Ida
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30
COLOR	white	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) C. W. Shuson M.D.

Grangeville Ida
(Physician or Midwife)

Address Grangeville Idaho

Filed June 1 1912 G. S. Stockton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO SEP 2 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 5880

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Melvin Maxwell Williams (Name on Original Certificate) who was born (Was Born or Died) on May 28, 1912 (Date of Event)
in Mt. Idaho, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Melvin Maxwell	Melborn Max Williams

Subscribed and sworn to before me this 28th day of August, 1942

Notary Public, residing at Grangeville, Idaho

My commission expires March 12, 1946
(Seal)

Signed M. H. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August, 1942

Notary Public, residing at Grangeville, Idaho

My commission expires March 12, 1946
(Seal)

Signed Wm. T. Williams.
(Signature of Any Credible Person Other Than Previous Year)

Grangeville, Idaho
(Street Address, City, State)

SEP 3 1942

431-12-9-025-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 5881

No. ____, ____ St.

Primary Registration District No. 1001 Registered No. 75

Hospital ____

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 29, 1912

FATHER		MOTHER	
FULL NAME	A. H. McAlpine	FULL MAIDEN NAME	Jennie Hart
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Scotland	COLOR	White
OCCUPATION	Merchant	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10-30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Id.

Given names added from a supplemental report

....., 19.....

Filed May 29 1912 G. S. Stockton

Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

249-102-035-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of ~~Town Forest~~ winona, Id, Registration District No. 10 File No. 5882

No. ....., ... St.

Primary Registration District No. 2044. Registered No. 74

Hospital .....

FULL NAME OF CHILD Anthony Hurdy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 2 1912

FATHER		MOTHER	
FULL NAME	Joseph I Hurdy	FULL MAIDEN NAME	Budonia Hurdy
RESIDENCE	winona Id	RESIDENCE	winona Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Arabia	BIRTHPLACE	Arabia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph I Hurdy

Father

(~~Physician or Midwife~~)

Address winona Idaho

Given names added from a supplemental report

....., 19.....

Filed May 28 1912 G S Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

NOV 6 1944

458-107-825-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5883

Primary Registration District No. 9044 Registered No. 73

FULL NAME OF CHILD Orville Morris DeHaven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John DeHaven	Pearl Copper
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Idaho	Wisconsin
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed May 28 1912 G. S. Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 1 9 1974

493-120-025-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5885

Primary Registration District No. 1004 Registered No. 71

FULL NAME OF CHILD Marion Monroe

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	3d	yes	May 20 1912

FATHER		MOTHER	
FULL NAME	E. P. Miller	FULL MAIDEN NAME	Mable J. Shanholtzer
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

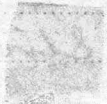
(Signature) C. N. Shuson M.D.

(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed May 23 1912 G. S. Stockton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



455-204025-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5886

Primary Registration District No. 1001 Registered No. 70

FULL NAME OF CHILD Lucy Kathrine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		6 th	yes	May 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin L. Ewing	Nora S. Nelson
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Minnesota	Wisconsin
OCCUPATION	Mining Contractor	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed May 23 1912 G. B. Sloeckin

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

DUP OF 1912-264586

813-213-025-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fall Creek

No ____, ____ St.

Hospital ____

Registration District No 10 File No. 5887

Primary Registration District No. 7041 Registered No. 69

FULL NAME OF CHILD Winnifred Frances Hackett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	March 13th 1912

FATHER		MOTHER	
FULL NAME	Herbert Raley Hackett	FULL MAIDEN NAME	Clara Dorcas Inman
RESIDENCE	Fall Creek, Idaho Co.	RESIDENCE	Fall Creek, Idaho Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Louisville Ky.	BIRTHPLACE	Boone Co. Ark.
OCCUPATION	Miner & Farmer	OCCUPATION	Home Making

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mattie Soards

Fall Creek Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 16 1912 G. S. Stockton

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

NOV 23 1959

SEP 2 1952

263-202-025-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho.

City of Stite.

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 5888

Primary Registration District No. 2101 Registered No. 68

FULL NAME OF CHILD Helen Jane Solberg.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.	✓	✓	yes	April 2 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter O. Solberg	Margaret P. Olsen
RESIDENCE	Stites Idaho	Stites Ida.
COLOR	Light	Light
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Clayton. Wisc.	Milwaukee. Wisc.
OCCUPATION	Brakeman	House wife

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 6 1917 H. E. Snyder M.D.

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

JAN 1 9 1970

AUG 3 0 1945

251-116-025-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Winona

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 5889

Primary Registration District No. 2101 Registered No. 67

FULL NAME OF CHILD No Name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	yes	April 16, 1912

FATHER		MOTHER	
FULL NAME	Thomas Gray	FULL MAIDEN NAME	May Barton
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arkansaw	BIRTHPLACE	Arkansaw
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated. April 16th 1912 at 2 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs R A Lyda
(Physician or Midwife)

Address Filer Idaho

Filed Apr. 19 1912 Houston E. Snyder
Registrar

SYMS - YORK CO., PTRS. & BDRS 17328

DUP OF 1912-311554

249-125-025-35-41.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Carpster Ida

No ____, ____ St.

Hospital ____

Registration District No 10 File No. 5890

Primary Registration District No. 2101 Registered No. 66

FULL NAME OF CHILD Todd Lewis Surridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	June 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Johns Edward Surridge	Wonetsuma Lewis
RESIDENCE	Carpster	Carpster
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	23 (Years)
BIRTHPLACE	Mt Idaho Ida.	Caldwell Kansas
OCCUPATION	Horse Shoer	Housework

Number of child of this mother, including present birth 2nd.

Number of children, of this mother, now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder (Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

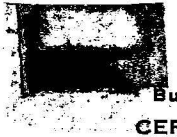
Filed Apr 16 1912 Houston E Snyder Registrar

SYMS - YORK CO., PTRS. & RULR. 17326 Registrar

STATE OF IDAHO

PLACE OF BIRTH

859-217-029-249



STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Registration District No. 15 File No. 5892

Primary Registration District No. 1008 Registered No. 135

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	May 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry V. Herrington	Audrey Burnell
RESIDENCE	Moscow.	
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	17
BIRTHPLACE	Idaho.	Neb.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Given names added from a supplemental report

May 20, 1912

D. F. Rae
Registrar

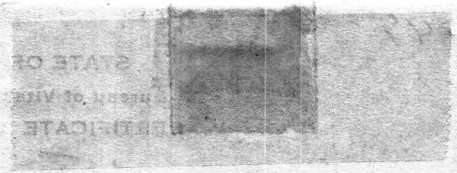
Filed May 20 1912 D. F. Rae
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



145-121-029-553

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 5893

Primary Registration District No. 2005

Registered No. 136

FULL NAME OF CHILD Allen Arthur Bernhard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Buell	Emma Nelson
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	39
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Laundryman	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.30 a M. on the date above stated.

(Signature) D F Rae

Physician

(Physician or Midwife)

Address Moscow

Filed May 22 19 12 D F Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 16 1956

942-212-029-573

PLACE OF BIRTH Idaho

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 5894

Primary Registration District No. 1008 Registered No. 142

FULL NAME OF CHILD ____

Sex of Child F.

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of birth May (Month) 12 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Carl C. Robert	FULL MAIDEN NAME	Mable Edlina
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9-A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 19 1912 S. F. Rae Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

943-211-029-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5895

Primary Registration District No. 1008 Registered No. 149

FULL NAME OF CHILD Margret Ruthrauff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew H Ruthrauff	Frances May Martin
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Ohio	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Rae

Physician

(Physician or Midwife)

Address Moscow Ida

Given names added from a supplemental report

..... 19.....

Filed May 11 1912 D. F. Rae

Registrar

..... Registrar

S-Y CO., 16670

993-102-028-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Registration District No. 15 File No. 5896

Primary Registration District No. 1008 Registered No. 151

FULL NAME OF CHILD Richards, Thomas Stephens Jack

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes.	May 6, 1912

	FATHER	MOTHER
FULL NAME	James H. Richards	FULL MAIDEN NAME Bertha Martin
RESIDENCE	Moscow	RESIDENCE Moscow
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	England	BIRTHPLACE Germany
OCCUPATION	Machinist	OCCUPATION ____

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 12 19 12 D. F. Rae Registrar

S-Y CO., 18670

7-8-41

MAR 2 1967

NOV 13

JUL 2 0 1953

MAR 3 1 1945

415-207-029-5-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5897

Primary Registration District No. 2067 Registered No. 134

FULL NAME OF CHILD Violet Muriel Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	May 7, 1912

FATHER		MOTHER	
FULL NAME	Benj. F. Davis	FULL MAIDEN NAME	Maud Vanvickle
RESIDENCE	Viola Idaho.	RESIDENCE	
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kan.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Given names added from a supplemental report

May 10, 1912

Registrar

Filed May 12 1912 D. F. Rae

Registrar

S-Y CO., 16670

APR 9 1942

244-228-028-619

PLACE OF BIRTH

County of Latah

City of Cornwall

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 5898

Primary Registration District No. 2062

Registered No. 138

FULL NAME OF CHILD LOLA SUMNER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Randall Sumner	Cora Lee Farrar
RESIDENCE	Cornwall, Idaho	Cornwall, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	34
BIRTHPLACE	Missouri	Nevada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman

Physician (Physician or Midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed May 5 19 12 D. F. Rae

Registrar

..... Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 0 1941

785-215-029-381

PLACE OF BIRTH

County of Latah

City of

No.

Hospital

FULL NAME OF CHILD

St.

Sex of Child

FULL NAME OF CHILD

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 5899

Primary Registration District No. 2062

Registered No. 141

Effie Gertrude Byers

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE RETURN must be made for each child of birth stated.
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 15, 1912

FATHER		MOTHER	
FULL NAME	Raymond L Byers	FULL MAIDEN NAME	Florence E Chapman
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Rae

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

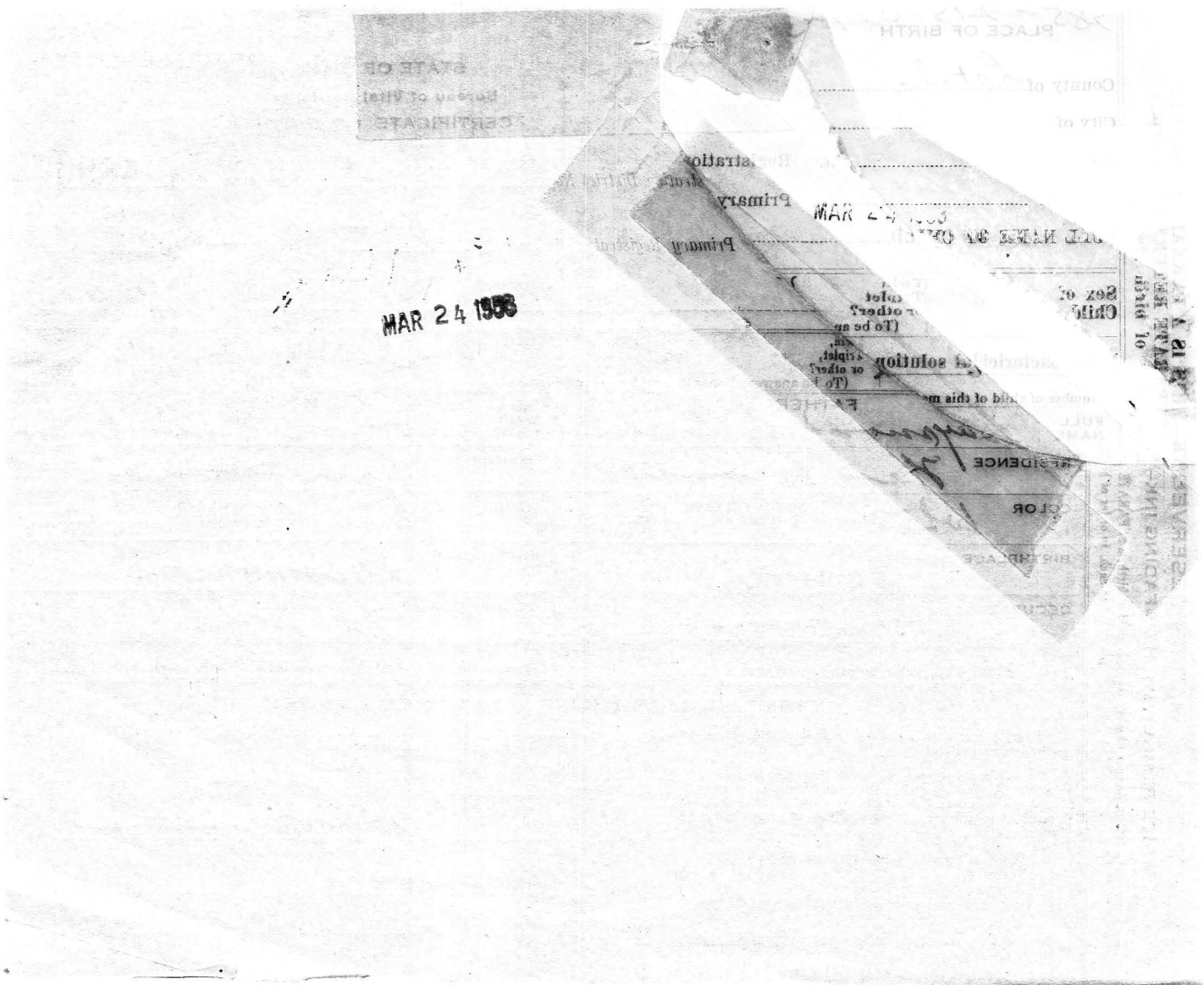
Filed May 15 1912 D. F. Rae

Registrar

.....

Registrar

S-Y CO., 16670


MAR 24 1956

666-212-029-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C [illegible]

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5900

Primary Registration District No. 2062 Registered No. 144

FULL NAME OF CHILD Lily May

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	May 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse D. Ward	Daisy Byers
RESIDENCE	Troy Idaho.	
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	17
BIRTHPLACE	Idaho.	Iowa
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 10. P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 19 1912 D. F. Rae Registrar

S-Y CO., 16670

296-104-029-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5901

Registered No. 150

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2062

FULL NAME OF CHILD William Dale Broadley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			yes	May 4 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Wm. E. Broadley	FULL MAIDEN NAME Minnie McMillan
RESIDENCE	Moscow	RESIDENCE
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	34 (Years)	31 (Years)
BIRTHPLACE	Ore	BIRTHPLACE Penn
OCCUPATION	Farmer	OCCUPATION —

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9-0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~Midwife~~)

Address Moscow Latah

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 10 1912 D. F. Rae Registrar

S-Y CO., 16670

STATE OF IDAHO

CERTIFICATE OF BIRTH

235-12-029-213

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 5902

Primary Registration District No. 2127

Registered No. 146

FULL NAME OF CHILD George Edgar ~~Allen~~ Slead

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	—	Yes.	May 21, 1912

FATHER		MOTHER	
FULL NAME	Allen J. Slead.	FULL MAIDEN NAME	Nellie Baldus
RESIDENCE	near Juliaetta.	RESIDENCE	near Juliaetta.
COLOR	White	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe

Physician (Physician or Midwife)

Address Juliaetta, Idaho.

Given names added from a supplemental report

M ....., 19.....

Filed May 22, 1912 S. A. Roe

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 8 1950

FEB 22 1974

331-219-029-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 9-15-11

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2068

File No. 5903

Registered No. 137

FULL NAME OF CHILD Nina Viera

Sex of Child	Twin / Triplet / or other?	Number in order of birth	Legitimate?	Date of Birth
f.	(To be answered only in event of plural births)		Yes.	May 19 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Walter Clawson	FULL MAIDEN NAME	Elsie Mabel Holliday
RESIDENCE	Gold Hill Ida.	RESIDENCE	Gold Hill
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Flora M Harrison

midwife, Deary
(Physician or midwife)

Address P.O. Latah

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/24 1912

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 20 1962

DUP OF 1912-D66-358

NAME CHANGE

493-115-029-209

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5904

Primary Registration District No. 2067 Registered No. 139

FULL NAME OF CHILD John Barkley Miller

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		2	Yes	May 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred C. Miller	Edna C. Barkley
RESIDENCE	Deary	Deary
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Calif.	Ind.
OCCUPATION	Millwright	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Garrett

H. Spencer
(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 5/16 19 12 P. A. Graves
Registrar

..... Registrar

S-Y CO. 20174

MAR 9 1942

OCT 5 1948

NOV 17 1967

MAR 10 1958

DEC 7 1943

261-104-029-395

Form V. S. No. 11-C—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5905

Primary Registration District No. 2066 Registered No. 140

FULL NAME OF CHILD Just Swanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M.			Yes	May 4 1912

FATHER		MOTHER	
FULL NAME	Oscar Swanson	FULL MAIDEN NAME	Ella Smith
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Maine
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar Swanson

father

(Physician or midwife)

Address Deary

Filed 5/7 1912 [illegible] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

SEP 17 1941

AUG 27 1948

SD-231-029-195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5906

Primary Registration District No. 2068 Registered No. 147

FULL NAME OF CHILD Idaho Baker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	Yes	May 31 1912

FATHER		MOTHER	
FULL NAME	Ira Baker	FULL MAIDEN NAME	Belle Arnold
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie Osborn

midwife (Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/13 1912 J. C. Faust Registrar

S-Y CO. 20174

K

MAR 1 4 1944

683-231-029-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5907

Primary Registration District No. 2068 Registered No. 148

FULL NAME OF CHILD Margaret Elizabeth Wilkins

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	—	Yes	May 31 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard G. Wilkins	FULL MAIDEN NAME	Maggie A. Sunsford
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Gen. merchant	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:45 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) P. C. Faust

Physician

(Physician or midwife)

Address Deary

Filed Sept 3 1912 P. C. Faust

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

K

129-225-029-719

PLACE OF BIRTH

County of Latah

City of Kendrick

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5908

No. ____, ____ St.

Primary Registration District No. 2064 Registered No. 143

Hospital ____

FULL NAME OF CHILD Marion Grace Abrams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Apr. 25 1912

	FATHER	MOTHER
FULL NAME	Frank Abrams	Millie Garner
RESIDENCE	Near Kendrick Idaho	Near Kendrick Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 1912 J. E. Hoyt Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 3 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

698-163-29-354

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 5909

Primary Registration District No. 2064 Registered No. 145

FULL NAME OF CHILD Reuben

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	May 13 1912

FATHER		MOTHER	
FULL NAME	Enoch A Fry	FULL MAIDEN NAME	Mattie Templeton
RESIDENCE	Kendrick	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.	BIRTHPLACE	Kas.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 13 1912 J. E. Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

819-212-029-599

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Cuesta

Registration District No. 15

File No. 5910

No. ____, ____ St.

Primary Registration District No. 263

Registered No. 153

Hospital

FULL NAME OF CHILD Elizabeth Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	5 12 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Harris	Regina Eirz
RESIDENCE	Cuesta Kootenai	Cuesta
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Ida	Kootenai
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorn

Cuesta Kootenai

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 5-20- 19 12 C. O. Eileen

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

394 - 208-029.319

Form V. S. No. II-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 15

File No. 5911

No. ....., ... St.

Primary Registration District No. 2863

Registered No. 152

Hospital .....

FULL NAME OF CHILD Sophie L. Tidrman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	5 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. Tidrman	Laura Larson
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	49	45
BIRTHPLACE	Norway	Wis
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny M.D.

Genesee Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5-20 1912 W. H. Eden

Registrar

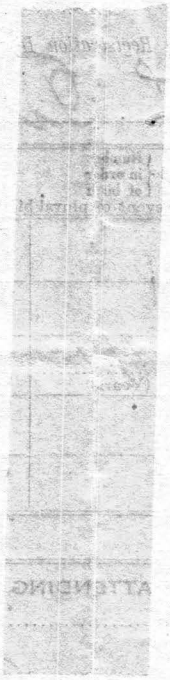
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



357-105-09-866

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch.

No ....., ... St.

Hospital .....

Registration District No 15. File No. 5912

Primary Registration District No. 2066 Registered No. 155

FULL NAME OF CHILD Louis. Walter. Le Febre.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male.			yes	April. 5 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Charles. Louis. Le Febre.	FULL MAIDEN NAME: Louisa. Hoff.
RESIDENCE: Potlatch.	RESIDENCE: Potlatch.
COLOR: white. AGE AT LAST BIRTHDAY: 24. (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 24. (Years)
BIRTHPLACE: Wisconsin.	BIRTHPLACE: Wisconsin
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 3rd.

Number of children, of this mother, now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Hein. M. D.

(Phys. D. W. Thompson) (Physician or Midwife)

Address Calvin. Wash.

Given names added from a supplemental report

....., 19.....

Filed May. 24 1912. D. W. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

299-26-029-345

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No 15. File No 5913

Primary Registration District No 2066 Registered No 157

FULL NAME OF CHILD Boy Bucher

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	— and —	—	Yes	May 16 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME L R Bucher	FULL MAIDEN NAME Lela Lunsford
RESIDENCE Potlatch Idaho	RESIDENCE Potlatch Idaho
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Washington
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Geo T Boyd M D

(Physician or Midwife)

Address Palouse Wash

Filed May 20 1912 J. J. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 1972

Amended 12-3-59

PLACE OF BIRTH

736-204-010-793

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5914

Primary Registration District No. 2027 Registered No. 97

FULL NAME OF CHILD Virda May Stoddard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	X (To be answered only in event of plural births)	1st	Yes	May 4, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Archibald W. Stoddard	FULL MAIDEN NAME	Eliza A. Gilbert
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Wm. Kinnaird

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed May 5, 1912 Wm. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2027

File No. 5914

Registered No. ____

FULL NAME OF CHILD Verda Stoddard

Sex of Child Female

Twin, Triplet, or other? Twin and Number in order of birth 1st

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth May 4, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Archibald W Stoddard	FULL MAIDEN NAME Eliza A Gilbert
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Cummard

Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 9 19 12 Wm Cummard Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 1959

L.D.S. Cert. of Baptism & Confirmation, June 6, 1920 gives full name as Virda May Stoddard - viewed by V.S. Social Security Card, 3/25/37 - #519-07-3872 gives full name as Virda May Stoddard - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 5914

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ferda Stoddard (Name on Original Certificate) who born (Was Born or Died) on May 4, 1912 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ferda Stoddard	Virda May Stoddard

Subscribed and sworn to before me this 22 nd day of August, 1959

Notary Public, residing at Montebello, Calif.
My commission expires November 20, 1961
(Seal)

Signed Eliza A. Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7112 Duchess Dr. Whittier, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 nd day of August, 1959

Notary Public, residing at Montebello, Calif.
My commission expires November 20, 1961
(Seal)

Signed Wilda E. Busby
(Signature of Any Credible Person)

2432 Via Mina Montebello Calif.
(Street Address, City, State)

FORM DPH 55.155

CL 7-1-59. one copy pd. receipt #11832

Amended 12-3-59

PLACE OF BIRTH

256-204-010-793

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5915

Primary Registration District No. 2027 Registered No. 98

FULL NAME OF CHILD Vilda Eliza Stoddard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X	2nd	Yes	May 4, [redacted] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Archibald W. Stoddard	FULL MAIDEN NAME	Eliza A. Gilbert
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Wm. Kinnaird

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed May 5, [redacted] 1912 Wm. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5915

Primary Registration District No. 2127 Registered No. 1

FULL NAME OF CHILD Lilla Stoddard

Sex of Child Female | Twin, Triplet, or other? Twin } and { Number in order of birth 2nd (To be answered only in event of plural births) | Legitimate? yes | Date of birth May (Month) 4 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Archibald N. Stoddard	FULL MAIDEN NAME Eliza A Gallatt
RESIDENCE Idaho Falls Ida.	RESIDENCE Id Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 4 1912 [signature]

Registrar

S-Y CO., 16670

DEC 3 1959

Own Child's Birth Certificate on file, #219894 gives mother's correct full name - viewed by V.S. Information Slip from L.D.S. Church Rexburg 1st Ward - appears old and unaltered gives full name as Vilda Eliza Stoddard - Baptized and Confirmed June 5 & 6, 1920 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 5915

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Filda Stoddard (Name on Original Certificate) who born (Was Born or Died) on May 4, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Own child's birth certificate on file Idaho V.S. #219894 gives (Bible Record, Insurance Policy, Etc.) prepared on name correctly (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Filda Stoddard	Vilda Eliza Stoddard

Subscribed and sworn to before me this 22nd day of August, 1959

Notary Public, residing at Montebello, Calif.
My commission expires November 20, 1961
(Seal)

Signed Eliza A. Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7112 Duchess Dr. Whittier, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1959

Notary Public, residing at Montebello, Calif.
My commission expires November 20, 1961
(Seal)

Signed Vida M. Witham
(Signature of Any Credible Person)

1937 Larkwood Ave. Covina Calif.
(Street Address, City, State)

FORM DPH 55.155

CL 7-1-59. one copy pd. receipt #11832

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 5916

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 17

Hospital

FULL NAME OF CHILD Erdine Fern Raynald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 6, 1912

	FATHER	MOTHER
FULL NAME	John Raynard	Juanita Reed
RESIDENCE	Idaho Falls Ida	Idaho Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	21 (Years)
BIRTHPLACE	Canada	Nebraska
OCCUPATION	Clerk Mercantile Store	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Raynard

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed May 6 19 12

.....
Registrar

S-Y CO., 16670

Registrar

-Z

Z-REYNWALD

DUP OF 1912-315430

319-204-010-719

PLACE OF BIRTH

Amended 12/20/73

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 7

File No. 5918

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 101

Hospital ____

FULL NAME OF CHILD Capitola

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	April 4, 1912

FATHER		MOTHER	
FULL NAME	James Carter Jr.	FULL MAIDEN NAME	Maud Gardner.
RESIDENCE	Ammon Ida.	RESIDENCE	Ammon. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Joseph Utah	BIRTHPLACE	Nanpete Co Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 o'clock A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

(Signature) .....

Annie Hiatt. Midwife

(Physician or Midwife)

Address Idaho Falls Ida. R. F. D. 3.

Filed May 14 1912 .....

Registrar

NOV 1 3 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Bingham } ss.

Certificate No. 5918

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Capitola Carter (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1912 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Capitolia Carter	Capitola Carter

Subscribed and sworn to before me this 18th day of December, 1973

M. K. Messick

Notary Public, residing at Basalt Bingham

My commission expires Sept 18-1977

(Seal)

Signed Helma L. Hartman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Basalt Bingham Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of December, 1973

M. K. Messick

Notary Public, residing at Basalt Bingham

My commission expires Sept 18-1977

(Seal)

Signed Katrina Messick

(Signature of Any Credible Person)

Basalt Idaho

(Street Address, City, State)

FORM DH 60-155 CL 12/17/73 1 CCPD Rush!

Certificate of Baptism and Confirmtion fromLDS Church gives name as Capitola Carter daughter of James Carterm Jr. and Maud Gardner. Born April 4, 1912 and Was Baptized May 2, 1920. Viewed by V. S.

Individual Award gives name as Capitola Whiting of Basalt Ward and Basalt Stake dated Jan. 15 1951-May 1952. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

533-227-010-128

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No ____, ____ St.

Hospital ____

Registration District No 7

Primary Registration District No 2027

File No. 5919

Registered No. 102

FULL NAME OF CHILD Martha Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) April (Day) 27 (Year) 1912
			Yes	

FATHER		MOTHER	
FULL NAME	Arthur Ellingford	FULL MAIDEN NAME	Martha Ashdown
RESIDENCE	Ammon Ida	RESIDENCE	Ammon Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Essex England	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) Annie Hiatt Midwife

(Physician or Midwife)

Address Idaho Falls Ida. R F D 3.

Filed May 14 1912 [signature] Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 1 1 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

366-102-010-366

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No ____, ____ St.

Hospital ____

Registration District No 7 File No. 5920

Primary Registration District No. 2027 Registered No. 103

FULL NAME OF CHILD Elmo Wayne Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	May 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Josh Cook	Amy Cook
RESIDENCE	Ammon Ida.	Ammon Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Davis Co Utah.	Pleasant Grove Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9. Number of children, of this mother, now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live Child (Born alive or stillborn), at 8 o'clock A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carrie Hiatt Midwife (Physician or Midwife)

Address Idaho Falls Ida. R.F.D. 3.

Given names added from a supplemental report

....., 19.....

Filed May 10 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

395-105-010-249

PLACE OF BIRTH

County of Bannerville

City of Dona

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

Primary Registration District No. 2027

File No. 5921

Registered No. 104

FULL NAME OF CHILD Ross Lindholm

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5, 1912

	FATHER	MOTHER
FULL NAME	Alma Lindholm	FULL MAIDEN NAME Agnes Smith
RESIDENCE	Dona	RESIDENCE Dona
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years) 33
BIRTHPLACE	Dona	BIRTHPLACE Dona
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:40 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) John O. Mellor MD

(Physician or Midwife)

Address Idaho Falls, Ida

Filed May 14 1912 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613-105-010-154

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gemmerelle

City of Lincoln

Registration District No. 7

File No. 5922

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 105

Hospital

FULL NAME OF CHILD Parley Verne Walton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 5, 1912

FATHER		MOTHER	
FULL NAME	Thomas C Walton	FULL MAIDEN NAME	Jena Anderson
RESIDENCE	Lincoln, Ida	RESIDENCE	Lincoln, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer *	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

May 14, 1912

Registrar

Filed May 14 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

644-204-010-285

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 5923

No. ....., ... St.

Primary Registration District No. 2027

Registered No. 106

Hospital .....

FULL NAME OF CHILD FLORENCE LUETTA FUDGE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		6	Yes	May 4 1912

FATHER	MOTHER
FULL NAME O. E. Fudge	FULL MAIDEN NAME Cecilia Shearer
RESIDENCE Idaho Falls	RESIDENCE R.F. Idaho Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ia.
OCCUPATION Laborer	OCCUPATION House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Fuller M.D

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed May 20 1912

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 5923

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Florence Luetta Fudge (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1912 (Date of Event)
in Idaho Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on June 1, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Florence Luetta Fudge

Subscribed and sworn to before me this 1st
day of June, 19 42.

W. L. Brownell
Notary Public, residing at Idaho Falls, Ida

My commission expires
(Seal)

Signed Mrs. O. E. Fudge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

729-11th St. Idaho Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of June, 19 42.

W. L. Brownell
Notary Public, residing at Idaho Falls, Ida.

My commission expires
(Seal)

Signed Ora E. Fudge,
(Signature of Any Credible Person Other Than Previous Year)

729-10th Idaho Falls, Ida
(Street Address, City, State)

MAR 2 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-108-010-655

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Goltman

No ____, ____ St.

Hospital ____

Registration District No 7

Primary Registration District No 2029

File No. 5924

Registered No. 107

FULL NAME OF CHILD Clarance Horatio Burton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 7 (Year) 1912
Male			Yes	

FATHER		MOTHER	
FULL NAME	Henry James Burton	FULL MAIDEN NAME	Zina Weeks
RESIDENCE	Erwin Idaho	RESIDENCE	Erwin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) W. J. Rawson

Midwife

(Physician or Midwife)

Address Idaho Falls R. 5

Filed May 21 1912 Guy Cummard Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

MAR 1 5 1965

457-107-010-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5925

Primary Registration District No. 2027 Registered No. 107

FULL NAME OF CHILD Hough McGahan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Apr 17, 1912

FATHER		MOTHER	
FULL NAME	Jeremiah McGahan	FULL MAIDEN NAME	Sarah McTague
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Antrim Co, Ire	BIRTHPLACE	Payson Utah
OCCUPATION	carpenter	OCCUPATION	housewife

[Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Apr 17 (Born alive or stillborn) on the date above stated., at 17 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah V. Ramsbottom

C. E. Gleason (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Venus Bonneville Co. Idaho

Filed May 22 1912 W. Hammond Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

APR 2 9 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

284-115-010-133

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Pleasant View

No ____, ____ St.

Registration District No 7 File No. 5926

Hospital ____

Primary Registration District No. 2027 Registered No. 109

FULL NAME OF CHILD Charles Darell Shurtz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Apr 15 1912

FATHER	MOTHER
FULL NAME Charles R Shurtz	FULL MAIDEN NAME Lucy Jane Ogden
RESIDENCE Pleasant View Ida	RESIDENCE Pleasant View Ida
COLOR white — AGE AT LAST BIRTHDAY 22 (Years)	COLOR white — AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Fairview Idaho	BIRTHPLACE Ogdenville Utah
OCCUPATION Ce Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Apr 15 at 3h 47 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah V Rambler

Obstetrician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Fern Bonneville Co Idaho

Filed May 2 1912

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

873-109-010-284

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Pleasant View

No ____, ____ St.

Registration District No. 7

File No. 5927

Primary Registration District No. 2027

Registered No. 110

Hospital ____

FULL NAME OF CHILD Thomas Freman Yates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	May 9 1912

FATHER		MOTHER	
FULL NAME	Freman Thomas Yates	FULL MAIDEN NAME	Cecilia B. Shupe
RESIDENCE	Pleasant View	RESIDENCE	Pleasant View
COLOR	white	AGE AT LAST BIRTHDAY (Years)	29
COLOR	white	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Ft Penwood Utah	BIRTHPLACE	Garrison Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 9 (Born alive or stillborn) at 3 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burgess V. Rumsey M.D.

Physician (Physician or Midwife)

Address Idaho Bonneville Co Idaho

Filed May 27 1912 [illegible] Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 10 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

942-22-010-468

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No ____, ____ St.

Hospital ____

Registration District No. 7 File No. 5928

Primary Registration District No. 207 Registered No. 111

FULL NAME OF CHILD Maxine Rushton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	May 12, 1912

FATHER		MOTHER	
FULL NAME	John L Rushton	FULL MAIDEN NAME	Barbara P. Moyle
RESIDENCE	Ucon Ida	RESIDENCE	Ucon Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	American Fork Utah	BIRTHPLACE	Alpine Utah
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 12, at 12 to 6 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah L Rowberry

Obstetrician

(Physician or Midwife)

Address Ucon Bonneville Co Idaho

Given names added from a supplemental report

....., 19.....

Filed May 17 1912 W. [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAY 9 1966

235-114-010-613

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No ____, ____ St.

Registration District No. 7

Primary Registration District No. 2027

File No. 5929

Registered No. 112

Hospital ____

FULL NAME OF CHILD Mearl W. Steele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	May 14 1912

FATHER		MOTHER	
FULL NAME	Robert F. Steele	FULL MAIDEN NAME	Myrtle E. Maldrum
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Iona	BIRTHPLACE	North Ogden Utah
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) May 14, at 3 Aft 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah V. Rasmussen

Eb Bretton (Physician or Midwife)

Address Iona Bonneville Co. Idaho

Given names added from a supplemental report

....., 19.....

Filed May 27 1912 W. [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1942

JUL 9 1957

FEB 7 1958

Re: Max W. Steele,
b. 14 May 1912
Iona, Bonneville Co., Idaho
f. John Robert Steele (Robert John Steele)
m. Myrtle E. Waldran

AFFIDAVIT OF THE ABOVE FATHER JOHN ROBERT STEELE,
AS TO HIS TRUE NAME

STATE OF IDAHO,
COUNTY OF BONNEVILLE: ss.

JOHN R. STEELE, being first duly sworn, deposes and says, that the above Max W. Steele is his son; that the midwife in reporting the father of said child erroneously filed the same as Robert John Steele; whereas, the said affiant's true name is JOHN ROBERT STEELE and is so known upon LDS Church records, census records, and in all business transactions; and affiant states that said Robert John Steele and John Robert Steele is one and the same person. Affiant prays, that any reference to the birth certificate of said Max W. Steele that the true name of the Father be:

JOHN ROBERT STEELE.

John R. Steele

Subscribed and sworn to before me this 4th day of Feb. 1958.

[illegible] x

261-225 210-312

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 5930

Primary Registration District No. 2027 Registered No. 113

FULL NAME OF CHILD Mary Ellen Frantick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 25 1912

FATHER	MOTHER
FULL NAME Edward P. Frantick	FULL MAIDEN NAME Elva M Carter
RESIDENCE Idaho Falls RFD 4	RESIDENCE Idaho Falls Ida.
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE England	BIRTHPLACE Nevada
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P Lyman (Physician or Midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed May 28 1912

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 3 1975

263-231-010-323

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No ....., ... St.

Registration District No. 7 File No. 5932

Hospital .....

Primary Registration District No. 2027 Registered No. 115

FULL NAME OF CHILD Harold Oregon Koch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 31, 1912

FATHER	MOTHER
FULL NAME Frank Koch	FULL MAIDEN NAME Mary Tshikof
RESIDENCE Idaho Falls R 7 D 4	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed May 31 1912 [signature]

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 22 1953

386-220-010-619

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 5933

Primary Registration District No. 2927

Registered No. 116

FULL NAME OF CHILD Erlin Thornton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 20, 1912

FATHER		MOTHER	
FULL NAME	Lawrence Thornton	FULL MAIDEN NAME	Luella Farnsworth
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Millsaps

(Physician or Midwife)

Address Idaho Falls - Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 1 1912 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1964

339 - 119-010-5-69

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln — Registration District No. 7 — File No. 5934

No. ____, ____ St. — Primary Registration District No. ____ — Registered No. 117

Hospital ____

FULL NAME OF CHILD Norton Irwin Clift

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erwin Clift	Katie Norton
RESIDENCE	Lincoln	Lincoln
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John O. Miller M.D.

(Physician or Midwife)

Address Idaho Falls Ida

Filed June 1 1912 Jos. Hammond
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3/3/41 L. B.

OCT 1 1953

619-220-010-155

PLACE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 7

File No. 5935

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 11

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Thelma Farnsworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	May 26 1912

	FATHER	MOTHER
FULL NAME	Arthur Farnsworth	Sarah Jenkins
RESIDENCE	Ammon	Ammon
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	18	15
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John O. Mellar

(Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1 1912 W. McLemand

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 14 1955

MAR 12 1963

791-221-010-567

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls.

No. ~, ~ St.

Hospital ~

Registration District No. 7

Primary Registration District No. 2627

File No. 5936

Registered No. 119

FULL NAME OF CHILD Thelma Jane Gray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 21 1912

FATHER		MOTHER	
FULL NAME	David Gray	FULL MAIDEN NAME	Paulina Vogel
RESIDENCE	Idaho Falls. Ida.	RESIDENCE	Ida. Falls. Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Paris Ida;	BIRTHPLACE	Butte Mont.
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 21-12, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) A. R. Sederquist M. D.
(Physician or Midwife)

Address Ida. Falls Ida.

Filed June 1 1912 [signature]
Registrar

S-Y CO., 16670

JAN 2 3 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

381-102-010-363

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No _____, _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2027

File No. 5937

Registered No. 120

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	6 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Laffin	Sarah Collins
RESIDENCE	Bonneville Co	Bonneville Co
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	37 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Lamond

(Physician or Midwife) P Lyman

Address Idaho Falls Idah

Given names added from a supplemental report

_____, 19____

Filed June 2 1912 Wm Lamond

_____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

753 - 114-010-135

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 7 File No. 5938

Primary Registration District No. 2029 Registered No. 121

FULL NAME OF CHILD Verland Hans Peterson

Sex of Child male | Twin, Triplet or other? ..... and (Number in order of birth) ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth May (Month) 14 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Alma L Petersen	FULL MAIDEN NAME Eva Allen
RESIDENCE Ucon Ida	RESIDENCE Ucon Ida
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
(Physician or midwife)

Address Ucon Ida

Given names added from a supplemental report

..... 19.....

Filed June 5 19 12 J. H. Cameron
Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH
415-105-010-383

County of Bonneville

City of Ucon

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. 11-C—Rev-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 5939

Primary Registration District No. 2029

Registered No. 122

FULL NAME OF CHILD Ivan Reese Davis

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	4	Yes	April 5, 1912

FATHER		MOTHER	
FULL NAME	Wm T Davis	FULL MAIDEN NAME	Esther Tyler
RESIDENCE	Ucon Ida.	RESIDENCE	Ucon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at Ucon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Josephine Adams

(~~Physician~~ or Midwife)

Address Ucon Ida

Filed June 5 19 12 [illegible]
Registrar

S-Y CO., 16670

Dup 06 1912-5257

236-124-010-015

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 5940

Primary Registration District No. 2029

Registered No. 123

FULL NAME OF CHILD ALTON BLOXHAM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 24, 1912

FATHER	MOTHER
FULL NAME: John C Bloxham	FULL MAIDEN NAME: Elizabeth Davis
RESIDENCE: Ucon	RESIDENCE: Ucon
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive~~ (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or Midwife)

Address Ucon Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 5 1912

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 5940

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) birth for Alton Bloxham (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 24, 1912 (DATE OF EVENT) in Ucon, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Alton Bloxham

Subscribed and sworn to before me this 18 day of May, 1942.

E. E. Mulhall

Notary Public, residing at Idaho Falls, Idaho

My commission expires Oct. 8, 1943

(SEAL)

Signed Mrs. Elizabeth Bloxham

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1649 Idaho Ave. Idaho Falls, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of May, 1942.

E. E. Mulhall

Notary Public, residing at Idaho Falls, Idaho

My commission expires Oct 8, 1942

(SEAL)

Signed Mrs. J. W. Bates ~~Mrs. Elizabeth Bloxham~~

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

375-4th St.

(STREET ADDRESS, CITY, STATE)

Idaho Falls, Ida.

Received for filing on MAY 22 1942 By

(REGISTRAR'S SIGNATURE)

DEC 7 1966

MAY 27 1942

555-216-010-575

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 7

File No. 5941

No. ____, ____ St.

Primary Registration District No. 2029

Registered No. 121

Hospital ____

FULL NAME OF CHILD Orba Edna Everett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 16, 1912

FATHER		MOTHER	
FULL NAME	James H Everett	FULL MAIDEN NAME	Bessie May Van Epps
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~ (Born alive ~~or stillborn~~), at Ucon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or Midwife)

Address Ucon Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 3rd 1912 ____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 13 1969

793-106-0/0-259

Form U. S. No. 11-C—Jan-6-30-11

PLACE OF BIRTH

County of Bonneville

City of Milo

Registration [redacted] File No. 5942

No. ____, ____ St.

Primary Registration District No. 2029 Registered No. 124

Hospital ____

FULL NAME OF CHILD Weldon Lisa Gill

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	April 6, 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Orr Gill	Lena Annie Kern
RESIDENCE	Idaho	Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Idaho	Switzerland
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive~~ (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) ____

(Physician or Midwife)

Address ____

____, 19____

Registrar

Filed June 19 12

Registrar

S-Y CO., 16670

cc 3/12/41 MMF

413-123-010-168

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital Emery

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 5943

Primary Registration District No. 2027 Registered No. 127

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)	1	Yes	May 23, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Malsen	Betty Johnson
RESIDENCE	Idaho Falls, Ida	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Elms

Physician

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 5 19 12 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-321316

44-22-037-279

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Owyhee

City of D'Lamar

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 5944

Primary Registration District No. 2123 Registered No. 21

FULL NAME OF CHILD Louis Orine Thew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 22 1913

FATHER		MOTHER	
FULL NAME	Samuel Thew	FULL MAIDEN NAME	Bessie Spriddell Thew
RESIDENCE	D'Lamar	RESIDENCE	D'Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Eng	BIRTHPLACE	Eng
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 4 45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farmer

Physician (Physician or Midwife)

Address D'Lamar Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1 1913 T. D. Farmer

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-9-11

294-36-0377-695

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of D Lamar

No ....., ... St.

Registration District No 31 File No. 15945

Primary Registration District No. 2123 Registered No. 16

Hospital .....

FULL NAME OF CHILD Violet Bruno (BRUNO)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 31 1917

FATHER		MOTHER	
FULL NAME	James Bruno (BRUNO)	FULL MAIDEN NAME	Elizabeth Ozell
RESIDENCE	D Lamar	RESIDENCE	D Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — (Born alive or stillborn) at 1 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Frame

Physician (Physician or Midwife)

Address D Lamar

Given names added from a supplemental report

....., 19.....

Filed May 18 1917 T. S. Frame Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

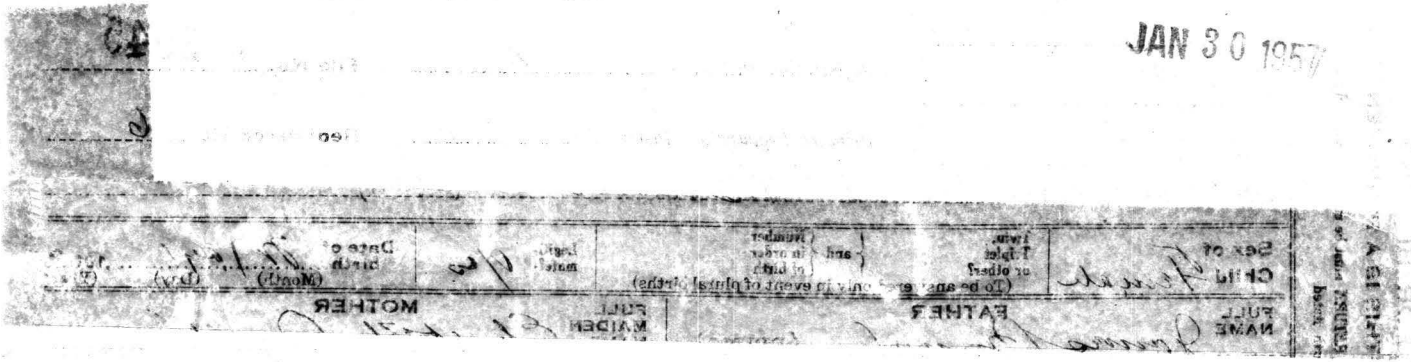
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 22 1961

JAN 30 1957



DECEASED

267-216-287-296

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-17

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of D Lamar

No ____, ____ St.

Registration District No 31 File No. 5946

Primary Registration District No. 2123 Registered No. 19

Hospital ____

FULL NAME OF CHILD Ella May Baxter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 11 191[illegible]

FATHER		MOTHER	
FULL NAME	John Baxter	FULL MAIDEN NAME	Martha Jane Brooks
RESIDENCE	D Lamar	RESIDENCE	D Lamar.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon.
OCCUPATION	Laborer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T D Farris

Physician.

(Physician or Midwife)

Address D Lamar

Given names added from a supplemental report

....., 19.....

Filed May 15 19 17 T D Farris

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 1974

215-128-037-219

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boyhee

City of DeLamar

No ____, ____ St.

Registration District No. 30 File No. 5947

Primary Registration District No. 2123 Registered No. 20

Hospital ____

FULL NAME OF CHILD Clarence Bart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				May 28 1917

FATHER	MOTHER
FULL NAME James Bart	FULL MAIDEN NAME May Carlaw Bart
RESIDENCE DeLamar	RESIDENCE DeLamar
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE England	BIRTHPLACE Mich
OCCUPATION Miner	OCCUPATION H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2, 35 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc,,should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farmer

Physician

(Physician or Midwife)

Address DeLamar Idaho

Given names added from a supplemental report

....., 19.....

Filed June 4 1917 T. D. Farmer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c.4/30/41. wh

5 F-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Gilbert

Registration District No. 17 File No. 5948

No. ____ St.

Primary Registration District No. 2078 Registered No. 33

Hospital ____

FULL NAME OF CHILD John Henry Logan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 1 1912

FATHER		MOTHER	
FULL NAME	Chas Logan	FULL MAIDEN NAME	Kate Richardson
RESIDENCE	Gilbert Ida	RESIDENCE	Gilbert Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Garvey

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Filed May 2 1912 J M Garvey Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

716-108-018-286

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Weippe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... File No. 5949

Primary Registration District No. ..... Registered No. 34

FULL NAME OF CHILD Wm Stowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm M Gaffney	Bessie Thomas
RESIDENCE	Weippe Ida	Weippe Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	28
BIRTHPLACE	Idaho	No. Dak
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Jaffrey

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 9 1912

S-Y CO. 20174

Registrar

SEP 4 1942

463-218-018-697

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 5950

Primary Registration District No. 2078 Registered No. 35

FULL NAME OF CHILD Madeline Malloy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 18 1912

FATHER

FULL NAME Joseph M. Malloy

RESIDENCE Orofino Ida

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Wis

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Millie A. Wiggins

RESIDENCE Orofino Ida

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Wis

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gaffey

Physician

(Physician or midwife)

Address Orofino, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 14 1912 J. M. Gaffey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PLACE OF BIRTH

731-131-018-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Gilbert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 5951

Primary Registration District No. 2078 Registered No. 36

FULL NAME OF CHILD Charles Albert PLANK

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	✓	Yes	May 31 1912

FATHER

FULL NAME Charles Plank

RESIDENCE Gilbert Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ada M. Tadd

RESIDENCE Gilbert

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tainly

Physician

(Physician or midwife)

Address Preston Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 1912 J. M. Tainly Registrar

S-Y CO. 20174

NOV 2 7 1974

JUN 3 1942

759 - 214
032 - 745

PLACE OF BIRTH [redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Kendall

Registration District No. 57

File No. 5952

No. —, — St.

Primary Registration District No. 2018

Registered No. 81

Hospital —

FULL NAME OF CHILD Grace Avery Perry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		one	yes	3 14 1912

FATHER		MOTHER	
FULL NAME	Jesse Perry	FULL MAIDEN NAME	Eureka Avery
RESIDENCE	Kendall	RESIDENCE	Kendall
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Lamb

Physician

(Physician or Midwife)

Address Kendall, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 23 19 12 D. C. Lamb

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 7 1955

243-247-032-122

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 5953

Primary Registration District No. 2014 Registered No. 62

FULL NAME OF CHILD Carolyn Salsbury

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 7 1917

FATHER		MOTHER	
FULL NAME	Lyle P Salsbury	FULL MAIDEN NAME	Katherine Adams
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Grosdale Ut
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Boyd Arnett

Physician

(Physician or Midwife)

Address Gooding Ida.

Given names added from a supplemental report

....., 19.....

Filed May 19th 1917 C. of Zalker

Registrar

S-Y CO., 16670

Registrar

JUN 8 1966

965-214-032-693

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 4 File No. 5954

Primary Registration District No. 2014 Registered No. 68

FULL NAME OF CHILD Lidia Irene Rossiter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	yes	May 14, 191✓

FATHER	MOTHER
FULL NAME Jacob E. Rossiter	FULL MAIDEN NAME Barbara I Williams
RESIDENCE Shoshone Ida	RESIDENCE
COLOR White	AGE AT LAST BIRTHDAY 45 (Years)
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Iowa City Ia,	BIRTHPLACE Licking Mo
OCCUPATION Well Driller	OCCUPATION Housewife

Number of child of this mother, including present birth ✓

Number of children, of this mother, now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H G Baugh

Physician

(Physician or Midwife)

Address Shoshone, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 15 1914 C. F. Zeller

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 6 1973

265-104-032-231

PLACE OF BIRTH

Amended 5/8/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ____ St.

Hospital ____

Registration District No. 5

File No. 5955

Primary Registration District No. 2014

Registered No. 86

FULL NAME OF CHILD Hugh Ivan Sweet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one		yes	May 4 2 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Elmer Sweet	Ethel May Stanwood
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Monett, Mo.	Seward Neb.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth ONE

Number of children of this mother now living, including present birth ONE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 8 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. Monroe

Physician

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Gooding, Idaho

Filed May 5, 19 12 C. F. Zeller

Registrar

..... Registrar

SEY CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

IN RESERVED FOR BINDING

UNBINDING IN - THIS IS A PERMANENT RECORD

Each a birth a CERTIFICATE must be made for each and the number of each, in order of birth noted.

Address ..... Goodhue

Filed ..... May 8, ... 12

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 20 9 47 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. 5955

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed male Sweet (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1912 (Date of Event) in Gooding (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by my sister when this (Bible Record, Insurance Policy, Etc.) prepared on boy was born. (Give Date), are:

this boy was my nephew, and I was in the home of
And I know he was given the name Hugh Ivan Sweet.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Hugh Ivan Sweet

Subscribed and sworn to before me this 31st day of March, 19 78

Mary Schmidt

Notary Public, residing at Gooding, Idaho

My commission expires Feb. 10, 1981

(Seal)

Signed Madge Stanwood Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL sent 3/24/78 1 copy paid rec. 1276 (copy sent as is)

White Mortuary information sheet for Hugh Ivan Sweet died May 17, 1937 in Provo, Utah. date of Funeral May 19, 1937.born in Gooding, Idaho - on May 4, 1912. viewed by V. S.

MAY 9 1978

Census record for School District No 4111 in Twin Falls, Idaho gives child's name as Hugh sweet bron May 4, 1912 . mother's name as Bell Sweet and father's name as Clarance E. Sweet. date of record Sept 1922. viewed by VS

796 - 125 - 032 - 000

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Registration District No. 5 File No. 5956

Primary Registration District No. 7014 Registered No. 85

Hospital .....

FULL NAME OF CHILD Herman Luster Groves

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 25, 1912

FATHER	MOTHER
FULL NAME Clarence E Groves	FULL MAIDEN NAME Hazelette (Edith)
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	AGE AT LAST BIRTHDAY (Years) 33
COLOR White	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE Illinois	BIRTHPLACE Michigan
OCCUPATION Picture Show Man	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell

Physician

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 26 1912 R. D. Fuller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

387-116-032-718

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Registration District No. 5 File No. 5957

Primary Registration District No. 2014 Registered No. 84

Hospital .....

FULL NAME OF CHILD Baby Chandler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	May 16 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Harry B Chandler	FULL MAIDEN NAME	Kate Payne
RESIDENCE	Gooding Ida	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Virginia
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell

(Physician or Midwife)

Address Gooding, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 17 19 12 C. J. Feller

.....
Registrar

S-Y CO., 16670

1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 17 19

631-226-032-386

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 5

File No. 5958

Primary Registration District No. 2016

Registered No. 94

FULL NAME OF CHILD Rosetta Hazard

Sex of Child Female

Twin, Triplet, or other? X and Number in order of birth X

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Apr. 26, 1917

(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Edier Hazard	FULL MAIDEN NAME Rhoda May Thomas
RESIDENCE Richfield	RESIDENCE Richfield
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Spanish Fork Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. C. Davis

Physician

(Physician or Midwife)

Address Richfield Idaho

Filed Apr. 28 1917 C. F. Zeller Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 8 1960

DECEASED

613-101-032-229

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-30-11

Registration District No. 5

File No. 5959

Primary Registration District No. 2016

Registered No. 98

FULL NAME OF CHILD Lester Carl Walker

1912

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Carl Walker	Mabel Walker Skinner
RESIDENCE	Richfield, Idaho	Richfield, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. C. Davis

Physician

(Physician or Midwife)

Address Richfield, Idaho

Filed June 2 1917 C. T. Zeller Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 24 1942

FEB 5 1942

Dup of 1913-2796555

255-130-032-319

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 6

File No. 5960

Primary Registration District No. 2016

Registered No. 92

FULL NAME OF CHILD John Smith Bee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X	X	Yes	May 30, 191?

FATHER		MOTHER	
FULL NAME	Joseph Bee	FULL MAIDEN NAME	Lisa May Cain
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

(Signature) J. C. Davis

(Physician or Midwife)

Address Richfield, Idaho

Filed May 31 1917 C. H. Zeller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 4 1973

295-204-02-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 5

File No. 5961

No. ....., ... St.

Primary Registration District No. 2016

Registered No. 91

Hospital .....

FULL NAME OF CHILD Bernice Elmeline Beers

Sex of Child Fem

Twin, Triplet, or other? X and Number in order of birth X (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Apr. 4 (Month), ... (Day), 191.. (Year)

FATHER	MOTHER
FULL NAME Perry M. Beers	FULL MAIDEN NAME Hazel V. Burns
RESIDENCE Richfield	RESIDENCE Richfield
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer,	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Davis

(Physician or ~~Midwife~~)

Address Richfield

Given name added from a supplemental report

....., 19.....

Registrar

Filed Apr. 5 1914 C. F. Feller Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form U.S. No. D- 2m-8-62-11

995-112-032-962

PLACE OF BIRTH

County of Lincoln

City of Dietrich

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5

File No. 5962

Primary Registration District No. 2016

Registered No. 20

FULL NAME OF CHILD Leroy Emmet Ringer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 12, 1912

FATHER		MOTHER	
FULL NAME	Maynard Leroy Ringer	FULL MAIDEN NAME	Erma Inez Roseberry
RESIDENCE	Dietrich Ida	RESIDENCE	Dietrich Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wisconsin	BIRTHPLACE	Shelby, Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ... first

Number of children, of this mother, now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 9 40 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Englehall

Physician

(Physician or Midwife)

Address Dietrich Idaho.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed May 13 1912 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 29 1946

MAY 26 1946

434-127-032-266

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone Registration District No. 5 File No. 5963

No. ....., ... St.

Primary Registration District No. 2014 Registered No. 89

Hospital .....

FULL NAME OF CHILD John Robert McMahon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	other	9th	yes	5-27-1912

FATHER	MOTHER
FULL NAME Robt. J. McMahon	FULL MAIDEN NAME Florence Bowler
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W. AGE AT LAST BIRTHDAY 61 (Years)	COLOR W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Canada	BIRTHPLACE Idaho.
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

Physician

(Physician or Midwife)

Address Shoshone, Idaho.

Given name added from a supplemental report

....., 19.....

Registrar

Filed May 8th 1912 C. F. Zeller

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 8 1968

993 - 224-032-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone — Registration District No. 6 — File No. 5964

No. ....., ... St. — Primary Registration District No. 2016 — Registered No. 67

Hospital .....

FULL NAME OF CHILD Thuriza Roberta Richmond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X	X	yes	May 24 191 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John G. Richmond	Jennie O Woodbury
RESIDENCE	Shoshone Ida	Shoshone Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	40
BIRTHPLACE	Iowa City Ia	Independence Ia
OCCUPATION	Carpenter	None

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) W. G. Baugh

Physician

(Physician or ~~Midwife~~)

Address Shoshone Idaho

Filed May 25 1917 C. F. Zeller Registrar

S-Y CO., 16670

JAN 20 1942

866-216-032-444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

Registration District No. 5

Primary Registration District No. 2016

File No. 5965

Registered No. 63

FULL NAME OF CHILD Dorothy Madeline Howell

Sex of Child, Female

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth May 16 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Chas. W. Howell	FULL MAIDEN NAME Margaret Mumm
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Oregon
OCCUPATION Stenographer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell

Physician

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 17 1912 E. E. Zeller

Registrar

S-Y CO., 16670

533-122-032-165

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 — No. 5966

Primary Registration District No. 2016 — Registered No. 80

FULL NAME OF CHILD — Elliott, Lawrence Waco

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Single (To be answered only in event of plural births)	5	Yes	May 22 1912

FATHER		MOTHER	
FULL NAME	Chas Elliott	FULL MAIDEN NAME	Nellie Jones
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Educator	OCCUPATION	H Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Carey M.D. (Physician or Midwife)

Address Gooding, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 24 1912 C. G. Geller
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS JUL 30 11 19 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of CASSIA } ss.

Certificate No. 5966

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Elliott (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1912 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lawrence W. Elliott
		WACO

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of CASSIA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of DECEMBER, 1972

Marvin G. Smith

Notary Public, residing at OAKLEY, IDAHO

My commission expires NOVEMBER 5, 1976

(Seal)

Signed Sarah L. Clark
(Signature of Any Credible Person)

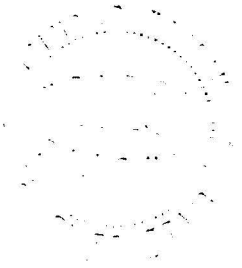
OAKLEY, IDAHO
(Street Address, City, State)

FORM DH 60-155 CL 5-22-63. one copy pd. rec. #04768.

Letter from Custodian of the Record from Oakely, Idaho gives name as Lawrence Waco Elliott born May 23, 1912 at Gooding, Idaho. Baptized June 5, 1920 Fahher's name a s Charles Elliott and mother's aas Nellie Harvis. viewed by V. S.

SEP 1 2 1975

Family record and Index to Individual History Pages gives name as Lawrence Waco Elliott born May 22, 1912. Blessed May 1913. enterd on record 1917. viewed by V. S.



751 - 201-032-619

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone — Registration District No. 5 — File No. 5967

No. ____, ____ St. — Primary Registration District No. 2016 — Registered No. 79

Hospital ____

FULL NAME OF CHILD Frances Wilberta Peak

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	yes	June 1, 1917

FATHER		MOTHER	
FULL NAME	Brigham F. Peak	FULL MAIDEN NAME	Mary Elizabeth Ware
RESIDENCE	Shoshone	RESIDENCE	Shoshone Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Meigs Co Tenn	BIRTHPLACE	Meigs Co, Tenn
OCCUPATION	Carpenter	OCCUPATION	house wife

Number of child of this mother, including present birth ... 6 ...

Number of children, of this mother, now living, including present birth ... 5 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2-00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. G. Baugh

(Physician or Midwife)

Address Shoshone Idaho

Given names added from a supplemental report

..... 19.....

Filed June 8 1917 C. F. Zeller

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 26 1942

275-117-032-384

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of _____ Registration District No. 29 File No. 5968

No. _____, _____ St. Primary Registration District No. 2102 Registered No. 25

Hospital _____

FULL NAME OF CHILD Clinton Spencer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 - 17 - 1912

FATHER		MOTHER	
FULL NAME	Clinton Spencer	FULL MAIDEN NAME	Jeanette Lyman
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Michigan	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Iowa
		OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 11 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Killam

Physician (Physician or Midwife)

Address Heyburn Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 10 1912 C. R. Killam Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-O– 1m-4-20-17

253-224-032-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 29 File No. 5969 5969

Primary Registration District No. 2102 Registered No. 28

FULL NAME OF CHILD May Bell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	4 - 24, 1912

FATHER		MOTHER	
FULL NAME	Frank Bell	FULL MAIDEN NAME	Cuba Barker
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Killen

Physician

(Physician or Midwife)

Address Heyburn Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed June 10 1912 W. R. Killen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

743-123-032-253

PLACE OF BIRTH

County of Lincoln

City of ____

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Richard Victor Pullman

Form V. S. No. 11-C—15m-4-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 5970

Primary Registration District No. 2102 Registered No. 20

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4 23 1912

FATHER		MOTHER	
FULL NAME	Victor Pullman	FULL MAIDEN NAME	Maggie Keck
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Killam

Physician (Physician or Midwife)

Address Heyburn

Given names added from a supplemental report

..... 19.....

Filed June 10 1912 T. R. Killam

Registrar

S-Y CO., 16670

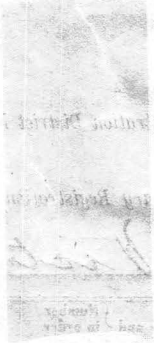
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 20 1942



SEP 26 1949

792-220-032-793

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 29 File No. 5972

No. _____, _____ St. Primary Registration District No. 2015 Registered No. 26

Hospital _____

FULL NAME OF CHILD Juletta Grey Gibbs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate?	Date of birth (Month) May (Day) 20 (Year) 1912
Female				

FATHER		MOTHER	
FULL NAME	William Gibbs	FULL MAIDEN NAME	Anna Gillette
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Indianna
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M. D.

(Physician ~~or Midwife~~) Rupert, Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed June 10 1912 V. R. Killam Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 17 1954

JUL 16 1962

748-227-032-957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of .....

City of .....

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 5973

Primary Registration District No. 2015 Registered No. 30

FULL NAME OF CHILD Ruth Elizabeth Gaynor

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth May (Month) 27 (Day), 1912 (Year)

FATHER

FULL NAME Chas Gaynor

RESIDENCE Rupert Ida

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Penn.

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Hulda C Replogle

RESIDENCE Rupert Ida

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Penn.

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott M D

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 10 1912 W. R. Killeen

..... Registrar

S-Y CO., 16670

Registrar

K

11/4/71

766-127-032-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

Registration District No. 29 **File No.** 5974

No. ____, ____ *St.*

Primary Registration District No. 2015 **Registered No.** 31

Hospital ____

FULL NAME OF CHILD Gordon Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 27 1912

FATHER

FULL NAME	Chas. F. Goff
RESIDENCE	Rupert Ida
COLOR	White
AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Edna Benfro
RESIDENCE	Rupert
COLOR	White
AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo
OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 10 1912 V. R. Killam Registrar

S-Y CO., 16670

OCT 2 1962

JUN 15 1972

268-202-032-915

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

Registration District No. 29

File No. 5975

No. ____, ____ St.

Primary Registration District No. 2015

Registered No. 21

Hospital ____

FULL NAME OF CHILD Olive Marie Bohon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	5 2 1912

FATHER	MOTHER
FULL NAME Wm. D. Bohon	FULL MAIDEN NAME Kate Ravenscraft
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician

(Physician or Midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1912 V. R. Killen

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 27 1942

389-207-032-453

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

Registration District No. 29 File No. 5976

No. ____, ____ St.

Primary Registration District No. 2015 Registered No. 22

Hospital ____

FULL NAME OF CHILD Louise Shurtleff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	5 7 1912

	FATHER	MOTHER
FULL NAME	James R. Shurtleff	FULL MAIDEN NAME Hattie Decker
RESIDENCE	Rupert Idaho	RESIDENCE Rupert Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	45	42
BIRTHPLACE	Iowa	BIRTHPLACE Ill.
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kennedy

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 10 1912 C. R. Killam Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

455-20-0325-296

PLACE OF BIRTH

County of Lincoln

City of _____ Registration District No. 29 File No. 5977

No. _____, _____ St. Primary Registration District 2015 Registered No. 23

Hospital _____

FULL NAME OF CHILD Ruby Irene Denney

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth May (Month) 10 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Wesley Denny	FULL MAIDEN NAME	Nettie Brown
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Scott M. D.

(Physician ~~or Midwife~~) Acequia

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed June 10 1912 C. R. Killam Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

Amended 6/18/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5978
Local Reg. No.
Reg. Dist. No. 29

1. PLACE OF BIRTH

a. COUNTY: Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rupert

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Vinnie

b. (Middle): Ellen

c. (Last): Mackrill

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 17, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Chas.

b. (Middle):

c. (Last): Mackrill

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ills.

10. USUAL OCCUPATION: Blacksmith

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mattie

b. (Middle):

c. (Last): Lyman

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. H. Scott, M.D.

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rupert, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1912

22. REGISTRAR'S SIGNATURE: V. R. Killen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ICAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

5 21 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, } ss.
County of

Certificate No. 5978

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vinnie Ellen Mackrill (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1912 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	May 14, 1912	April 17, 1912

Subscribed and sworn to before me this 21st day of May, 1973

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1111 Belvedere Dr. Sumner Wash. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 1973

[signature]

Notary Public, residing at Sumner

My commission expires December 26, 1973

(Seal)

Signed [signature] (Signature of Any Credible Person)

P. O. Box 44,
McMillan, Washington 98352 (Street Address, City, State)

FORM DH 60-155

Minidoka County School Record by Darrell J. Hatfield, Ed. D. Supt. of Schools gives Vinnie Mackrill Coffman daughter of Charlie Mackrill and Mattie Lyman Mackrill born April 17, 1912 in Rupert, Idaho, Minidoka County, (dated May 21, 1973)
Record states that Vinnie Mackrill Coffman attended The Minidoka County Schools from Grades 1 through ten beginning in the year 1918.
Viewed by VS

Lakewood General Hospital and Convalescent Center , Tacoma, WA 98499 gives name as Vinnie Ellen Coffman (on their record) and her date of birth listed as April 17, 1912. Was in the hospital 8-17-64. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Rupert

No. ..... St.

Hospital

Registration District No. 29

File No. 5978

Primary Registration District No. 2015

Registered No. 24

FULL NAME OF CHILD Vinnie Ellen Mackrill

Sex of Child Female

Twin, Triplet, or other? and Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth May 14, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Mackrill	FULL MAIDEN NAME	Mattie Lyman
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ills	COLOR	White
OCCUPATION	Blacksmith	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Scott M.D.

Rupert Idaho

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 10 1912 V. R. Killeen

Registrar

S-Y CO., 16670

MAR 1-0 1960

JUN 1 8 1973

942-126-033-652

PLACE OF BIRTH

County of Lincoln

City of Rupert

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 29 File No. 5979

Primary Registration District No. 2015 Registered No. 29

FULL NAME OF CHILD Roy Dann

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 26 1912

FATHER		MOTHER	
FULL NAME	Grover M Rush	FULL MAIDEN NAME	Hallie B West
RESIDENCE	Rupert	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Hennessy

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 10 1912 V. R. Killam

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 11 1971

463-208-035-369

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1826 Main St.

Registration District No. 16

File No. 5981

Primary Registration District No. 1009

Registered No. 95

Hospital

FULL NAME OF CHILD Helen Marie McDole

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	May (Month) 8th (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	G.B. McDole	FULL MAIDEN NAME	Nora Coryell
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Iowa
OCCUPATION	Delivery man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5. P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Todd M.D.

(Physician or ~~Midwife~~)

Address Lewiston, Iowa.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-10 19 12

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

795 - 113-035-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital N

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 5982

Primary Registration District No. 1009 Registered No. 96

FULL NAME OF CHILD Salvatore Greco.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Greco.	Mary Pecora
RESIDENCE	Lewiston Ida	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	28
BIRTHPLACE	Italy.	Italy
OCCUPATION	Gardener	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Filed 6-10 19 12 L. J. Perkins

S-Y CO., 16670

Registrar

Registrar

363-114-035-863

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 23rd, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 5983

Primary Registration District No. 1009 Registered No. 97

FULL NAME OF CHILD Paul Gaza Toth

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	single	1st	yes	May 14th, 191-

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Toth	FULL MAIDEN NAME	Theresa Herlyba
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	Wht
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION	Gas Plant	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Canavan

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-10 19 12 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

013-214-035-659

(Be sure the information is complete and accurate)

Amended 5-2-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5984
Local Reg. No. 98
Reg. Dist. No. 16

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston Orchards

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston Orchards

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Isobel

b. (Middle): May

c. (Last): Macdonald

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 14, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Daniel

b. (Middle): R.

c. (Last): Macdonald

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Scotland

10. USUAL OCCUPATION: Fruit Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Annie

b. (Middle):

c. (Last): Ferrier

13. AGE (At time of this birth): 41 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Scotland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. C. Carssow

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-10-12

22. REGISTRAR'S SIGNATURE: L. J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 4 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 5984

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Isabel May McDonnald (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1912 (Date of Event)
in Lewiston Orchards, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Isabel May McDonnald	Isobel May Macdonald
Father's Last Name	McDonnald	Macdonald

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of JOSEPHINE }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1ST day of
April, 1968.

Jeneil Garner
Notary Public, residing at GRANTS PASS, ORE
My commission expires 9-20-70
(Seal)

Signed Jean A. Hall
(Signature of Any Credible Person)

1335 N.W. Washington Blvd
(Street Address, City, State)
Grants Pass, Ore

FORM DH 60-155

L 3-28-68. one copy pd.

Child's Hospital Birth Certificate, Rockwood Clinic, Spokane, Washington, Sept. 21, 1941; 3:40 P.M. gives full name of child as John Macdonald Holt, born to John Anthony Holt and Isobel May Macdonald, born May 14, 1912 at Lewiston, Idaho - viewed by V.S.

Statement from Congregational-Presbyterian (Federated) Church, dated Feb. 16, 1968, Lewiston, Idaho, written by E. Paul Hovey, minister - states that Isobel May Macdonald (Mrs. John Holt) was born May 14, 1912 and was received into membership of the above church on October 4, 1925 - viewed by V.S.

University of Idaho, Moscow, Idaho, Grade Transcript, matriculated Sept. 19, 1933 gives full name of student as Isobel May Macdonald (Holt), born May 14, 1912 at Lewiston, Idaho, parents-D.R. Macdonald and Annie H. (Ferrier) Macdonald - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

Lewiston Orchards

County of Nez Perce Co

City of ----------

No. ----------, ---------- St.

Hospital ----------

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 5984

Primary Registration District No. 1009 Registered No. 98

FULL NAME OF CHILD Isabel May McDonnald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	3rd	yes	May 14, 1912

FATHER		MOTHER	
FULL NAME	Daniel R McDonnald	FULL MAIDEN NAME	Annie Ferrier
RESIDENCE	Lewiston Orchards Nez Perce Co	RESIDENCE	Lewiston Orchards Nez Perce Co
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Fruit Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Canaan

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

..... 19.....

Filed 6-10 19 12 L. J. Perkins

S-Y CO., 16670

Registrar

Registrar

MAY 3 1968

212-116-035-614

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. [illegible]

CERTIFICATE OF BIRTH

County of Nez Perce

City of Melrose

Registration District No. 16

File No. 5985

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 99

Hospital ____

FULL NAME OF CHILD Charles Lewis Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			yes	May (Month) 16 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Chas. A. Baker	FULL MAIDEN NAME Lillian L. Wade
RESIDENCE	Melrose	RESIDENCE Melrose
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Wash.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:20 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Douglass MD

Gifford Ida.
(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-22 19 E E Watty

6-10-1912 L. J. Perkins Registrar

S-Y CO., 16670

JUL 2 1 1942

297-121-035-286

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-[illegible]-4-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

~~City of~~ Lewiston Orchards Registration District No. 16 File No. 5986

No. ....., ... St.

Primary Registration District No. 1009 Registered No. 100

Hospital .....

FULL NAME OF CHILD Leatus Lepes Harry Albert

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	6a	yes	May 21, 1912

FATHER		MOTHER	
FULL NAME	Albert Lepes	FULL MAIDEN NAME	Mary A Stubbrook
RESIDENCE	Lewiston Orchards Nez Perce Co	RESIDENCE	Lewiston Orchards Nez Perce Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Rancher

Number of child of this mother, including present birth 6a

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Canaan

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed 6-10 19 12 L. J. Parker

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

295-222-035-495

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Ida

No. 320, New 11th St.

Registration District No. 16 File No. 5987

Primary Registration District No. 1009 Registered No. 101

Hospital

FULL NAME OF CHILD Eligabeth Brier

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	single	4th	yes	May 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claus J. Brier	Elizabeth K Miehle
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	43
BIRTHPLACE	Germany	Montana
OCCUPATION	Merchant	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Carson

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-10 19 12 L J Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 0 1969

6/9/41 L. B.

819-224-035-259

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 5988
Local Reg. No.
Reg. Dist. No. 16

Amended 10/16/75

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Nez Perce	a. STATE: Idaho b. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Francelle	Audrey	Harris

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	May 24, 1912

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	J.	F.	Harris

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
46 YEARS	Ashville, N. C.	Merchant	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Ottilia		Kline

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Minnesota	3		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
F. P. Nourse	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Lewiston, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: 6-10-12	22. REGISTRAR'S SIGNATURE: L. J. Perkins	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Accurate typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 5988

Primary Registration District No. 1609 Registered No. 102

FULL NAME OF CHILD Jemima Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	4	yes	May 25, 1912

FATHER		MOTHER	
FULL NAME	J. F. Harris	FULL MAIDEN NAME	Ottilea Kluss
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Asheville N. C.	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 5-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Thorncroft M. D.

(Physician or Midwife)

Address Lewiston Ida.

Filed 6-16 19 12 L. J. Parkins Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

AUG 26 1955

OCT 1 6 1975

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 1 - 1973
Bureau of Vital Statistics

State of Idaho } ss.
County of Nezperce

Certificate No. 5988

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jemima Harris (Name on Original Certificate) who was born (Was Born or Died) on May 25, 1912 (Date of Event)
in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME	ER Jemima A	FRANCelle Audrey
Birth date	May 25, 1912	MAY 24, 1912

Subscribed and sworn to before me this 29 day of May, 1973.
L. Dexter Dougherty
Notary Public, residing at Lewiston Idaho
My commission expires 8/20/74
(Seal)

Signed Rose Scott (AUNT)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box D Culdesac Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of NEZ PERCE

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 1973.
L. Dexter Dougherty
Notary Public, residing at Lewiston, Idaho
My commission expires 8/20/74
(Seal)

Signed Leeluede K Frese (Sister)
(Signature of Any Credible Person)
1203-9th Lewiston, Idaho
(Street Address, City, State)

Francelie Audrey Harris daughter of James Harris and Tilly Klein. born on May 24, 1912 at Lewiston, Idaho. Baptized June 23, 1912. xiw Viewed by V. S.

X Diploma from Lewiston High school gives nameas Francelle Audrey Harris. dated May 21, 1930. viewed by V. S.

241-226-085-693

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital St. Josephs

Registration District No. 16

File No. 5989

Primary Registration District No. 1009

Registered No. 103

FULL NAME OF CHILD ~~Infant~~ Small-Ellen
Ellen Small

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	5	26	1912

FATHER		MOTHER	
FULL NAME	Raymond Small	FULL MAIDEN NAME	Retha Hilkes
RESIDENCE	E. Lewiston	RESIDENCE	E. Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Todd

(Physician or ~~Midwife~~)

Address Lewiston, Idaho

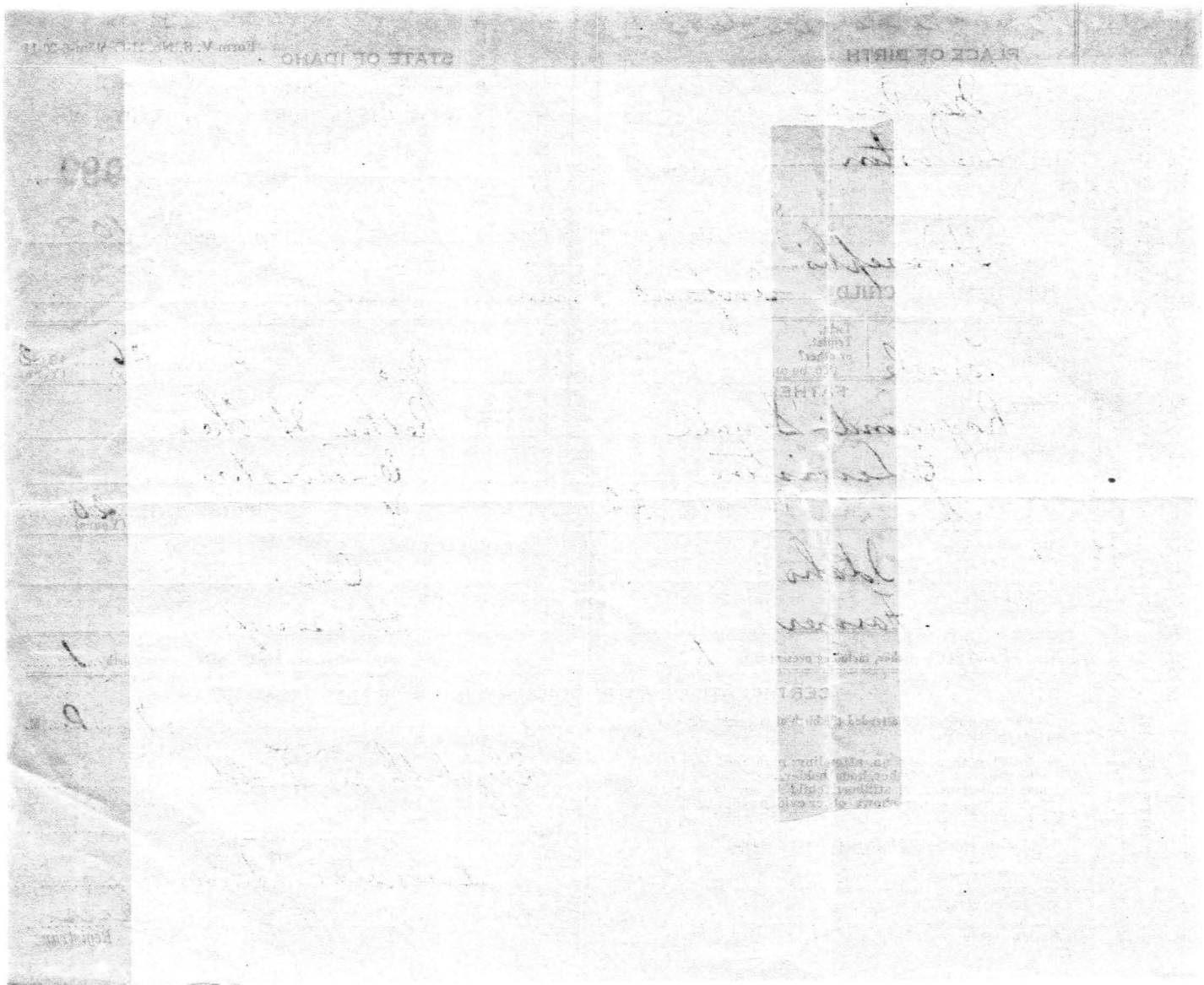
Given names added from a supplemental report

____, 19____

____
Registrar

Filed 6-10 1912 L. J. Carkins
Registrar

S-Y CO., 16670



493-27-035-142

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 5990

No. ____, ____ St.

Primary Registration District No. 2117

Registered No. 104

Hospital ____

FULL NAME OF CHILD ~~Leonard Millsap Jr~~ LEONARD IVAN MILLSAP

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4	Yes	May 27th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. Leslie Millsap	Edna Cerkeny
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Ida	Wis
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Leonard Millsap (Born alive or stillborn) at 5:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley (Physician or Midwife)

Address Lapwai Ida.

Given names added from a supplemental report

May 29 1912

John N. Alley Registrar

Filed 6-10 1912 L. J. Perkins Registrar

S-Y Co., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 5990

OCT 26 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Leonard Ivan Millsap (Name on Original Certificate) who Born (Was Born or Died) on May 27, 1912 (Date of Event)
in Sweetwater Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Leonard Millsap	Leonard Ivan Millsap
birthdate	May 28, 1912	May 27, 1912

Subscribed and sworn to before me this 12
day of August, 1942.

Notary Public, residing at Portland, Oregon
My commission expires July 6, 1945
(Seal)

(Mother)
Signed Mrs. Edna Millsap
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Box 168A Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 28 1942

132-124-035-652

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 5991

Primary Registration District No. 2074 Registered No. 105

FULL NAME OF CHILD Herbert Atkinson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	\	Yes	5 24 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John W Atkinson	FULL MAIDEN NAME	Missouri Webb
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kans	BIRTHPLACE	Tenn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 9 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

Gifford Ida (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5-24-1912 E. E. W. Registrar

6-10-1912 D. J. Eaton

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

493-120-035-331

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 16 File No. 5992 106

No. ____, ____ St.

Primary Registration District No. 2073 Registered No. [redacted]

Hospital ____

FULL NAME OF CHILD Alton Elmo Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	12	Yes	May 20 1912

FATHER		MOTHER	
FULL NAME	Elwood J Miles	FULL MAIDEN NAME	Anna L Clapp
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Md	BIRTHPLACE	Kentucky
OCCUPATION	R.R. Station Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Ragsdale

(Physician or Midwife)

Address Culdesac Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 30 1912 J H Ragsdale Registrar

6-10-1912 L.J. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 5 1968

NOV 8 1982

289-210-035-365

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No ....., ... St.

Registration District No 16 — File No. 5993

Primary Registration District No. 2073 — Registered No. 107

Hospital .....

FULL NAME OF CHILD Frances Alvin Shroffler

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	—	2nd	Yes	May 10, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore W. Shroffler Jr	FULL MAIDEN NAME	Bessie Long
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..V.. Number of children, of this mother, now living, including present birth ..2..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Pagsdale M D

(Physician or Midwife)

Address Culdesac Ida

Given names added from a supplemental report

....., 19.....

Filed May 30 1912 — 6-10-1912 — L. H. Pagsdale — L.V. Perkins

Registrar — Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 5993

Date Filed APR 17 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Alven C. Shreffler (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 10, 1912 (DATE OF EVENT)
in Culdesac, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by her mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at birth, May 10, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Alven C. Shreffler	Frances Alvin Shreffler

Subscribed and sworn to before me this 15th day of April, 1942

E. L. Gale

Notary Public, residing at Seattle, Wash.

My commission expires October 2, 1943

(SEAL)

Signed Mrs Bessie Gladys Giddings, mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

116 Nob Hill, Seattle, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 20 1947

951 - 221-004-24

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. II-C Rev. 3-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Raymond

No _____, _____ St.

Registration District No 24 File No. 5994

Primary Registration District No. 2100 Registered No. 112

Hospital _____

FULL NAME OF CHILD Alda Quadros

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1st	yes	April 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Antone S. Quadros	Magdalena Silveira
RESIDENCE	Raymond	Raymond Idaho Porto Pequeno Portugal
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	32 (Years)
BIRTHPLACE	Porto Pequeno Portugal	Porto Pequeno Portugal
OCCUPATION	Rancher and stockman	House Wife

Number of child of this mother, including present birth _____

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) Wm. Lennie Blaclock

Dr. Lee Orr Porter (Physician or Midwife)

Address Raymond Idaho

Filed May 25 19 12 Henry L. Stone Registrar

By Ella Hayward

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

35-6-116-0844-266

PLACE OF BIRTH

County of Bear Lake

City of Wardboro

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 5995

Primary Registration District No 2099 Registered No. 118

FULL NAME OF CHILD Calvert Thomas LEWIS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 11, 1912

FATHER		MOTHER	
FULL NAME	Thomas Lewis	FULL MAIDEN NAME	Callie D. Berth
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 18, 1912 W. H. Howard

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 22 1941

DECEASED

566-117-004-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 5996

Primary Registration District No. 2099 Registered No. 127

FULL NAME OF CHILD De Loss Nowland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 17, 191[illegible]

FATHER		MOTHER	
FULL NAME	H. L. Nowland	FULL MAIDEN NAME	Jane A Davis
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at one M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed June 2, 1911 J. W. Haymond Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

NOV 26 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated

493-106-004-295

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier Ida.

Registration District No 24 File No. 5997

No ____, ____ St.

Primary Registration District No. 2098 Registered No. 116

Hospital ____

FULL NAME OF CHILD [redacted] Leais Glenn Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 6 1912

FATHER

FULL NAME: A. N. Miller

RESIDENCE: Montpelier

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Preston Ida.

OCCUPATION: Druggist

MOTHER

FULL MAIDEN NAME: Cora Brimhall

RESIDENCE: Montpelier

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Paraman

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 11 1912 J. L. Hayward Registrar

.....

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—Mo. 8-1-11

PLACE OF BIRTH

County of

FULL NAME OF CHILD

Date of Birth

(Month) (Year)

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

ADE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

FATHER

ADE AT LAST BIRTHDAY

(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

RECORD

MAR 1 7 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 5997

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on May 6, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lewis Alma Miller	~~Lewis~~ Glenn Miller Leais

Subscribed and sworn to before me this 15th
day of March, 1944
A J Satterfield
Notary Public, residing at Pocatello, Idaho
My commission expires Mar 10, 1947
(Seal)

Signed Cora Marie Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
833 West Whitman Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of May, 1944
A J Satterfield
Notary Public, residing at Pocatello, Ida
My commission expires Mar 10, 1947
(Seal)

Signed Alma J Miller
(Signature of Any Credible Person Other Than Previous Year)
301 Rand Bldg, Pocatello
(Street Address, City, State) Idaho.

MAR 2 0 1944

796-125-004-785

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 5999

Primary Registration District No. 2078

Registered No. 130

FULL NAME OF CHILD Jerome Howard Groo

Sex of Child Male | Twin, Triplet, or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May 28th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Randolph Hunter Groo	FULL MAIDEN NAME	Josephine Phelps
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Phosphate Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of childrea, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D. Physician

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed June 2 1912 J. W. Hayward Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 19 1973

785-225-004-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6000

Primary Registration District No. 2098 Registered No. 128

FULL NAME OF CHILD Thelma Dena Phelps

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May 25 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Phelps	Ellen Pearson
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Montpelier	Logan, Ut.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley
(Physician ~~or midwife~~)

Address Paris, Idaho.

Given names added from a supplemental report

..... 19.....

Filed June 2 1912 J. W. Hayward
Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-3-15-12

[redacted] 217-284-295

[redacted]

Form V. S. No. [redacted]

STATE OF [redacted]HO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

No. ____, ____ St.

Registration District No. 24 File No. 6001

Primary Registration District No. 2098 Registered No. 126

Hospital ____

FULL NAME OF CHILD Emma Mildred Messerly

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	May 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Messerly	E. C. Lacy
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Geneva	Geneva
OCCUPATION	Shoemaker	Dining Room Girl

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at one P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Leo F. Ashley

(Physician or Midwife)

Address [redacted]

Filed June 1 1912 J. E. Hayward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

FEB 27 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

269

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Montpelier — Registration District No. 24 — File No. 6002

No. ____, ____ St. — Primary Registration District No. 2098 — Registered No. 126

Hospital ____

FULL NAME OF CHILD Ida Agnes Fredricks

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)			Yes	May 17, 1912

FATHER		MOTHER	
FULL NAME	C H Fredricks	FULL MAIDEN NAME	L M Goddard
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Shoemaker	OCCUPATION	Nurse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cubley

(Physician or Midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

Filed June 2, 1912 — Jas. E. Hayward, Registrar

....., Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

AUG 21 1959

PLACE OF BIRTH

County of

City of

MAR 1 1962

MARGIN RESERVED FOR BINDING

...Y. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier Registration District No. 24 File No. 6003

No. ____, ____ St. Primary Registration District No. 2098. Registered No. 122

Hospital ____

FULL NAME OF CHILD Marguerite Hirschi

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 11th 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F. Hirschi	Rose Thuetti
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	39
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:00 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robt. Kay M.D.

Physician

(Physician or Midwife)

Address Montpelier Idaho.

Given names added from a supplemental report

..... 19.....

Filed June 21 1917 J. M. Hayward

Registrar

..... Registrar

S-Y CO., 16670

DEC 16 1971

795-204-004-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No 24—

File No. 6004

No. ..... St.

Primary Registration District No. 2098

Registered No. 121

Hospital .....

FULL NAME OF CHILD Dorothy Louise Green

Sex of Child Female	Twin, Triplet or other? (To be answered only in event of plural births) and	Number in order of birth first	Legitimate? yes	Date of birth 5 (Month) 4 (Day) 1921 (Year)

	FATHER	MOTHER
FULL NAME	Jesse Allen Green	**FULL MAIDEN NAME** Minnie Ida Pollick
RESIDENCE	Montpelier	**RESIDENCE** Montpelier
COLOR	White	**COLOR** White
AGE AT LAST BIRTHDAY	22 (Years)	**AGE AT LAST BIRTHDAY** 20 (Years)
BIRTHPLACE	Vernal, Utah	**BIRTHPLACE** Dingle, Idaho
OCCUPATION	Laborer	**OCCUPATION** Housewife

Number of child of this mother, including present birth. first

Number of children, of this mother, now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis E. Bridges

Midwife (Physician or Midwife)

Address Montpelier, Idaho

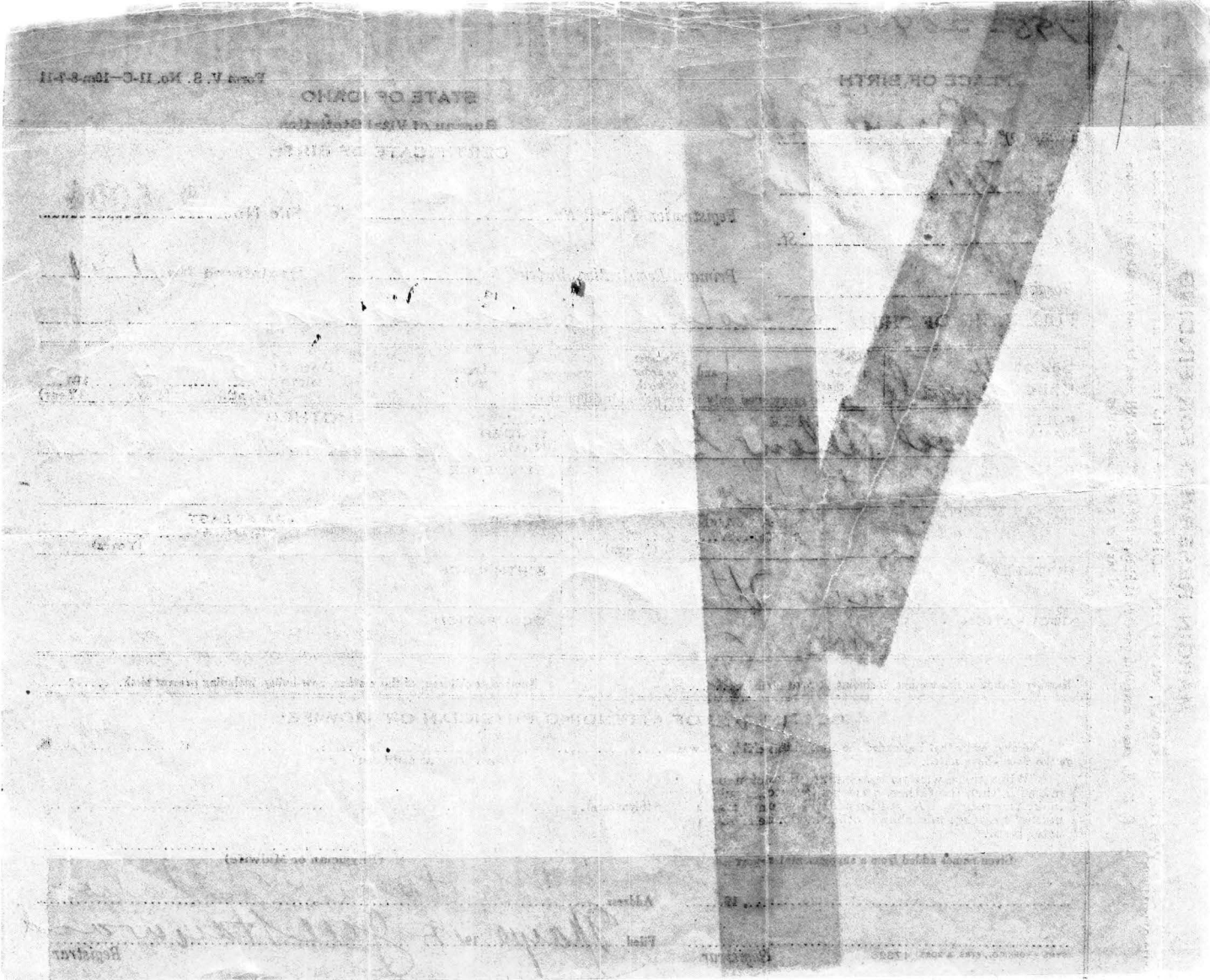
Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mayo 19 21 Jos. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



693-203-004-795

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6005

Primary Registration District No. 2098 Registered No. 119

FULL NAME OF CHILD Sarah May

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 3rd 1912

FATHER		MOTHER	
FULL NAME	Thomas Williams	FULL MAIDEN NAME	Mary Green
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Tennessee	BIRTHPLACE	Salt Lake City Ut
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Cooley

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 Jill Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 29 1968

FEB 25 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in other of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4 PLACE OF BIRTH 115-004-555

Form V. S. No. 11-C (Rev. 1921)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 6006

Primary Registration District No 2093 Registered No. 132

FULL NAME OF CHILD Leo John

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	May 15 1912

FATHER

FULL NAME Arthur Miles

RESIDENCE Sharon

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Ada Neibaur

RESIDENCE Sharon

COLOR W. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Hayward M D

(Physician or Midwife)

Address Paris Ida.

Filed May 17 1912 J. L. Hayward Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

JUN 22 1961

795-226-004-697

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Shannon

No. ..... St.

Hospital .....

Registration District No. 24 File No. 6007

Primary Registration District No. 2093 Registered No. 129

FULL NAME OF CHILD Lorena Florence Prescott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		first	Yes	May 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James T Prescott	Verna L Wixom
RESIDENCE	Shannon Idaho	Shannon Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	16
BIRTHPLACE	Liberty Idaho	Liberty Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 5/26/12 at 11:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cooley

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

Filed June 2 1912 Joel Hayward Registrar

..... Registrar

B-Y CO. 25174

DEC 31 1942

Amended 8-7-59

PLACE OF BIRTH

345-107-004-565

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 24 File No. 6008

Hospital ..... Primary Registration District No. 2092 Registered No. 114

FULL NAME OF CHILD Reed Owen Tueller
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 7, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

FATHER	MOTHER
FULL NAME: Christian Tueller	FULL MAIDEN NAME: Elizabeth VonAlmen
RESIDENCE: Paris	RESIDENCE: Paris
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 52 (Years)	AGE AT LAST BIRTHDAY: 45 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Switzerland
OCCUPATION: Mason	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) George F. Ashley

Physician
(Physician or midwife)

Address Paris, Idaho

Filed May 11, 1912 J.W. Hayward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343 - 105-004-565

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6008

Primary Registration District No. 2092 Registered No. 114

FULL NAME OF CHILD Owen Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 5 1912

FATHER		MOTHER	
FULL NAME	Christian Muller	FULL MAIDEN NAME	Annie Vonalemann
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at ____ M.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) Geo. F. Ashley

(Physician or ~~Midwife~~)

Address Paris Idaho

Filed May 11 1912 Jill Harwood

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

AUG 7 1959

Documents listed on Back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6008

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Owen Reed Tuller (Name on Original Certificate) who born (Was Born or Died) on May 5, 1912 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Owen Reed Tuller	Reed Owen Tueller
Date of Birth	May 5, 1912	May 7, 1912
Full Name of Father	Christian Tuller	Christian Tueller
Full Maiden Name of Mother	Annie Vonalman	Elizabeth VonAlmen
Mother's Age	Not Given	X 44

Subscribed and sworn to before me this 18 day of July, 19 59

Richard Dyer

Notary Public, residing at Salt Lake City, Utah
My commission expires Oct 3, 1960
(Seal)

Signed Adeline E. Tueller (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of July, 19 59

Richard Dyer

Notary Public, residing at Salt Lake City, Utah
My commission expires Oct. 3, 1960
(Seal)

Signed Adeline E. Tueller
(Signature of Any Credible Person)

54 1/2 Gordon Place, Salt Lake City, Utah
(Street Address, City, State)

FORM DPH 55.155 CL 6-17-59. nm

Oregon Life Insurance Co. Policy, #30976X, January 15, 1927 gives name as Reed Owen Tueller and birthdate as May 7, 1912 - viewed by V.S.

L.D.S. Certificate of Baptism & Confirmation of Arlin Reed Tueller, Dec. 5, 1948 gives father's Name as Reed Owen Tueller - viewed by V.S.

Application for Marriage License, State of Utah, County of Cache, Sept. 11, 1933 gives name as Reed Owen Tueller, birthdate as May 7, 1912 father's name as Christian Tueller and Mother's name as Elizabeth VonAlmen - viewed by V.S. Certified copy of Application - made on July 13, 1959 -

Another Child's Birth Cert. on file, #410844 gives parent's names as Christian Tueller and Elizabeth VonAlmen - viewed by V.S.

L.D.S. Church Record of Baptism of Minerva Josephine Tueller, baptized Oct. 11, 1902 gives parent's names as Christian Tueller and Elizabeth VonAlmen - information taken from Delayed Birth Cert. on file, ~~#550~~ De55-103 - viewed by V.S.

345-124-004-632

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 6009

Primary Registration District No. 2092 Registered No. 124

FULL NAME OF CHILD Roland Earl Fuller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 24 1912

	FATHER	MOTHER
FULL NAME	John E. Fuller	Ada C. Olsen
RESIDENCE	Paris	Paris
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	Paris	Montana Dead
OCCUPATION	Labor	Nurse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Cubley

(Physician or Midwife)

Address Montpelier

Filed June 2 1912 Jesse Hayward Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & ENGS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 8 1912

OCT 4 1976

154-109-004-495

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No ____, ____ St.

Hospital ____

Registration District No. 24

Primary Registration District No. 2092

File No. A 6010

Registered No. 120

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 9, 1912

FATHER

FULL NAME: N. P. Anderson

RESIDENCE: Ogden

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Brigham City - Ut.

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Katie Munson

RESIDENCE: Ogden

COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Paris

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris Idaho

Filed May 29 1912 J. W. Hayward
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 1 2017

968-104-004-689
Amended 4/26/73

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____, ____ St.

Hospital ____

Registration District No. 24 File No. 6011

Primary Registration District No. 2092 Registered No. 117

FULL NAME OF CHILD Walter Carl Rohner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 4 1912

FATHER	MOTHER
FULL NAME Otto Rohner	FULL MAIDEN NAME Pauline Whist
RESIDENCE Paris	RESIDENCE Paris
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Switzerland
OCCUPATION Coal dealer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Leo. F. Ashley
(Physician or ~~Midwife~~)

Address Paris Idaho

Filed May 11 1912 J. M. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 4/20/73

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 3 6011

Registered No. 117

NAME OF CHILD

Color or Race

Sex

Twin or triplet (If one or more, so state)

Date of birth

MOTHER

FATHER

COLOR OR RACE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(Physician or Midwife)

Address

Filed 19

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 30 10 53 AM '73

State of Idaho } ss.
County of Bear Lake }

Certificate No. 6011

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Walter Paul Rhoner (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1912 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church, insurance, teaching (Bible Record, Insurance Policy, Etc.) prepared on certificate. Mar. 21, 1973 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Walter Paul Rhoner	Walter Paul Rohner
Father's name	Otto Rhoner	Otto Rohner
Date of Birth	May 4, 1912	May 5, 1912

Subscribed and sworn to before me this 22nd day of March, 19 73

Notary Public, residing at Montpelier Idaho
My commission expires 4/1/74
(Seal)

Signed Pauline R Nye
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

629 N 5th Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of March, 19 73

Notary Public, residing at Montpelier Idaho
My commission expires 4/1/74
(Seal)

Signed
(Signature of Any Credible Person)

629 North 5th Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/20/73 nm

Rush!

Certificate of Ordination to the Holy Priesthood gives name as Walter Paul Rohner. dated May 27, 1951. Viewed by V. S.

From Idaho State Elementary Certificate from the Dept. of Education gives name as Walter P. Rohner. Dated Sept. 1933. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

955-207-0004-624

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No _____, _____ St.

Hospital _____

Registration District No 24 File No. 6012

Primary Registration District No. 2041 Registered No. 131

FULL NAME OF CHILD Virginia Eldridge Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Forst Reed	Alice Osmond
RESIDENCE	Bloomington	Bloomington
COLOR	W.	W
AGE AT LAST BIRTHDAY	33 (Years)	32 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D.

(Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19.....

Filed May 10, 1912 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

JUL 21 1960

NOV 16 1943

113-202-004-131

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6013

Primary Registration District No. 2091 Registered No. 113

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 2nd 1912

FATHER	MOTHER
FULL NAME: Jared Jacobsen	FULL MAIDEN NAME: Nellie Aland
RESIDENCE: Bloomington	RESIDENCE: Bloomington
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Bloomington	BIRTHPLACE: Bloomington
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or Midwife)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 11, 1912 J. H. Hayward

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

693-206-004-266

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No ____, ____ St.

Hospital ____

Registration District No. 24 File No. 6014

Primary Registration District No. 2090 Registered No. 97

FULL NAME OF CHILD Maxine Lamoreaux

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		1	Yes	May 6, 1912

FATHER		MOTHER	
FULL NAME	Sam Wilks	FULL MAIDEN NAME	Florence Booth
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Jill Hayward M.D.
(Physician or Midwife)

Address Paris Idaho

Filed May 9 1912 Jill Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 28 1974

213-105-016-219

[redacted] PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Bur. F. & C.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of [redacted]

No. [redacted] St.

Hospital [redacted]

Registration District No. 31 File No. 6015

Primary Registration District No. 214 Registered No. 78

FULL NAME OF CHILD Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	May 5 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leru S. Bates	Hulda Mary Bailey
RESIDENCE	Basin Idaho	Basin Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	42
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Johnson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed May 10 1912 L. B. Hardage Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

No more than one child, if born, of the same mother, may be made for each and the number

of each is or is not stated.

CERTIFICATE OF BIRTH

County

449-113-016-000

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 31 — File No. 6016

Primary Registration District No. 2126 — Registered No. 42

FULL NAME OF CHILD Dupee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes.	May 13, 1913

FATHER		MOTHER	
FULL NAME	Miles Dupee	FULL MAIDEN NAME	
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Florida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson

(Physician or Midwife) Oakley, Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Address _____

Filed June 1, 1913 L. B. Bracheleyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 NO MOTHER

689-112-016-815

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—Rev.-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

Registration District No. 31 — File No. 6017

No. ____, ____ St.

Primary Registration District No. 21 26 — Registered No. 93

Hospital

FULL NAME OF CHILD Darr Calvert Whittle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
		yes	May 12, 191[illegible]

FATHER		MOTHER	
FULL NAME	Jesse White	FULL MAIDEN NAME	Alice Hansen
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. A. Nielson

Oakley Idaho

(Physician or Midwife)

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 19 12 C. B. Bluetaler Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Ootober 31, 1940. E.W.

744 - 109-018-314

Form V. S. No. 11-C

STATE OF IDAHO

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6018

Primary Registration District No. 2126 Registered No. 42

FULL NAME OF CHILD Griffith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 3, 1912

FATHER		MOTHER	
FULL NAME	Ed. Griffith	FULL MAIDEN NAME	Jenny Matthews
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Nielson

Oakley, Idaho (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 1 19 12 W. L. Brockbank Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Oakley

Registration District No. 31

File No. 6019

No. ____, ____ St.

Primary Registration District No. 216

Registered No. 91

[redacted]

COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	
OCCUPATION Farmer	

COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	
OCCUPATION Housewife	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born Alive or stillborn), at 8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. F. Hudson

Oakley Idaho
(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed June 1 19 22 L. B. Stockdale
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED
WRITE PLAINLY, WITH UNFADING INK
N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be filed for each, in order of birth, and the number of each, in order
CERTIFICATE OF BIRTH RECORD

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

APR 5 1948

PLACE OF BIRTH

MAR 24 19

County of

2 31-210-076-281

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C 15m-6-28-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 31 File No. 6020

Primary Registration District No. 2126 Registered No. 96

FULL NAME OF CHILD CHARLES Alvin Stanger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Don F. Stanger	Ida Stanger (Shaffer)
RESIDENCE	Oakley Ida	Oakley
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 6 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. O. Nielson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 11 1912 L. B. Blackedge

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH 9-24-65

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6020

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Adonis Stanger (Name on Original Certificate) who was born (Was Born or Died) on April 10, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Adonis Stanger	Charles Adonis Stanger

Subscribed and sworn to before me this 24 day of September, 1965

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Helen A Stanger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #2 Kimball St. Boise Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism & Confirmation gives name as Charles Adonis Stanger born April 10, 1912 at Oakley, Idaho. Baptized June 25, 1920 by John Adams.
Viewed by V. S.

SEP 24 1965

Certificate of Blessing certified that Charles Adonis Stanger son of David Stanger & Ida Sharp born April 10, 1912 at Oakley, Idaho. Blessed May 12, 1912 by Elder Alfred Wilson.
Viewed by V. S.

2 -016-689

FL. OF BI

STATE OF IDAHO — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of Marion — Registration District No. 31 — File No. 6021

No. _____, _____ St. — Primary Registration District No. 2126 — Registered No. 97

Hospital _____

FULL NAME OF CHILD Leonard Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 7, 191[illegible]

FATHER		MOTHER	
FULL NAME	Robert Smith	FULL MAIDEN NAME	Edna Wells
RESIDENCE	Marion Idaho	RESIDENCE	Marion Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wash	BIRTHPLACE	Utah
OCCUPATION	Stockgrower	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Wilson

Oakley Idaho (Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed June 1 19 17 L. B. Stockdale Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

G-214

STATE OF ... Bureau Vital Statistics

County of ...

CERTIFICATE OF BIRTH

City of Oakley — Registration District No. 31 — File No. 6022

No. ..., ... St. — Primary Registration District No. 212 — Registered No. 98

Hospital: ...

FULL NAME OF CHILD Roland A. Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			ye.	April 2 1912

FATHER		MOTHER	
FULL NAME	Chas. Nelson	FULL MAIDEN NAME	Josephine Simmons
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) H. O. Nielson

Oakley Idaho (Physician or Midwife)

Address ...

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..., 19...

... Registrar

Filed June 1 1912 L. B. Rockefeller Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6022

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of April 2, 1912 (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed	Unnamed	Roland A. Wilson

Subscribed and sworn to before me this 16 day of Nov, 19 43

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 12/14/47
(Seal)

Signed Josephine Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 16 1943

249-129-016-252

PLACE OF BIRTH

Form V. S. No. 12-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Marion

No. ____, ____ St.

Hospital ____

Registration District No. 31 File No. 6023

Primary Registration District No. 212 Registered No. 99

FULL NAME OF CHILD Lamont May Leroy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	March 29, 1912

FATHER		MOTHER	
FULL NAME	Moses Lamont	FULL MAIDEN NAME	Ludora Sessions
RESIDENCE	Rockford Idaho	RESIDENCE	Marion, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Anderson

(Physician or Midwife)

Address Oakley, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1 1912 L. L. Stockdale Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 12 1942

MAY 27 1942

253-124-016-253

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ____, ____ St.

Hospital ____

Registration District No. 31 File No. 6024

Primary Registration District No. 2176 Registered No. 100

FULL NAME OF CHILD Bell, Ephriam Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	March 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ephraim Bell	Silva Bell
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. O. Nielson

(Physician or Midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed June 4 19 12 J. B. Stocksleger

Registrar

S-Y CO., 18670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

service classification card dated October 9, 1945

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 6024

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Bell (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1912 (Date of Event)
in Oakley, Cassia County, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by social security card (Bible Record, Insurance Policy, Etc.) #518-20-5344 prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Bell	Ephriam Clark Bell

Subscribed and sworn to before me this 18th day of July, 1958

Notary Public, residing at Notary Public Residing at Boise, Idaho
My commission expires My Commission expires August 6, 1960.
(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho
County of Ada } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1958

Notary Public, residing at Notary Public Residing at Boise, Idaho
My commission expires My Commission expires August 6, 1960.
(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

cj

JUL 18 1958

559-208-016-395

PLACE OF BIRTH

County of Cassia

City of Albion

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 6025

Primary Registration District No 2125 Registered No. 101

FULL NAME OF CHILD Zilpha Neimoyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X	X	yes	June 8, 1917

FATHER		MOTHER	
FULL NAME	Jean Hamlin Neimoyer	FULL MAIDEN NAME	Millie Imlach
RESIDENCE	Albion	RESIDENCE	Albion
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1745a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B B Stockslager MD

(Physician or Midwife)

Address Albion Idaho

Given names added from a supplemental report

....., 19.....

Filed June 9 1917 B B Stockslager

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 3 1973

454-204-016-146

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ——, —— St.

Hospital ——

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6026

Primary Registration District No. 31 24 Registered No. 85

FULL NAME OF CHILD Clive Mabel Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				3-4-1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Underwood	Flora Amos
RESIDENCE	Burley Ida	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		28
BIRTHPLACE	London England	England
OCCUPATION	Machinist	Home Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ——M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Joseph Trenwith M.D.
(Physician or Midwife)

Address .....

Filed June 18 1917 W B Stockslager
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

K

SEP 11 1947 JUN 13 1947

144-125-016-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 31 — File No. 6027

No. ____ St. — Primary Registration District No. 2134 — Registered No. 86

Hospital ____

FULL NAME OF CHILD Judd

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	5 - 25 - 1912

FATHER		MOTHER	
FULL NAME	L. H. Judd	FULL MAIDEN NAME	Eliza Lambson
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 8, 1912 L B Stockdale

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-10-12

STATE OF IDAHO

PLACE OF BIRTH

44-127-016-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6028

Primary Registration District No. 21 Registered No. 87

FULL NAME OF CHILD Judd

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	5 - 27 - 1912

FATHER		MOTHER	
FULL NAME	L. F. Judd	FULL MAIDEN NAME	Annie Stinson
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nevada.	BIRTHPLACE	Alabama
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

.....19.....

Filed June 8 1912 L. B. Stockdale

Registrar

.....

Registrar

S-Y CO. 20174

STATE OF IDAHO

PLACE OF BIRTH

.383-.125-016-331

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6029

Primary Registration District No. 214 Registered No. 89

FULL NAME OF CHILD Tyler

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	5-25-1912

FATHER	MOTHER
FULL NAME R. H. Tyler	FULL MAIDEN NAME Zella Clark
RESIDENCE Denver, Colo	RESIDENCE Denver, Colo
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE New York	BIRTHPLACE Utah
OCCUPATION Newspaper work	OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed June 8 1912 L B Hinkelegen
Registrar

..... Registrar

S-Y CO. 20174

753-109-06-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No 6030

Primary Registration District No 322 Registered No 89

FULL NAME OF CHILD Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erick Peterson	Victoria Johnson
RESIDENCE	Burley Idaho	Burley Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 37	White / 27
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A. Hiatt

Burley Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 8 19 12 L. B. Hutchings

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

962-228-016-133

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Registration District No. 31 File No. 6031

Hospital ____ Primary Registration District No. 2132 Registered No. 90

FULL NAME OF CHILD Helen Adelia Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 28 1912

FATHER		MOTHER	
FULL NAME	John Sanford Robinson	FULL MAIDEN NAME	Sarah Violet Allen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington Indiana	BIRTHPLACE	Alexandria Indiana
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed June 8 19 13 L B Blackledge

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719 - 227-016-783

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 131 File No. 6032

Primary Registration District No. 21 24 Registered No. 91

FULL NAME OF CHILD Hilda Gardner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one	6	no	5/27th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Gardner	Lillie G. Pitt
RESIDENCE	Burley	Burley
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 40	White / 36
BIRTHPLACE	America	America
OCCUPATION	Farmer	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hilda Shallman

Midwife (Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1912

Registrar

S-Y CO., 16670

Form V. S. No. 11-P - Rev. 8-20-41

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11 20 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
VITAL STATISTICS
NOV 26 2 49 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 6032

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gardner (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Hilda Gardner

Subscribed and sworn to before me this 20 day of
November, 1973
Notary Public, residing at Boise, Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed Lyman B. Lee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. #6 Caldwell, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

DEC 14 1973

Social Security Card No. 542-36-0324 Hilda G. Lee Form OA-702 Rev.6-48

Viewed by VS

Membership record from LDS Church gives name as Hilda Gardner Lee born May 27, 1912. father's name given as John William Gardner and mother's full name as XXX Lillie Pitt. Baptized June 6, 1920. Viewed by V. S.

864-125-016-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No: 6033

Primary Registration District No. 2125 Registered No. 821

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	May 25 1912

FATHER		MOTHER	
FULL NAME	William Edward Young	FULL MAIDEN NAME	Alice Loretta Barton
RESIDENCE	Malta	RESIDENCE	Malta
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Sales M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report

..... 19.....

Filed June May 3 1912

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-101-016-819

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cadiz

City of Albion

No ____, ____ St.

Registration District No. 31 File No. 6034

Primary Registration District No. 2135 Registered No. 83

Hospital ____

FULL NAME OF CHILD ✓ Died

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	5 / 1 / 1911

FATHER	MOTHER
FULL NAME Frank Robinson	FULL MAIDEN NAME Ella Harper
RESIDENCE Albion Ida	RESIDENCE Albion Ida.
COLOR Wh	COLOR Wh.
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho.
OCCUPATION Clerk in store	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story (Physician or Midwife)

Address Declined to give

Given names added from a supplemental report

....., 19.....

Filed June 8 1912 F. B. Stockbridge Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328 Registrar

384-115-016-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Albion

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6035

Primary Registration District No. 21 25 Registered No. 84

FULL NAME OF CHILD Asel Acel Handy Chatburn

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—			yes	5 15 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John B. Chatburn	FULL MAIDEN NAME: Della A Handy
RESIDENCE: Albion Idaho	RESIDENCE: Albion Idaho
COLOR: W	COLOR:
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Stone M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

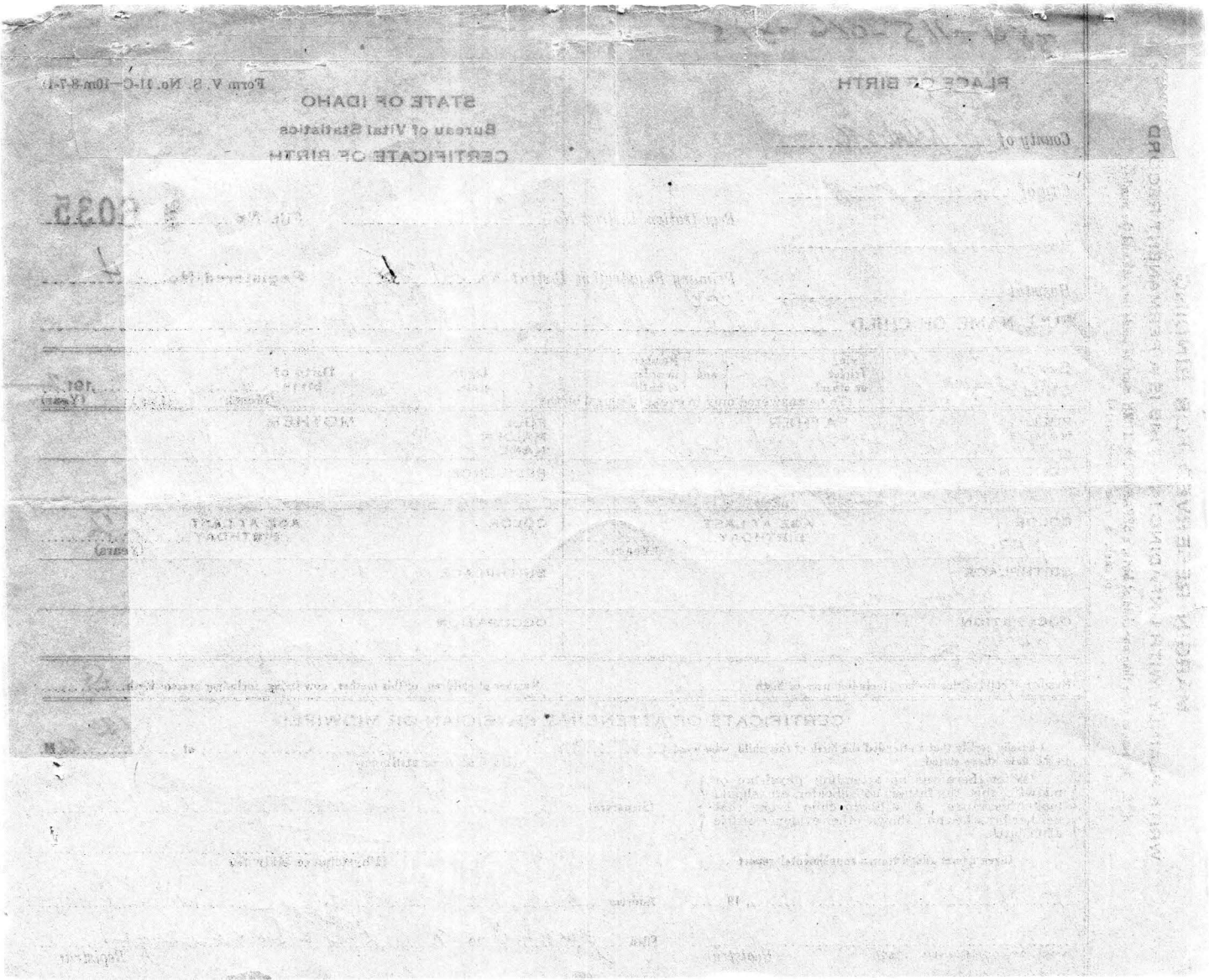
....., 19.....

Filed June 8 1912 W. P. Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Cassia Idaho } ss.
County of Cassia }

Certificate No. 6035

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Aseal Handy Chatburn (Name on Original Certificate) who born (Was Born or Died) on May 15, 1912 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School records, insurance policies (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Aseal Handy Chatburn	Acel Handy Chatburn

Subscribed and sworn to before me this 20th day of July, 1948

A. B. Aagard
Notary Public, residing at Albion, Idaho
My commission expires March 16, 1950
(Seal)

Signed Zella A. Chatburn
(Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)
Albion, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1948

A. B. Aagard
Notary Public, residing at Albion, Idaho
My commission expires March 16, 1950
(Seal)

Signed John B Chatburn
(Signature of Any Credible Person)
Albion Idaho
(Street Address, City, State)

AUG 10 1948

619-213-06-469

Form U. S. No. 11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 — File No. 6036

Primary Registration District No. 2125 — Registered No. 81

FULL NAME OF CHILD Lucia May Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	May 13 1912

FATHER		MOTHER	
FULL NAME	Melvin Marion Ward	FULL MAIDEN NAME	Mary Emily Pearl Mortimer
RESIDENCE	Malta Ida	RESIDENCE	Malta
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	ranches	OCCUPATION	Home wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 4 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sain
(Physician or midwife)

Address Malta Ida

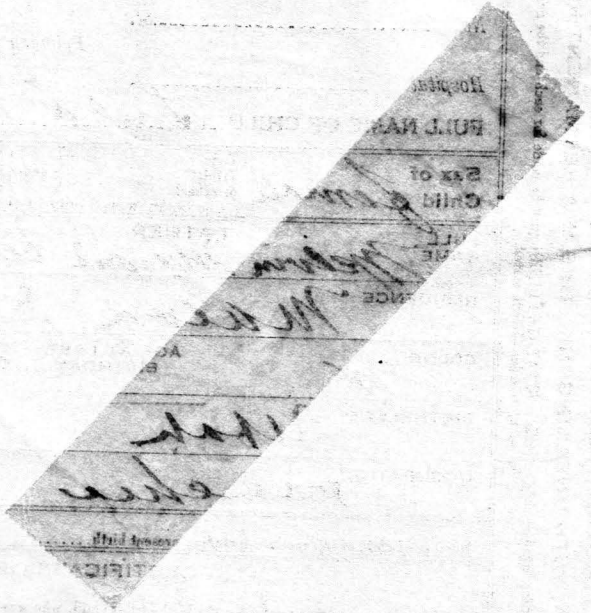
Filed June 3 1912 C. B. Stoutenger
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174



814-104-016-243

PLACE OF BIRTH

Form V. S. No. 11-C-Jan. 15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Registration District No. 31

File No. 6037

Primary Registration District No. 2125

Registered No. 80

Hospital .....

FULL NAME OF CHILD EARL BEECHER HADFIELD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	c	c	yes	May 4- 12 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wells Hadfield	FULL MAIDEN NAME	Sylvia Abbie Beecher
RESIDENCE	Elba	RESIDENCE	Elba
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	home wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sala MD

(Physician or midwife)

Address Jerome Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 3 1912 L B Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C [illegible]

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

(Year)

(Year)

(Year)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Davis } ss.

FEB [illegible]

Certificate No. 6037

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of May 4, 1912 (Birth or Death) for Earl Beecher Hadfield (Name on Original Certificate) who was born (Was Born or Died) on May 4, 1912 (Date of Event) in Conant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by record (Bible Record, Insurance Policy, Etc.) prepared on June 4, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Earl Beecher Hadfield
birth date	May 6, 1912	May 4, 1912

Subscribed and sworn to before me this 12th. day of February, 1942.

Notary Public, residing at Clearfield, Utah

My commission expires Sept. 10, 1945

(Seal)

Signed Abbie Beecher Hadfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clearfield, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Davis } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th. day of February, 1942.

Notary Public, residing at Clearfield, Utah

My commission expires Sept. 10. 1945

(Seal)

Signed Wella Hadfield
(Signature of Any Credible Person Other Than Previous Year)

Clearfield, Utah
(Street Address, City, State)

FEB 21 1942

49 1957

364-227-06-612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital .....

Registration District No. 31 File No. 6038

Primary Registration District No. 2125 Registered No. 52

FULL NAME OF CHILD Vita Lounsbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 27 1912

	FATHER	MOTHER
FULL NAME	Ralph G. Lounsbury	FULL MAIDEN NAME Sarah E. Wake
RESIDENCE	Malta Idaho	RESIDENCE Malta Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Peters MD

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report

..... 19.....

Apr

Registrar

Filed Apr 3 19 12 L. B. Stockdale

Registrar

S-Y CO. 20174

STATE OF IDAHO

344-22-06-789

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

*City of Yale

Registration District No. 21

File No. 6039

No. ..... St.

Primary Registration District No. 2125

Registered No. 53

Hospital .....

FULL NAME OF CHILD Gladys Viola Lawrence

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	2 / 29 / 1912

FATHER		MOTHER	
FULL NAME	H. C. Lawrence	FULL MAIDEN NAME	Nettie L Phillips
RESIDENCE	Yale Idaho	RESIDENCE	Yale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Lutz M.D.

(Physician or midwife)

Address Yale Ida

Given names added from a supplemental report

..... 19.....

Filed Apr 3 1912 L. B. Blackburn

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

MAR 16 1950

42-239

[redacted] Falls

STATE OF IDAHO

Form V. S. No. 11-C—16

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Burke

Registration District No. 208723 File No. 6040

No. ____, ____ St.

Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Oscar Sons.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			yes	May 8, 1912

FATHER		MOTHER	
FULL NAME	Walter Sons	FULL MAIDEN NAME	Julia McKlinz
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	plumber	OCCUPATION	housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Chas. Weltmer M. D

(Physician or Midwife)

Address Burke Ida.

Filed 5-10 1912 J. D. Murphy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THESE A PERMANENT RECORD

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

NAME OF CHILD

RESIDENCE

COLOR

BIRTHPLACE

AGE AT LAST BIRTHDAY

5040

715 - 11-042-689

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls.

City of 2 W. Buhl

No. ____, ____ St.

Hospital ____

Registration District No. ~~2087~~ 23 File No. 6041

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Garrman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
male				yes	May 11, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. W. Garrman	FULL MAIDEN NAME	Mabel Whitby
RESIDENCE	Buhl	RESIDENCE	Buhl Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Weltmer

Buhl Ida.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed 5-15 1912 J. H. Murphy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-228-042-319

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No ____, ____ St.

Registration District No 2087-73 File No. 6042

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Gladys Smith.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	5 - 28 ,191 2

FATHER	MOTHER
FULL NAME L. M. Smith	FULL MAIDEN NAME Lorena Carter
RESIDENCE Buhl	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 39. (Years)	COLOR W. AGE AT LAST BIRTHDAY 37. (Years)
BIRTHPLACE Wis.	BIRTHPLACE Wis.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murphy M. D. (Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 5-30 1912 J. F. Murphy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1966

719-105-042-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of T.W. 4-S Buhl

No ....., ... St.

Registration District No 2087. File No. 6043

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Jas. Parker Jr.~~ John Welty Parker

Sex of Child	Twin, Triplet or other?	and	Number is order of birth	Legitimate?	Date of birth (Month)	(Day)	191.2 (Year)
M.	X		X	Yes.	5	5	

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester James Parker.	FULL MAIDEN NAME	Jessie Ethel Welty
RESIDENCE	T.W. 4-S Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 5-7 1912 J. T. Murphy

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

Certified Copy issued Nov. 18, 1940. E.W.

365-218-042-614

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2087 File No. 6045

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD JEANNETTE ROSE CONVERSE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	5 18 1912

FATHER		MOTHER	
FULL NAME	Norton Converse	FULL MAIDEN NAME	Catherine V. Waddell
RESIDENCE	1 C 2½ S Buhl Ida	RESIDENCE	1 C 2½ S Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Aurelia Iowa	BIRTHPLACE	Aurelia Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky M.D.

(Physician or Midwife)

Address Buhl

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 5-23 1912 J. P. Murphy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa }
County of Cherokee } ss.

Certificate No. 6045
Date Filed FEB 26 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 18th, 1912 (Date of Event)
in Buhl, Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 18th, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Jeannette Rose Converse

Subscribed and sworn to before me this 21st day of February, 1942

Edna M Clarke - Notary Public

Notary Public, residing at Aurelia, Iowa

My commission expires July 4th, 1942
(Seal)

Signed Katherine Bell Waddell Converse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aurelia, Iowa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 26 1942

MAR

245-12/842

Form V. S. No. 11-C—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2081 File No. 6046

No. ____, ____ St.

Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Charles Gustave Kunze

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	5 21 1912

FATHER		MOTHER	
FULL NAME	Adolph Kunze	FULL MAIDEN NAME	Annie VanPatton
RESIDENCE	2 E 18 Buhl	RESIDENCE	2 E 18 Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	McKeesport Pa	BIRTHPLACE	Caesar Mich
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. McClusky M.D.

(Physician or Midwife)

Address Buhl

Given names added from a supplemental report

....., 19.....

Filed 5-23 1912 J. W. Murphy Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 10 1968

213-22-1042-763

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6047
Local Reg. No. 2311
Reg. Dist. No.

Amended 12/ 1/75

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Buhl

d. STREET ADDRESS (If rural, give location): 1¼ N. 1 E.

3. CHILD'S NAME (Type or print) a. (First): Juliette b. (Middle): c. (Last): Kalousek

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Fe.	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	May 21, 1912

FATHER OF CHILD

7. FULL NAME a. (First): John b. (Middle): c. (Last): Kalousek

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Bohemia	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Albina b. (Middle): c. (Last): Polansky

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
29 YEARS	Bohemia	7		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. F. McClucky, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Buhl

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-23-1912

22. REGISTRAR'S SIGNATURE: J. H. Murphy

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Burbl

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2387 File No. 6047

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Malley Kalousek

Sex of Child F. | Twin, Triplet, or other? | and Number in order of birth | Legitimate? Yes | Date of birth 5 (Month) 21 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Kalousek	FULL MAIDEN NAME	Albena Polanski
RESIDENCE	11/4 N. 1 E Burbl	RESIDENCE	11/4 N. 1 E Burbl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.15 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky M.D.

(Physician or Midwife)

Address Burbl

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-23 1912 J. F. Mcnyles Registrar

S-Y CO., 16670

DEC 1 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 26 10 01 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 6047

Date Filed 11/19/75

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Molley Kalousek (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on May 21, 1912 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Molley	Juliette
mother's name as	Albena Polanski	Albina Polansky

Subscribed and sworn to before me this 19th day of November, 19 75

Notary Public, residing at 24333 South Ian d Dr.

My commission expires Feb. 25, 1977
(Seal)

Signed Mary Kalousek Stinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

239 Eve Court Hayward Ca 94541
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

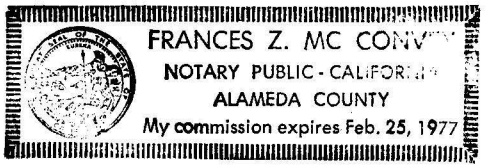
(Street Address, City, State)

FORM DH 60-155

CL 11/6/75 1cc pd. rec. # 21385

Baptismal Certif from Roman Catholis Church gives name as Juliette Kalousek daughter of John Kalousek and Albina Palansky. born May 21, 1912 at Buhl, Idaho. Baptized July 28, 1912. viewed by V. S.

Social Security card gives name as Juliette E. Miller. 569-84-7872. viewed by VS



285-220-042-295

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C 10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls. Amended 10/30/74

City of Filer, Ida.

Registration District No. 23

File No. 6048

No. —, —St.

Primary Registration District No. 2086

Registered No.

Hospital

FULL NAME OF CHILD Frances Louise Sierer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		X	Yes	5 20, 1912

FATHER		MOTHER	
FULL NAME	Daniel Sierer.	FULL MAIDEN NAME	Bertha Sierer.
RESIDENCE	Bradley Filer, Ida	RESIDENCE	Filer Ida.
COLOR	White.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ada, Ohio	BIRTHPLACE	Washburn, Iowa
OCCUPATION	rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 24 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Chouteau M.D.

(Physician or Midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 23 1912 John T. Coughlin

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 23 9 28 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6048

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Sierer (female) (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1912 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Frances Sierer (Louise
2 Birth Place of Parents	Father Iowa	Father Ida Ohio
	Mother Ohio	Mother Washburn Iowa
3 mothers name	Martha Sierer (4th child)	3 Bertha Sierer Bertha
4 no. Chldr		(6th child)

Subscribed and sworn to before me this 21 day of Oct, 1974

Mary Bell Howard
Notary Public, residing at Hansen
My commission expires 4/15/78
(Seal)

Signed Martha S. Rose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 387 Hansen, Idaho 83334
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Oct, 1974

Mary Bell Howard
Notary Public residing at Hansen, Idaho
My commission expires 4/15/78
(Seal)

Signed Betty J. Pollard
(Signature of Any Credible Person)

Box 219 Hansen, Idaho 83334
(Street Address, City, State)

FORM DH 60-155 CL 25/74

Statement by sister concerning family record givew nams as Frances L . Sierer born May 20, 1921. was born the 6th h child. mother's name givenas Bertha. Sister was the first one born. viewed by V. S.

OCT 3 0 1974

Family Group record for Daniel Crist Sierer born Ada, Ohio on June 8, 1869. and Bertha Aurora Bertch.born Jly 12, 1875 in Washburn, Iowa. child's name(listed as the 6thchild) is given as Frances Louise Sierer. born May 20, 1912. viewed by V. S.

231- 10[redacted]

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____, ____ St.

Hospital ROY

STATE OF I[redacted]

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 6049

Primary Registration District No. 2986 Registered No. ____

FULL NAME OF CHILD Raymond Blakeslee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 7 192[illegible]

FATHER		MOTHER	
FULL NAME	Earl Raymond Blakeslee	FULL MAIDEN NAME	Ruby Conner
RESIDENCE	Filer	RESIDENCE	Filer ~~Kansas~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth ~~XXX~~ 5

Number of children, of this mother, now living, including present birth ~~XXX~~ 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Asmus

Physician

(Physician or Midwife)

Address Filer

Given names added from a supplemental report

....., 19.....

Filed 5-30 19 12 John H Englehorn

Registrar

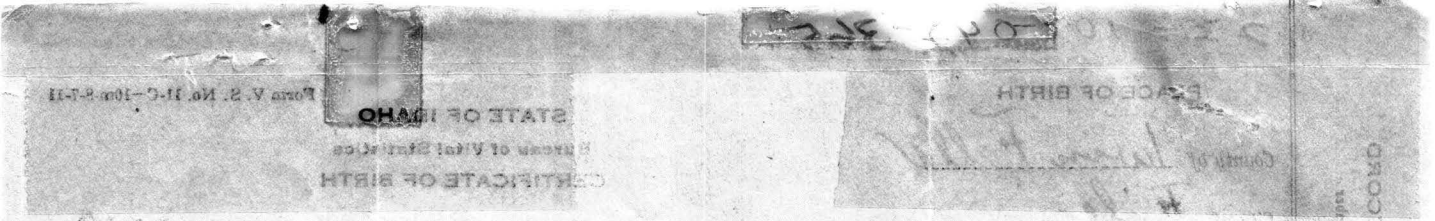
SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

JAN 8 1942

Certificate No. 6049

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Raymond Blakeslee (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 7, 1912 (DATE OF EVENT)
in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Raymond Blakeslee	Roy Raymond Blakeslee
Number of Children	one	Five
	8th	

Subscribed and sworn to before me this 8th
day of January, 1942.

Frank J. Keyes
Notary Public, residing at Boise, Ida

My commission expires Nov. 26, 1942
(SEAL)

Signed Mrs. Ruby Blakeslee
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

864-214-042-293

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No 23 File No. 6050

No ....., ... St.

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Stella Young

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Twin (To be answered only in event of plural births)	2nd	Yes.	5-14-12

FATHER		MOTHER	
FULL NAME	Marion Young	FULL MAIDEN NAME	Stella Bucklaupt
RESIDENCE	Filer Idaho	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Filer

Filed 5-30 1912 John F. Engleman

Registrar

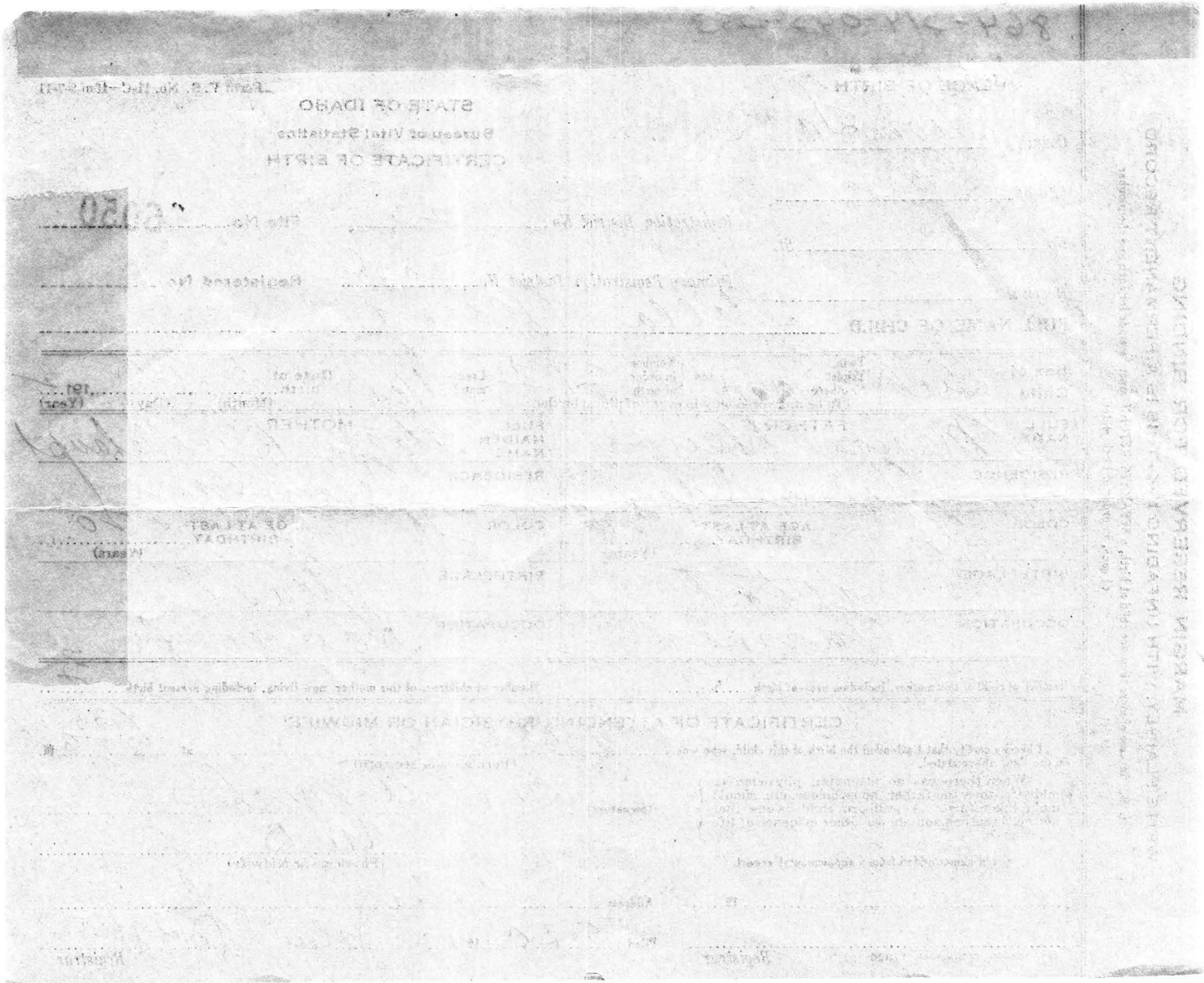
SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



495-225-042-169

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Filer

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 6051

Primary Registration District No. 1086 Registered No. ____

FULL NAME OF CHILD ANNA MAY DIEHL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	May 25, 1912

FATHER

FULL NAME	Samuel Diehl
RESIDENCE	Filer Ida
COLOR	W.
AGE AT LAST BIRTHDAY	54 (Years)
BIRTHPLACE	Penn.
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Lulu Jordan
RESIDENCE	Filer Ida
COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Illinois
OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 12 15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Filer Ida

Filed 5-30 1912 John H. Coughlin

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 6051

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Anna May Diehl (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 25, 1912 (DATE OF EVENT) in Filer, Idaho, Twin Falls Co. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 25, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Diehl	Anna May Diehl

Subscribed and sworn to before me this 13 day of January, 1942.

Bess L. Allen
Notary Public, residing at Los Angeles, Cal.

My commission expires 7-15-45
(SEAL)

Signed Vira W. Diehl
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17½ day of January, 1942.

Notary Public, residing at Los Angeles
My commission expires Nov. 18, 1945
(SEAL)

Signed Mrs. C. W. Diehl
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3036 Glenn Ave L. A.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 9 1942 By
(REGISTRAR'S SIGNATURE)

JAN 24 1942

864-214-042-253

PLACE OF BIRTH

Form V. S. No. 11-C-40m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 File No. 6052

No. ____, ____ St.

Primary Registration District No. 2086

Hospital ____ Registered No. ____

FULL NAME OF CHILD Hilletta Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Twin	1st	Yes	5 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion Young	Stella Bucklaupt
RESIDENCE	Filer Ida	Filer Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Escalanta Utah	Medical Lake Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry M D

(Physician or Midwife)

Address Filer

Filed 5-30 1912 John F Coughlin Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-110-042-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____, ____ St.

Hospital Hobert

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 6053

Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD Bruce Harding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
B.			Yes	5 10 1912

FATHER		MOTHER	
FULL NAME	Mahlon D Harding	FULL MAIDEN NAME	Dora Brown
RESIDENCE	Filer Idaho	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Lincoln Co Ill	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

M D

(Physician or Midwife)

Address Filer

Given names added from a supplemental report

....., 19.....

Filed 5-31 1912 John L Coughlin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon, } ss.
County of Linn, }

Certificate No. 6053

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Bruce Harding (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 10, 1912 (DATE OF EVENT)
in Filer, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by the Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or soon after said birth (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Bruce Harding	Robert Bruce Harding

Subscribed and sworn to before me this 27th
day of April, 1942.

Notary Public, residing at Halsey, Oregon
My commission expires Feb. 9, 1944.
(SEAL)

Signed Dora Mayville Harding
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon, } ss.
County of Linn. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of April, 1942.

Notary Public, residing at Halsey, Oregon.
My commission expires Feb. 9, 1944.
(SEAL)

Signed Melvin Bruce Harding
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 14 1948

356-212-042-216

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. Rev. H-C-Rev-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 6054

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Afton Louise Lewis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	5/12/12

FATHER		MOTHER	
FULL NAME	Robt. T. Lewis	FULL MAIDEN NAME	Hulda Sjoberg
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 A.M. on the date above stated.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Filed 5-30 1912 John F. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 8 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 12 9 24 AM '73

State of California } ss.
County of Alameda }

Certificate No. 6054

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Lewis (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1912 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Afton Louise Lewis

Subscribed and sworn to before me this 8th day of June, 1973

John C. Gilbert

Notary Public, residing at 1421 Washington St. Oakland

My commission expires Sept. 18, 1976

(Seal)

Signed Laura Irene Lewis Bassett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

355 Via Monte St. Helena Calif. 94574
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

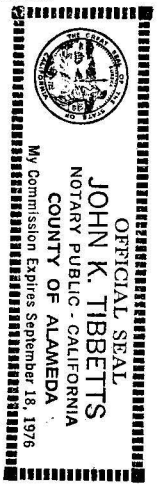
(Street Address, City, State)

FORM DH 60-155 CH 5-7-73

Certificate of Baptism and Confirmation from LDS Church gives name as Afton Louise L
Lewis daughter of Robert Lewis and Hulda Syoberg. Born May 12, 1912 and Was
Baptized Oct. 1, 1921. Viewed by V. S.

JUN 18 1973

Certif. of Blessing from LDS Church gives name as Afton Louise Lewis daughter of
Robert T. Lewis and Hulda Syoberg Lewis. Born May 12, 1912. Was Blessed
July 4, 1912. Viewed by V. S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 645, 2nd St. S. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 6055

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 12th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elza Newton Whitney	Jessie Bell Newman
RESIDENCE	645 2nd St S	645 2nd St S.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	40
BIRTHPLACE	Indianola, Iowa	Richmond, Ind.
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - Lived 2 hrs. 6 days. Twins at 11:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Sawyer D. O.

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Filed May 22 1912 John F. Engelking
Registrar

S-Y CO., 16670 Registrar

5 p.m.

child's name "STILLBORN" removed
BIrth and death both state LIve born

396-218-042-991

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of "

Registration District No. 23

File No. 6056

No. ____, ____ St.

Primary Registration District No. 2085

Registered No. ____

Hospital Twin Falls

FULL NAME OF CHILD RUTH ROBERTA BROWN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	May 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A Brown	Ruth Brown
RESIDENCE	Milner, Idaho	Milner Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Pa	Ohio
OCCUPATION	RR Engineer	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Boyd

M.D.

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-25 1912 John T. Creighton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 7 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6056

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or ~~Death~~)
for Unnamed (Name on Original Certificate) who ..... (Was Born ~~or Died~~) on May 18th 1912 (Date of Event)
in Twin Falls Hospital (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, ~~Insurance Policy, Etc.~~) prepared on May 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Roberta Brown

Subscribed and sworn to before me this 3rd
day of May, 1943

Ruth C. Brown
Notary Public, residing at R.R.#9 Rockford, Ill.
My commission expires Jan 28, 1947
(Seal)

Signed Mrs Ruth G. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kelly Rd. Rockford, Ill.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ill.
County of Winnebago } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of April, 1943

Ruth E. Brown
Notary Public, residing at Rockford, Ill.
My commission expires Jan 28, 1947
(Seal)

Signed Andrew L. Lozzi
(Signature of Any Credible Person Other Than Previous Year)

4710 Arlington St Rockford, Ill.
(Street Address, City, State)

MAY 3 0 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

263-227-042-572

PLACE OF BIRTH

Form P. S. No. 11 C 10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 23

File No. 6057

No. ____, ____ St.

Primary Registration District No. 2085

Registered No. ____

Hospital ____

FULL NAME OF CHILD Anna Rozetta Koch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	May 27, 1912

FATHER		MOTHER	
FULL NAME	Otto C Koch	FULL MAIDEN NAME	Katie Eosler
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Boyd M D

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19....

Filed 5-29 19 12 John T Coughlan Registrar

S-Y CO., 16670 Registrar

WF-221-002-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 2 W E St.

Hospital Twin Falls

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 6058

Primary Registration District No. 2 0 9 5 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	May 21, 1912

FATHER		MOTHER	
FULL NAME	W W Taylor	FULL MAIDEN NAME	Myrtle Elliott
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Taylor M.D.

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 25 1912 John T Coughlin
Registrar

S-Y CO., 16670

APR 1 2 1974

126-042-454

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 6059

No. _____, _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Franklin Stimson Stearns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 26 1912

FATHER		MOTHER	
FULL NAME	Moses Stearns	FULL MAIDEN NAME	Bertha Weaver
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N W Wilson M.D

Physician

(Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed June 1 1912 John F Coughlin Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2/28/41 L. B.

279-219-042-756

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No ....., ... St.

Hospital .....

Registration District No. 23 File No. 6060

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Spray

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No (To be answered only in event of plural births)		Yes	May 19, 1912

FATHER		MOTHER	
FULL NAME	Jos. A. Spray	FULL MAIDEN NAME	Lillie George
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Salem Iowa.	BIRTHPLACE	Wichita, Kas.
OCCUPATION	Power Co. Lineman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..5.. Number of children of this mother, now living, including present birth ..5..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tipe

Physician (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1 19 12 John T. Coughlin Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH Amended 8/18/51
462-125-042-466

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 428 2nd Ave. W. St.

Registration District No. 23 File No. 6061

Hospital

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD WALTER LEE DOSS, JR.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	MAY 25 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter L. Doss	FULL MAIDEN NAME	Lora Moon
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Tailor	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) H. W. Wilson MD
physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed May 25 1912 John F. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 6061

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Walter Lee Doss, Jr. (Name on Original Certificate) who was born (Was Born or Died) on May 25, 1912 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Lora Doss Shelly (Bible Record, Insurance Policy, Etc.) prepared on Aug. 14, 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name		Walter Lee Doss, Jr.
Father's last name	Dows	Doss
Mother's 1st name	Laura	Lora

Subscribed and sworn to before me this 14th day of August, 1951

Notary Public, residing at Twin Falls Ida
My commission expires January 28 1952
(Seal)

Signed Lora Doss Shelly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of August, 1951

Notary Public, residing at Twin Falls, Ida.
My commission expires January 28, 1952
(Seal)

Signed Jane Jensen
(Signature of Any Credible Person)

428 - 2nd Ave North
(Street Address, City, State)
Twin Falls Idaho

FORM DPH - 51117

1 Copy

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. ~~No. 11-C~~ 15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. 428, 2nd ave W St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 6061

Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD Dowe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 25, 1912

FATHER		MOTHER	
FULL NAME	Walter L Dowe	FULL MAIDEN NAME	Laura Moon
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Tailor	OCCUPATION	

Number of child of this mother, including present birth 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H Wilson M.D.

Physician
(Physician or Midwife)

Address Twin Falls Idaho

Filed May 25 1912 John F Coughlin
Registrar

S-Y CO., 16670

AUG 20 1951

536-107-042-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of ✓

No. ✓, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 2085

File No. 6062

Registered No.

FULL NAME OF CHILD Nile Lloyd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Twin	X	Yes	May 7, 1912

FATHER		MOTHER	
FULL NAME	Nile L. Lloyd	FULL MAIDEN NAME	May Seilden
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Indianola Iowa	BIRTHPLACE	New Market Iowa
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Westaway

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 25 1912 John F Engleken

Registrar

S-Y CO., 16670

NOV 1 4 1966

313-212-042-144

PLACE OF BIRTH AMENDED JUNE 3, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. ____ St. Registration District No. 23 File No. 6063

Hospital Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Thelma Esther Lattimer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 12, 1912

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: George M. Lattimer	FULL MAIDEN NAME: Verda Judson
RESIDENCE: Twin Falls Co.	RESIDENCE: Twin Falls Co.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Leadville, Colo.	BIRTHPLACE: Whitman Co., Wash.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan Alexander

Physician
(Physician or midwife)

Address Twin Falls

Filed May 25, 1912 J. F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

Registration District No. 73 File No. 6063

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD ESTHER Helena Lattimer

Sex of Child: M

Twin, Triplet, or other? other and Number in order of birth 2 (To be answered only in event of plural births)

Legitimate? yes

Date of birth May 11, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME George M Lattimer	FULL MAIDEN NAME Reed, Judson
RESIDENCE Twin Falls Co	RESIDENCE Twin Falls Co
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Leadville Colo	BIRTHPLACE Whitman Co Wash
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth ✓

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Duncan T. Alexander

Physician

(Physician or Midwife)

Address Twin Falls Ida

Filed May 25 1912 John F. Coughlin
Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RECEIVED
MAY 6 - 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jerome } ss.

Certificate No. 6063
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thelma Esther Lattimer (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents affidavit prepared on April 12 - 1912 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex Female	M	Female
Date of Birth May 12 - 1912	May 11, 1912 (Incorrect)	May 12, 1912 Correct

Subscribed and sworn to before me this ..... day of April 27, 1954

M. Hyslett
Notary Public, residing at Hazelton, Idaho
My commission expires January 10, 1955
(Seal)

Signed George Lattimer & Verda Lattimer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Eden Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937, Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at
My commission expires
(Seal)

Signed D. E. Haight
(Signature of Any Credible Person)
Eden Idaho
(Street Address, City, State)

DPH 52.155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 6063

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or ~~Death~~) for Thelma Esther Lattimer (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1912 (Date of Event) in Filer, Twin Falls County, Idaho (Place of Event) erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on May 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	May 11 1912	
middle name	omitted	Thelma Esther Lattimer

Subscribed and sworn to before me this 27th day of April 19 44

Notary Public, residing at Hazelton, Idaho

My commission expires Sept. 27, 1945
(Seal)

Signed Verda Judson Lattimer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eden, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April 19 44

Notary Public, residing at Hazelton, Idaho

My commission expires Sept. 27, 1945
(Seal)

Signed George Mulford Lattimer
(Signature of Any Credible Person Other Than Previous Year)

Eden, Idaho
(Street Address, City, State)

MAY 8 1944

JUN 5 1944

MAY 9 1944

515-209-042-465

Form 7. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 23 File No. 6064

No. 644 2nd W St. Primary Registration District No. 2085 Registered No.

Hospital L. C. Van Riper

FULL NAME OF CHILD

Sex of Child F. | Twin, Triplet, or other? Otta | and Number in order of birth 6 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May 9 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Chas E Van Riper	FULL MAIDEN NAME Lettie Duncan
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls Ida
COLOR W	AGE AT LAST BIRTHDAY 50 (Years)
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Monticello Iowa	BIRTHPLACE Kansas
OCCUPATION Plasterer	OCCUPATION None.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 25 1912 John T. Coughlin Registrar

S-Y CO., 16670

AUG 10 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ..... Registration District No. 23 File No. 6065

No. ....., ... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Frayne Gunning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas E Gunning	Anna M. Berks
RESIDENCE	Twin Falls, Ida	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Missouri	Nebraska
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson MD

Physician

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-23 19.12 John T Creighton

Registrar

S-Y CO., 16670

Registrar

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED DEC 1 1956 Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of xxxxxx Idaho
County of xxx Jerome } ss.

Certificate No. 6065

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on May 15, 1912 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record - was baptized on Feb. 23, 1913. prepared on ....., are:
Insurance Policy (Bible Record, Insurance Policy, Etc.) Viewed by V. S. (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Francis Frayne Gunning

Subscribed and sworn to before me this 4th day of December, 1956

Ona E. Dailey
Notary Public, residing at Jerome, Idaho
My commission expires May 22, 1958.
(Seal)

Signed Anna Berks Gunning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother - 804 East Ave. B.
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1956

Ona E. Dailey
Notary Public, residing at Jerome, Idaho
My commission expires May 22, 1958.
(Seal)

Signed Sophia Berks Gunning
(Signature of Any Credible Person)
Godmother -
Rt. 2, Box 28, Wendell, Idaho
(Street Address, City, State)

FORM DPH 55. 155

1 copy sent

855-114-042-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of [illegible]

No. ....., ... St.

Hospital .....

Registration District No. 23 File No. 6066

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Ira Henry

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)			yes	May 14 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William George Henry	FULL MAIDEN NAME	Ida May Kingsley
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or Midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 23 1912 John T Creighton Registrar

.....
Registrar

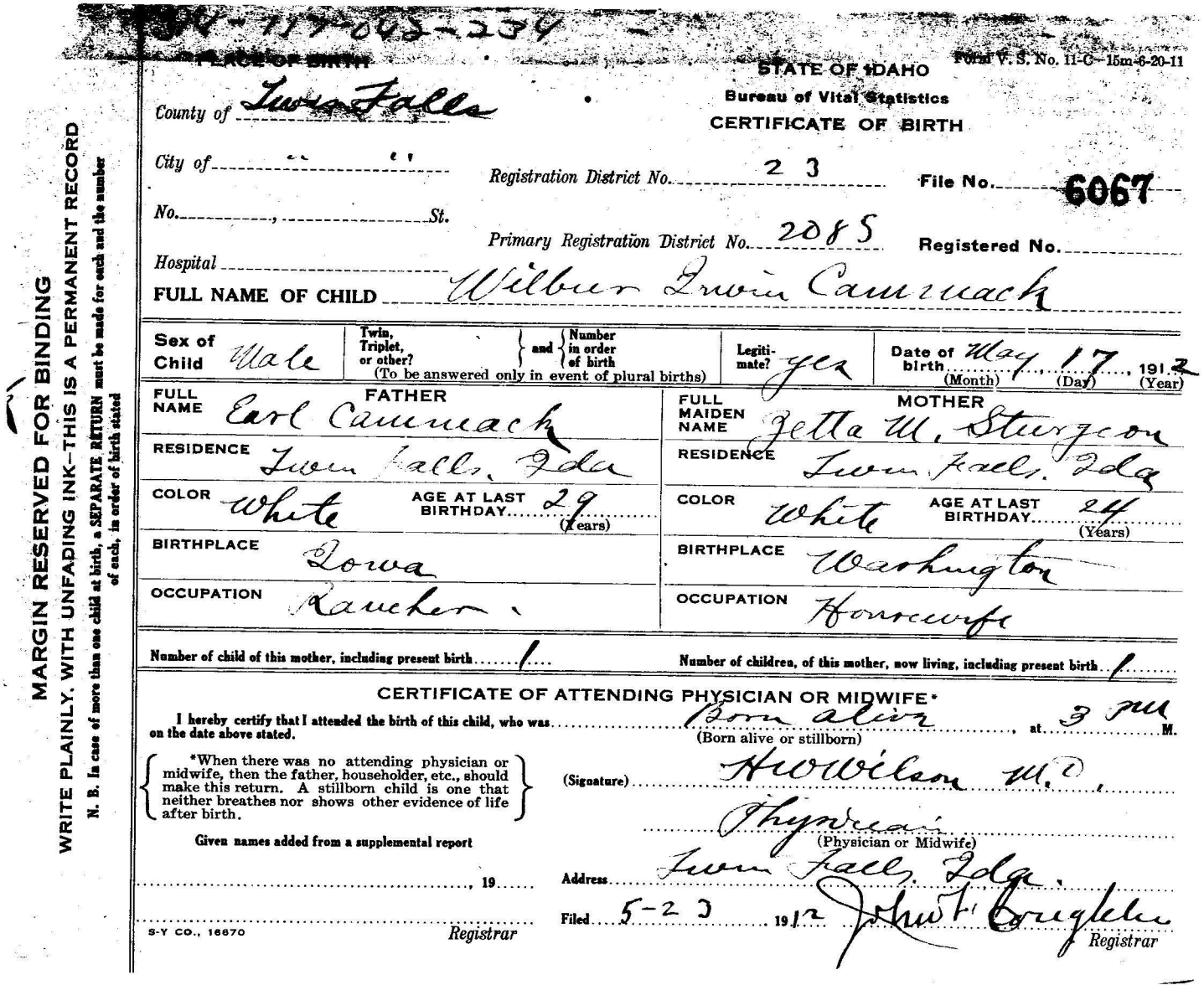
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 24 1974



PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23

File No. 6067

No. ....., ... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilbur Irwin Cammack

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	May 17 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Earl Cammack	FULL MAIDEN NAME	Jetta M. Sturgeon
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Wilson M.D.

(Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed 5-23 1912

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 18 1967

154 10-216

PLACE OF BIRTH

County of Bonneville

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of Ucon

Registration District No. 7

File No. 6068

No. ____, ____ St.

Primary Registration District No. 2029

Registered No. 124

Hospital ____

FULL NAME OF CHILD Jane Freelove Andrus

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 6, 1912

FATHER		MOTHER	
FULL NAME	Heber Andrus	FULL MAIDEN NAME	Ann Ireland Bawden
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or ~~stillborn~~) on the date above stated. April 6, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
(~~Physician~~ or Midwife)

Address Ucon Idaho

Given names added from a supplemental report

....., 19.....

Filed June 5 19 12

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 9 1970

413-230-003-955

Amended 11-18-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6069
Local Reg. No. 97
Reg. Dist. No. 19

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 1355 S. 4th

3. CHILD'S NAME (Type or print)
a. (First): Sarah
b. (Middle): Lucille
c. (Last): Mathews

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	May 30, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): Henry
c. (Last): Mathews

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
40 YEARS	Ogden, Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sarah
b. (Middle): Ann
c. (Last): Iverson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
32 YEARS	Hyrum, Utah	5	2	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Martha M. Scadden
19. ADDRESS: Inkom, Idaho
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-12-1912
22. REGISTRAR'S SIGNATURE: Earl D. Jones
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
SEP 8 2 1965
Bureau of Vital Statistics

Certificate No. 6069

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Sarah Lucille Matthews (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Matthews	Mathews
Father's Last Name	Matthews	Mathews

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Sept, 1965

H. O. Hammond

Notary Public residing at Pocatello Idaho
My commission expires July 16, 1970
(Seal)

Signed Hannah Matthews
(Signature of Any Credible Person)

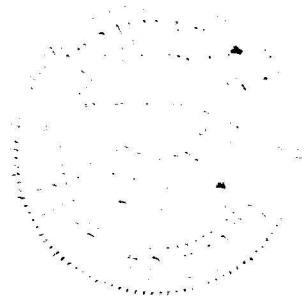
833 South Arthur Pocatello Ida.
(Street Address, City, State)

FORM DH 60-135

CL 9-7-65. one copy pd. rec. #00003.

L.D.S. Church Cert. of Baptism and Confirmation, July 31, 1921 gives full name as Sarah Lucile Mathews, daughter of William H. Mathews and Sarah A. Iverson - born May 30, 1913 at Pocatello, Idaho - viewed by V.S.

Family Record Sheet, gives full names as William Henry Mathews, born Mar. 16, ~~1~~98 1872 at Ogden, Utah-married Sarah Ann Iversen May 28, 1898, ~~g~~ives viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 1355, S. 4th St.

Hospital

Registration District No 19 File No 6069

Primary Registration District No 1002 Registered No 97

FULL NAME OF CHILD Sarah Lucille Matthews

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May (Month) 30th (Day) 1912 (Year)

FATHER

FULL NAME William Henry Matthews

RESIDENCE 1355 S. 4th Pocatello

COLOR W. AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Ogden Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Ann Iverson

RESIDENCE 1355 S. 4th Pocatello

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Hyrum Utah

OCCUPATION Domestic

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

(Physician or Midwife)

Address Inkom, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-12 1912 East Dja

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

NOV 1 8 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

25-5-223-003-751

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 804 N. Harrison Av.

Registration District No. 19 File No. 6070

Primary Registration District No. 1002 Registered No. 96

Hospital

FULL NAME OF CHILD Helen Myra Benson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 29, 1912

FATHER	MOTHER
FULL NAME: W.C. Benson	FULL MAIDEN NAME: Ethel Peake
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Dagus, Penn.	BIRTHPLACE: Pocatello, Idaho
OCCUPATION: Railroad clerk	OCCUPATION: Housewife.

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, May 29, at 4:15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley, M.D.
P.A.C.
(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 6/6 1912 Earl D. Jones
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JAN 29 1973

493-223-003-168

PLACE OF BIRTH

AMENDED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock Jan. 16, 1951

City of Pocatello

No. 731 S. Harrison St. Registration District No. 19 File No. 6071

Hospital Primary Registration District No. 1002 Registered No. 95

FULL NAME OF CHILD Luella Marie Dittmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	May 23, 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: L. H. Dittmer	FULL MAIDEN NAME: Emma Johnson
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Los Angeles Calif.	BIRTHPLACE: Copenhagen, Denmark
OCCUPATION: Brakeman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

12*35

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at May 23, 1912 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 5-27-1912 192.. Earl D. Jones

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 6071

No. 731 S. Harrison — Primary Registration District No. 1002 — Registered No. 96

Hospital

FULL NAME OF CHILD Leone Marie Ditmar

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. H. Ditmar	Emma Johnson
RESIDENCE	Pocatello Idaho	Pocatello, Idaho.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Los Angeles, California	Copenhagen, Denmark
OCCUPATION	Brakeman	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 23, 1912 at 12:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5-27 1912 Earl D Jones Registrar
a.

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 22 1951

JAN 16 1951

1 copy paid

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 6071

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of the birth certificate (Birth or Death) for Luella Marie Dittmer (Name on Original Certificate) who was born (Was Born or Died) on May 23 - 1912 (Date of Event) in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record, Ins. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Leone	Luella
Last name	Ditmar	Dittmer

Subscribed and sworn to before me this 22nd day of December, 19 50.

ANNA KEEFE, Clerk Dist. Court
Notary Public, residing at By Ro Bastian Deputy
My commission expires
(Seal)

Signed Emma J. Dittmer mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1119 E Whitman Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of December 1950, 19

ANNA KEEFE, Clerk Dist. Court
Notary Public, residing at By Ro Bastian Deputy
My commission expires
(Seal)

Signed Anna Marcey
(Signature of Any Credible Person)

722 So 4th Pocatello, Idaho
(Street Address, City, State)

791-220-008-366

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 423 S. Main St.

Registration District No. 19 File No. 6072

Primary Registration District No. 1002 Registered No. 94

Hospital

FULL NAME OF CHILD Winifred Gertrude Grady.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 20, 1912

	FATHER	MOTHER
FULL NAME	Edward Francis Grady	FULL MAIDEN NAME Anna Bowman
RESIDENCE	Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Brooklyn, Iowa	BIRTHPLACE Pretty City, Wis.
OCCUPATION	Railroad man	OCCUPATION Housewife -

Number of child of this mother, including present birth five

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, May 20, 1912 at 5:05 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5-25- 1912 Earl D. Jones A.

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number
of each must be stated.

534-775-063-343

PLACE OF BIRTH — STATE OF IDAHO — Form V. S. No. 11-C—Rev. 6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1158, East Center St.

Hospital home

Registration District No. 19 — File No. 6073

Primary Registration District No. 1002 — Registered No. 93

FULL NAME OF CHILD James Henry Stutz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	May 19, 191[illegible]

FATHER

FULL NAME: Harry L. Stutz

RESIDENCE: 1158 East Center

COLOR: white — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Maryland

OCCUPATION: plastering

MOTHER

FULL MAIDEN NAME: Millie Love Buckmaster

RESIDENCE: 1158 East Center

COLOR: white — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Ohio

OCCUPATION: housekeeping

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

midwife (Physician or Midwife)

Address 405 So. Main St.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6-1 1912 Earl D Jones
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 29 1951

OCT 11 1943

815-118-003-286
PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 1053, N. 9th St.
Hospital

Registration District No. 19
Primary Registration District No. 1002

File No. 6074
Registered No. 92

FULL NAME OF CHILD Forrest Lewis Hansen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	May 18 1912

FATHER	MOTHER
FULL NAME Joseph Frederich Hansen	FULL MAIDEN NAME Estella Delphine Shoup
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Brigham City Utah	BIRTHPLACE Nashua, Iowa.
OCCUPATION Locomotive Fireman	OCCUPATION Domestic

Number of child of this mother, including present birth... 2

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden
(Physician or Midwife)
Address Onkom, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 5/22 1912 Earl D. Jones Registrar
Per C.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-23-41

314-217-003-743

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 547 N. 4th St.

Registration District No. 19

File No. 6075

Primary Registration District No. 1002

Registered No. 91

Hospital

FULL NAME OF CHILD Christina Carolina Campanale

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 17 1912

FATHER	MOTHER
FULL NAME Caronine Campanell	FULL MAIDEN NAME Amelia Julius
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello, Idaho
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Machinist helper	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 17, 1912, at 10:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Wooley M.D.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....
Registrar

Address .....

Filed 5-25 1912 Earl D. Jones
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-217-003-343

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 660 N. 6th St.

Hospital

Registration District No. 19 File No. 6076

Primary Registration District No. 1009 Registered No. 90

FULL NAME OF CHILD NELLIE PETRONILLA DALPINO

Sex of Child female | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth May 17 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Angelo Dalpino	FULL MAIDEN NAME Blanche Catanzaro
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
COLOR white	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Shopman	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 17, 1912 at 1:40 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Wooley M.D

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5-25- 1912 Earl S. Jones

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 19 1952

546-115-003-[illegible]

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 356 S. 2nd Ave St.

Hospital

Registration District No. 19 File No. 6077

Primary Registration District No. 1002 Registered No. 89

FULL NAME OF CHILD Clarence Edwards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 15, 1912

FATHER		MOTHER	
FULL NAME	Charles Edwards	FULL MAIDEN NAME	Laura Pearl Lockyer
RESIDENCE	Inkom Idaho	RESIDENCE	Inkom, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Melbourne, Australia	BIRTHPLACE	Lost River, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth two.

Number of children, of this mother, now living, including present birth two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, May 15, 1912 at 4:20 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley MD

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5-25 1912 Earl D Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

855-23-003-243

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 857 So. Main St.

Hospital Home

Registration District No. 19

File No. 6078

Primary Registration District No. 1002

Registered No. 88

FULL NAME OF CHILD Marion Henderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	May 18, 1912

	FATHER	MOTHER
FULL NAME	John Owsdan Henderson	FULL MAIDEN NAME Rena Ruthella Butcher
RESIDENCE	857 So. Main St	RESIDENCE 857 So. Main St.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Iowa
OCCUPATION	Common labor	OCCUPATION housekeeping

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed 6-1 1912 Earl D. Jones
a,
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 27 1968

866-210-083-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 535 S. Archer St.

Registration District No. 19 File No. 6079

Primary Registration District No. 1009 Registered No. 87

Hospital

FULL NAME OF CHILD Margaret May Hronek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	May 10 12

FATHER	MOTHER
FULL NAME Frank Hronek	FULL MAIDEN NAME Josephine Kalasek
RESIDENCE 535 S. Archer	RESIDENCE 535 S. Archer
COLOR W AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Chicago Ill	BIRTHPLACE Plattsmouth Neb
OCCUPATION Boiler Maker	OCCUPATION H.W.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) May 10/12, at 12:45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Castle

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 5/15 1912 Earl D Jones Bur'a. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

JAN 29 1951

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

38-19[illegible]-62

PLACE OF BIRTH
County of Bannock

STATE OF IDAHO
Bureau of Vital Statistics
Form V. S. No. 11[illegible]

CERTIFICATE OF BIRTH

City of Pocatello — Registration District No. 19 — File No. 6080

No. 653 N. Grant St.

Primary Registration District No. 1002 — Registered No. 86

Hospital home

FULL NAME OF CHILD James Andrew Chapman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Earl Chapman	Ellen Robinson
RESIDENCE	653 N. Grant	653 N. Grant
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Kansas	Missouri
OCCUPATION	blacksmith	housekeeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

(Signature) Mrs. Annie Bird
Midwife
(Physician or Midwife)

Address

Filed 6-1 1912 Earl D. Jones Registrar
a.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MAR 19 1956

434-206-002-642

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 5587 6th St.

Registration District No. 19

Primary Registration District No. 1009

File No. 6081

Registered No. 85

Hospital

FULL NAME OF CHILD Florence Irene McDermott

Sex of Child Female

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of birth May 6 (Month) (Day) 1912 (Year)

FATHER

FULL NAME George Owen McDermott

RESIDENCE Pocatello, Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Montpelier, Ida.

OCCUPATION Mechanist

MOTHER

FULL MAIDEN NAME Florence Lucy

RESIDENCE Pocatello, Ida

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Pocatello, Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Lacy

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 5-11 1912 Earl D Jones Registrar

Per A

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-105-003-867

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—16m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1306 S 3rd Ave

Registration District No. 19

File No. 6082

Primary Registration District No. 1002

Registered No. 84

Hospital —

FULL NAME OF CHILD Charles Donald Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 5, 1912

	FATHER	MOTHER
FULL NAME	John K. Thomas	Elfreda Hogan
RESIDENCE	1306 S. 3rd Ave Pocatello Idaho	1306 S. 3rd Ave Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	37 (Years)
BIRTHPLACE	Davis Co., Utah	Davis Co., Utah
OCCUPATION	Laborer	H W J

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5—11 1912 Earl D Jones Per G.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-103-003-396

PLACE OF BIRTH — STATE OF IDAHO — Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 6083

No. ____, ____ St. — Primary Registration District No. 1002 — Registered No. 83

Hospital General

FULL NAME OF CHILD Edgar Thomas Carter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Y	May 3, 1912

	FATHER	MOTHER
FULL NAME	Stith Marion Carter	FULL MAIDEN NAME Hattie Crosby Katherine Louise
RESIDENCE	444 S. 3rd Av Pocatello	444 S. 3rd Av Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	35 (Years)	28 (Years)
BIRTHPLACE	Monroeville Alabama	Ft Worth Texas
OCCUPATION	Manager News Agency	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or ~~Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 5—11 1912 Earl D. Jones Asst. Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 4 1972

4/4/41 L. B.

219-101-003-286

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 709 S. Hayes St.

Hospital home

Registration District No. 19

File No. 6084

Primary Registration District No. 1002

Registered No. 82

FULL NAME OF CHILD Leito Libbie Barber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 1, 1912

FATHER		MOTHER	
FULL NAME	Roy George Barber	FULL MAIDEN NAME	Frances Revena Sherbert
RESIDENCE	709 So. Hayes	RESIDENCE	709 So. Hayes
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Common labor	OCCUPATION	housekeeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

midwife.
(Physician or Midwife)

Address 905 So. Main St

Given names added from a supplemental report

....., 19.....

Filed 6-1 1912 Earl D. Jones
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

NAME CHANGE

DUP OF 1912-D62-472

NOT

319-416-006-304

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward

Registration District No 19

File No. 6087

No ____, ____ St.

Primary Registration District No. 2053

Registered No. 74

Hospital ____

FULL NAME OF CHILD Leslie Garcia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	April 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin John Garcia	Catherine Ruby Cameron
RESIDENCE	Thomas ward	Thomas Ward
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	wife and mother

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or Midwife)

Address Blackfoot R. F. D. No 2 2 Dec.

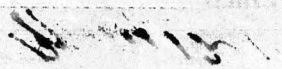
Given names added from a supplemental report

....., 19.....

Filed May 6 1912 W. E. Patrick Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



815-223-006-719

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Fort Hall

No ____, ____ St.

Hospital ____

Registration District No. 13 File No. 6088

Primary Registration District No. 2053 Registered No. 75

FULL NAME OF CHILD [illegible] Yandell Mary Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 23 1912

FATHER	MOTHER
FULL NAME Jefferson D Yandell	FULL MAIDEN NAME Lizzie Parker
RESIDENCE Fort Hall	RESIDENCE Blackfoot Idaho
COLOR Mulatto	COLOR Indian
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 8 19 12 W E Parker

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

8

1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

193-128-006-791

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No 195 Maple St.

Hospital

Registration District No 13

Primary Registration District No 1007

File No 6089

Registered No 76

FULL NAME OF CHILD Louis Graham Archer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 28, 1912

FATHER	MOTHER
FULL NAME: Louis R. Archer	FULL MAIDEN NAME: Rebecca Graham
RESIDENCE: Blackfoot, Idaho.	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Ind.	BIRTHPLACE: Ark.
OCCUPATION: Bookkeeper	OCCUPATION: Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 8, 1912 W. E. Pabic

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 3 1971

493-110-006-255

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland Rural

No ____, No ____ St.

Hospital No

Registration District No 13 File No. 6090

Primary Registration District No. 2u 53 Registered No. 77

FULL NAME OF CHILD HOWARD CLEMENT Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 19 12

FATHER	MOTHER
FULL NAME Fred Miller	FULL MAIDEN NAME Laura Kennedy
RESIDENCE Blackfoot R.F.D. #2	RESIDENCE do
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Blackfoot

Filed May 16 19 12 M E Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 6090
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Howard Clement Miller (Birth or death)
for No name (Name on original certificate) who born (Was born or died) on May 10 - 1912 (Date of event)
in Bingham County (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Miller	Howard Clement Miller
Howard Clement Miller	No name	Howard Clement Miller

Subscribed and sworn to before me this 27th
day of September, 1941
Maude Doremus
Notary Public, residing at Alameda Co. Calif
My commission expires Apr 20 - 1943
[SEAL]

Signed Mark E. Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6212 Moosdeck Way Oakland Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of September, 1941
Maude Doremus
Notary Public, residing at Alameda Co. Calif
My commission expires April 20 - 1943
[SEAL]

Signed Mrs. Agnes Miller
(Signature of any credible person other than the previous affiant.)
1114a - E. 33 St Oakland, Calif
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

459-24-866-434

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. F. D. no 1 St.

Registration District No. 13 File No. 6091

Primary Registration District No. 2053 Registered No. 78

Hospital

FULL NAME OF CHILD Marrene Merrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Leonard Merrell	Violet Belle McDonald
RESIDENCE	Blackfoot R. F. D. no 1	Blackfoot R. F. D. no 1
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	31 (Years)
BIRTHPLACE	Utah	Minnesota
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper M. D.

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed May 12 19 12 W. E. Boice

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 18 1963

695-110-006-689

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No ____, ____ St.

Registration District No. 13 File No. 6092

Primary Registration District No. 2029 Registered No. 79

Hospital ____

FULL NAME OF CHILD Peter Jacob Wiebe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Apr. 10, 1912

FATHER		MOTHER	
FULL NAME	Peter C Laas Wiebe	FULL MAIDEN NAME	Anna Friesen
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	AGE AT LAST BIRTHDAY	47 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	On ship crossing Atlantic Ocean.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Conrad Kinnon

Physician (Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 10 1912 M. Conrad Kinnon Registrar

May 15-1912 M. E. Patric

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-332465

NAME CHANGE

DUP OF 12-332465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-108-006-331

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

Registration District No. 13 File No. 6093

No. ____, ____ St.

Primary Registration District No. 2029 Registered No. 80

Hospital ____

FULL NAME OF CHILD Harold Henderson Carbridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	April 8, 1912

FATHER	MOTHER
FULL NAME Charles Josphi Carbridge	FULL MAIDEN NAME Sarah Pearl Claypool
RESIDENCE Sterling, Ida.	RESIDENCE Sterling
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Franklin Idaho	BIRTHPLACE Virginia
OCCUPATION Farmer	OCCUPATION Housewife

[Number of child of this mother, including present birth 5-a

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1, 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Cannon Kinman

Physician (Physician or Midwife)

Address Aberdeen Idaho

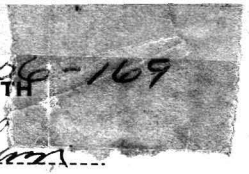
Given names added from a supplemental report

....., 19.....

Filed Apr 9 19 12 Mary Kinman Registrar

May 15-1912 W.E. Pierce Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



155-21-006-169

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Provo

No ....., ... St.

Hospital .....

Registration District No 13 File No. 6094

Primary Registration District No. 2053 Registered No. 81

FULL NAME OF CHILD Vera Winefred Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 11, 1912

FATHER	MOTHER
FULL NAME C. V. Jensen	FULL MAIDEN NAME Marsinthia Jorgensen
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE ~~Utah~~ Idaho
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ....., at 8. P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mildred

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 15, 1912 W. E. Petrie

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

363-206-006-125

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Ward No. 4

Registration District No. 13 File No. 6095

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 82

Hospital ____

FULL NAME OF CHILD Ellen May Colton

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	May 6, 1912

FATHER		MOTHER	
FULL NAME	John Colton	FULL MAIDEN NAME	Zona Abercrombie
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mutch M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 15 19 12 P. E. Fabris

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 6 1942

415-119-066-993

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No 13 File No 6096

No ....., ... St.

Primary Registration District No 7053 Registered No 83

Hospital .....

FULL NAME OF CHILD George Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 19 1912

FATHER		MOTHER	
FULL NAME	Samuel Henry Davis	FULL MAIDEN NAME	May Luella Rice
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or Midwife)

Address Blackfoot R.F.D. No 2

Given names added from a supplemental report

....., 19.....

Filed May 19 1912 W. E. Patrie Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BOKS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 3 1975

255-210-006-296

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 20 Sliding Air St.

Hospital

Registration District No. 13

Primary Registration District No. 1007

File No. 6097

Registered No. 824

FULL NAME OF CHILD Maud Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 10 1912

FATHER		MOTHER	
FULL NAME	Frank D Bennett	FULL MAIDEN NAME	Maud Brown
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ariz.
OCCUPATION	Deputy assessor	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 7. a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W Mitchell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed May 13 1912 M. E. Patric

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth, added

964-136-006-263

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot 2 miles North

Registration District No 13

File No. 6098

No ——, —— St.

Primary Registration District No. 2053

Registered No. 86

Hospital ——

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Mal		5	yes	4 3 1912

FATHER	MOTHER
FULL NAME Henry Ronsild	FULL MAIDEN NAME Katherine Dolterbeck
RESIDENCE 2 miles No. Blackfoot	RESIDENCE 2 miles N. Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Crow

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 16, 12 M. E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

445-21-006-813

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of _____

No _____, _____ St.

Hospital _____

Registration District No 13 File No. 6099

Primary Registration District No. 2053 Registered No. 86

FULL NAME OF CHILD Lavonia E. Munson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorenzo Munson	Margaret Jane Yates
RESIDENCE	Moreland	Moreland
COLOR	AGE AT LAST BIRTHDAY 35 (Years)	COLOR AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Hyrum Utah	Park Valley Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwina Hammond

Midwife (Physician or Midwife)

Address Bradford R.F.D. 4 Idaho

Given names added from a supplemental report

....., 19.....

Filed May 18 19 12 W. E. Petrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAR 1 3 1974

DECEASED

851-228-006-413

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No 1002 Shilling St.

Hospital No

Registration District No 13 File No. 6100

Primary Registration District No 1007 Registered No. 90

FULL NAME OF CHILD Ethel Hratley

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	/		/	Yes	Apr 28, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Albert Hratley	FULL MAIDEN NAME Ethel Macray
RESIDENCE 1002 Shilling Ave Blackfoot Ida	RESIDENCE Blkfoot
COLOR W	AGE AT LAST BIRTHDAY 41 (Years)
COLOR W	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Sheepman	OCCUPATION

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.22 M. on the date above stated.

(Signature) J B Davis MD

(Physician or Midwife)

Address

Filed May 20 1912 M. E. Patrick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. DO NOT USE A TYPEWRITER. RECORD

PLACE OF B[redacted]

County of [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Kimball

693-720

No 006-5-95 St.

Registration District No 13 File No. 6101

Primary Registration District No. 2053 Registered No. 87

Hospital

FULL NAME OF CHILD [redacted] Maida Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		6	yes	5 20 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William A. Williams	Jane Nielsen
RESIDENCE	Kimball, Ida.	Kimball, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	36
BIRTHPLACE	Bear Lake Co, Idaho	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Registrar

Filed May 27 1912 [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of illegitimate child as born, name of father must not be entered on certificate unless he shall have acknowledged paternity in writing signed by him in presence of attending physician or midwife, or unless a court of competent jurisdiction shall have established paternity.

JUN 28 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 3 2 54 PM '74

State of ..... } ss.
County of ..... }

Certificate No. 6101

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Williams (female) (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1912 (Date of Event)
in Kimball, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Maida Williams
father's last name	Williams	Williams

Subscribed and sworn to before me this 2 day of July, 1974

Notary Public, residing at Paris, Idaho
My commission expires 9-20-75
(Seal)

Signed Evan L. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 6/28/74 Rush!

Certificateof Baptism and Confirmation from LDS Church gives [redacted] name as Maida Williams daughter of Wm. William s and Marie Nelson. Born May 20, 1912 at Blackfoot, Idaho. Was Baptized June 6, 1920. viewed by V. S.

[redacted]

JUL 3 1974

Beneficial Life Ins. Co. gives [redacted] name as Maida Jewett dated Aug. 25, 1943. File No. 243203. viewed by V. S.

689-127-006·168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Firth Mad

Registration District No 13 File No. 6102

No ....., ... St.

Primary Registration District No. 2013 Registered No. 88

Hospital No

FULL NAME OF CHILD Whiting

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 27 (Year) 1912
Male		Yes	

FATHER	MOTHER
FULL NAME Lucius B. Whiting	FULL MAIDEN NAME Pearl Johnson
RESIDENCE Blackfoot R.F.D. No 4	RESIDENCE Do
COLOR W AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrick

Phys (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed May 27 1912 M E Patrick Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-1-11

313-210-006-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No R F 4 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6103

Primary Registration District No. 2053 Registered No. 89

FULL NAME OF CHILD Talbot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	/	/	Yes	May 10, 1912

FATHER

FULL NAME Edward Talbot

RESIDENCE Blackfoot R.F. 4

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Minnie Waite

RESIDENCE Blackfoot R F 4

COLOR W AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos B Davis MD

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed May 20 1912 M E Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form P. O. No. 13-C—10m-8-7-11

STATE OF IDAHO

Department of Public Welfare

CLAIM OF BIRTH

255-214-006 '557

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland N.

No ____, ____ St.

Hospital ____

Registration District No 13 File No. 6104

Primary Registration District No. 2053 Registered No. 91

FULL NAME OF CHILD Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	May 14, 1912

	FATHER	MOTHER
FULL NAME	Alva Benson	FULL MAIDEN NAME Loma England
RESIDENCE	Blkfoot R F D 4	RESIDENCE Blkfoot R F 4
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	24 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	OCCUPATION ____

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 4:45 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J B Dameron M.D.

(Physician or Midwife)

....., 19.....

Address .....

Filed May 20 1912 M. E. Patrick

Registrar

IS - YORK CO., PTRS. & BDRS. 17326

Registrar

649-224-006-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Moreland

No. R.F.D 4 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 6105

Primary Registration District No. 2053 Registered No. 92

FULL NAME OF CHILD Annie Leonia Furniss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 24 1912

	FATHER	MOTHER
FULL NAME	Fred Samuel Furniss	FULL MAIDEN NAME Elaressia Mc-Neil
RESIDENCE	Moreland	RESIDENCE Moreland
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Ogden Utah.	BIRTHPLACE Salina Utah.
OCCUPATION	Farmer	OCCUPATION

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary A Hatch
Midwife
(Physician or Midwife)

Address Blackfoot Idaho

Filed May 20 1912 W E Saline
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

GUIDING RESEARCH FOR CHANGING MISSIONS

STATE OF IDAHO

Register

Amended 5-6-57

PLACE OF BIRTH

-253-125-006-533

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 6106

Primary Registration District No. 2053 Registered No. 93

FULL NAME OF CHILD Vere Ellsworth Belnap

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 25, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Lester M. Belnap	FULL MAIDEN NAME: Vere Ellsworth
RESIDENCE: Moreland	RESIDENCE: Moreland
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ogden, Utah	BIRTHPLACE: Lewisville, Idaho
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Hatch

(Physician or midwife)

Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed May 30, 1912 W. E. Patrie

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Brigham

City of Moreland

No ____, ____ St.

Registration District No 13 File No. 6106

Primary Registration District No 2053 Registered No. 93

Hospital ____

FULL NAME OF CHILD Renald Ellsworth Belnap

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester M Belnap	Vere Ellsworth
RESIDENCE	Moreland	Moreland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Ogden Utah	Lewisville, Idaho
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed May 30 19 12 W E Parkie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAY 6 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6106

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Renold Ellsworth Belnap (Name on Original Certificate) who was born (Was Born or Died) on ?-25-12 (Date of Event) in Moreland (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security Card prepared on 10-15-37 ..... are:
Cert. of Blssing (Bible Record, Insurance Policy, Etc.) May 5, 1912 (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," ~~"Cause of Death," Etc.~~)	FROM (As on Original)	TO (The Correct Facts)
Mar. 25, 1912	Vere Ellsworth Belnap	Moreland Idaho
Child's First Name	~~Renold~~	Vere
Birthdate	Appears to be 4-25-12, but not readable	3-25-12

Subscribed and sworn to before me this 18th day of March, 19 57

Dayton I. Bardsley
Notary Public, residing at Blackfoot, Idaho.
My commission expires 12/18/60
(Seal)

Signed C. Vere Belnap, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#2 Blackfoot Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 19 57

Dayton I. Bardsley
Notary Public, residing at Blackfoot Idaho.
My commission expires 12/18/60.
(Seal)

Signed Lester Belnap, Father
(Signature of Any Credible Person)
R#2 Blackfoot Idaho
(Street Address, City, State)

FORM DPH 55. 155

666-125-006-134

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Maryland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 6107

Primary Registration District No. ____ Registered No. 94

FULL NAME OF CHILD Joseph Sylvester Woodland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph M Woodland	Jane Aldass
RESIDENCE	Preparbidian Idaho	Maryland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	Franklin Idaho	Poland
OCCUPATION	Farming	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Mary A Heath

Midwife
(Physician or Midwife)

Address Blackfoot Idaho

Filed May 30 1913 M E Patric
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Amended 11/21/69

389-250-006-438

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

Registration District No. ____ File No. 6108

No. ____, ____ St.

Primary Registration District No. ____ Registered No. 95

Hospital ____

FULL NAME OF CHILD Ortense Christiansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 20 1912

FATHER		MOTHER	
FULL NAME	Luke Christiansen	FULL MAIDEN NAME	Ella Bell McHenry
RESIDENCE	Moreland	RESIDENCE	McHenry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Fremont
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Heath

Midwife (Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Blackfoot Idaho

Filed May 30 1912 E. Patrie

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 19 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 6108

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Hartence Christiansen (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1912 (Date of Event)

in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Hartence Christiansen	Ortense Christiansen
Full Maiden Name of Mother	Eliabelle Mcherry	Ella Belle McHenry

Subscribed and sworn to before me this 11 day of MARCH, 1969

Notary Public, residing at BLACKFOOT IDAHO

My commission expires 22 APRIL 1972

(Seal)

Signed ..... Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

513 BLACKFOOT, IDA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of MARCH, 1969

Notary Public, residing at BLACKFOOT IDAHO

My commission expires 22 APRIL 1972

(Seal)

Signed Jay C Brasswell
(Signature of Any Credible Person)

Rich Lane, Blackfoot, Ida
(Street Address, City, State)

FORM DH 60-155

CL 5-26-61. one copy pd. receipt #16238.

Public School Diploma from State of Idaho Butte County gives name as Ortense Christiansen. Dated April 29, 1926. Signed by Etta Wright. Viewed by V. S.

NOV 2 1 1969

Life Insurance Policy from Beneficial Protective Association in Pocatello, ID gives name as Ortense Parker. Beneficiary-George A. Parker - Husband. Signed by W. P. Witiaker, President. Dated April 8, 1940. Viewed by V. S.

Marriage License and Certificate gives name as Ella Belle McHenry. Grooms' name Lehi P. Christiansen . Dated Nov. 11, 1910. Viewed by V. S. Signed byF. W. Jordan Recorder.

Form for Sealing Children from LDS Church gives parents names as Lehi Christiansen and Ella Belle McHenry Christiansen. May 8, 1930. Viewed by V. S.

132-217-006-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Moreland

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 — File No. 6109

Primary Registration District No. 2033 — Registered No. 96

FULL NAME OF CHILD Laura McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	April 17, 1912

FATHER		MOTHER	
FULL NAME	Burley D McBride	FULL MAIDEN NAME	Cynthia A Jones
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Heyrum, Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	West Wihes Utah
		OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mary A. Heatch

Midwife

(Physician or Midwife)

Address Blackfoot Idaho

Filed May 30 1912 M E Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

DECEASED

113-216-006-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Brigham

City of Inareland

Registration District No _____ File No. 6110

No _____, _____ St.

Primary Registration District No. _____ Registered No. 97

Hospital _____

FULL NAME OF CHILD Ulda

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
female				yes	April 14 (Month) (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mars Jacobson	Annie Madison
RESIDENCE	Inareland	Inareland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	32
BIRTHPLACE	Norway	Denmark
OCCUPATION	Farming	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Midwife (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed May 30 1912 M. E. Patric Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

959-225-006-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Moreland Rural

Registration District No 13 File No. 6111

No —, St.

Hospital —

Primary Registration District No. 2053 Registered No. 98

FULL NAME OF CHILD Evelyn Lorine Irie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 25 (Year) 1912

FATHER	MOTHER
FULL NAME Leroy Irie	FULL MAIDEN NAME Martha Wood
RESIDENCE Blackfoot R.F.D. No 4	RESIDENCE Do
COLOR W AGE AT LAST BIRTHDAY 28 (Years)	COLOR W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Iowa
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 31 19 12 W. E. Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

OCT 13 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Soda Springs

235-131-003-819

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 6112

Primary Registration District No. 2648 Registered No. 156

FULL NAME OF CHILD GILFTON ALEX Sterrett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	May 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sugen Sterrett	Mynnie Horn
RESIDENCE	Soda Springs Idaho	Soda Springs Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	40
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Bar Tender	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaney

Physician

(Physician or midwife)

Address Soda Springs Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaney
Registrar

Filed June 19 1912 Ellis Kaney
Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
County of ..... } ss.

NOV 24 1941

Certificate No. 6112
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Thomas Sterrett (Name on original certificate) who was born (Was born or died) on June 1, 1912 (Date of event)
in Soda Snrings, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by father's record (Bible record, insurance policy, etc.) prepared on June 1, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Thomas Sterrett	Clifton Alex Sterrett

Subscribed and sworn to before me this 22nd
day of November, 1941.
Raymond R. Hunt (Office)
Notary Public, residing at 5515 Foothill Blvd.
My commission expires July 29, 1943
[SEAL]

Signed Simon R. Sterrett (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2707 99th Ave. Oakland, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of November, 1941.
Raymond R. Hunt (Office)
Notary Public, residing at 5515 Foothill Blvd.
My commission expires July 29, 1943
[SEAL]

Signed Simon R. Sterrett (Father)
(Signature of any credible person other than the previous affiant.)
2707 99th Ave. Oakland, Calif.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

767-111-003-236

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

Registration District No. 11 File No. 6113

Primary Registration District No. 2048 Registered No. 157

FULL NAME OF CHILD Samuel Gagon

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	June 11 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sigurd Gagon	FULL MAIDEN NAME	Ida Stone
RESIDENCE	Soda Springs Ida	RESIDENCE	Soda Springs Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill.	BIRTHPLACE	Miss.
OCCUPATION	Carpenter	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaercey

Physician (Physician or midwife)

Address Soda Springs Ida

Filed June 19 1912

Given names added from a supplemental report

..... 19.....

Ellis Kaercey
Registrar

S-Y CO. 20174

Ellis Kaercey
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-010-863

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Gray Wayan Registration District No. 11 File No. 6114

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 141

Hospital ____

FULL NAME OF CHILD Frank Clayton Hocking

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	May 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Garfield Hocking	Clara Hanne Hocking
RESIDENCE	Gray Wayan	Gray Wayan
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Park City	Coheville Wyoming
OCCUPATION	Stock raising	House Keeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

Ellis Kaercher Registrar

S-Y CO., 16670

(Signature) Mrs A. A. Dewey

Midwife in Emergencies

(Physician or Midwife)

Address Gray, Bonneville Co Idaho

Filed ~~May 14~~ June 10 1912 Ellis Kaercher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACERVILLE
Library of
FEB 16 1972

753- 03-353

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek

Registration District No. 11

File No. 6115

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 140

Hospital ____

FULL NAME OF CHILD Lorah Petersen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Alvin Petersen	Sarah Theresa Keller
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Mink Creek	Mink Creek
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek, Ida

Given names added from a supplemental report

____, 19____

Ellis Kaney Registrar

Filed June 10, 1912 Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

319-128-003-515

PLACE OF BIRTH Bancroft

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft — Registration District No. 11 — File No. 6116

No. ____, ____ St. — Primary Registration District No. 2048 — Registered No. 144

Hospital ____

FULL NAME OF CHILD Frank Carnelison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy			Yes	May	28	1912

	FATHER	MOTHER
FULL NAME	H L Carnelison	FULL MAIDEN NAME Ettie Francaron
RESIDENCE	Bancroft	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	25 (Years)
BIRTHPLACE	North Carlina	North Carlina
OCCUPATION	Sheep man	Houseworke

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

Medenke

(Physician or Midwife)

Address Bancroft Idaho

Given names added from a supplemental report

____, 19____

Alex Carey
Registrar

Filed June 10, 1912 Alex Carey
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

663 - 125 - 003 - 153

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of McCammon

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 6117

Primary Registration District No. 2447 Registered No. 139

FULL NAME OF CHILD Wm. Ivan Lewis Walverton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 25, 1912

FATHER

FULL NAME: Wm. Wolverton

RESIDENCE: Robin

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Edith Anderhout

RESIDENCE: Robin

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmers Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. W. W. Lewis

midwife (Physician or Midwife)

Address McCammon Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kearsley Registrar

Filed June 10, 1912 Ellis Kearsley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

TA

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 6117

OCT 2 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William Ivan Wolverton who Born on May 26 - 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	William Chester Walverton	William Ivan Wolverton

Subscribed and sworn to before me this 24th
day of September 1942

~~Notary~~ Public, residing at Probate Judge & Ex-Officio Clerk

My commission expires
(Seal)

Signed William H Wolverton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Oct 5

366-214-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey — Registration District No. 11 — File No. 6118

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 147

Hospital ____

FULL NAME OF CHILD Oral Toone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		1	Yes	April 14, 1912

FATHER		MOTHER	
FULL NAME	Loris Toone	FULL MAIDEN NAME	Hazel Covert
RESIDENCE	Thatcher Idaho	RESIDENCE	Thatcher Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L Toone

midwife (Physician or Midwife)

Address Dempsy Idaho

Given names added from a supplemental report

____, 19____

Ellis Kaercy Registrar

Filed June 10, 19 12 Ellis Kaercy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 2-20-62

155-119-003-282

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6119
Local Reg. No. 146
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dempsey

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dempsey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ray

b. (Middle): Lavere

c. (Last): Avery

4. SEX: Boy

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 19, (Year) 1912

FATHER OF CHILD

7. FULL NAME — a. (First): John — b. (Middle): Alonzo — c. (Last): Avery

8. COLOR OR RACE: White

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME — a. (First): Harriet — b. (Middle): — c. (Last): Bybee

13. COLOR OR RACE: White

14. AGE (At time of this birth): 41 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead? 2

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Amy L. Toone

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Dempsey, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: June 10, 1912

20. REGISTRAR'S SIGNATURE: Ellis Kackley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

In the district where the birth occurred within 10 days after the date of birth to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner c the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 6119

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clarence Darwin Avery (Name on Original Certificate) who born (Was Born or Died) on April 19, 1912 (Date of Event)
in Dempsey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Clarence Darwin Avery	Ray Lavere Avery
Father's First Name	Not Given	John Alonzo Avery

Subscribed and sworn to before me this 7th day of February, 1962

Notary Public, residing at Lava Hot Springs, Ida.
My commission expires March 1, 1962
(Seal)

Signed Ina Avery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lava Hot Springs, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1962

Notary Public, residing at Lava Hot Springs, Ida.
My commission expires March 1, 1962
(Seal)

Signed Mrs Estla Mason
(Signature of Any Credible Person)

Lava Hot Springs, Ida.
(Street Address, City, State)

FORM DPH 55.155

CL 7-10-59. one copy pd. receipt #12568.

L.D.S. Church Certificate of Record of Membership, baptized Feb. 4, 1921 gives full name as Ray Lavere Avery, born April 19, 1920 at Lava Hot Springs, Idaho to John A. Avery and Harriett M. Bybee - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #368056 gives full name of father as Ray Lavere Avery - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #100309 gives full name of deceased as John Alonzo Avery - viewed by V.S.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 6119

Primary Registration District No. 2047 Registered No. 146

FULL NAME OF CHILD Clarence Darwin Avery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	Apr. 19, 1912

FATHER		MOTHER	
FULL NAME	Alonzo Avery	FULL MAIDEN NAME	Harriet Bybee
RESIDENCE	Dempsey Idaho	RESIDENCE	Dempsey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Toone

Midwife (Physician or Midwife)

Address Dempsey Idaho

Given names added from a supplemental report

____, 19____

Ellis Kacy Registrar

Filed June 10, 1912 Ellis Kacy Registrar

S-Y CO., 16670

FEB 20 1962

JUN 25 1957

363-219-003-318

Amended 10-11-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6120
Local Reg. No. 145
Reg. Dist. No. 11

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...TAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dempsey
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dempsey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Idona
b. (Middle): Isolene
c. (Last): Tolman

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 19, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle):
c. (Last): Tolman

8. AGE (At time of this birth): 54 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Mechanic

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ella
b. (Middle):
c. (Last): Cahoon

13. AGE (At time of this birth): 41 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 9
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Amy Toone

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Dempsey, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

RECEIVED MAY 15 1965

Certificate No. 6120

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Idonna Tolman (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1912 (Date of Event)
in Dempsy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Idonna Tolman	Idona Isolene Tolman

Subscribed and sworn to before me this 27 day of May, 19 65

Notary Public, residing at Pocatello, Id
My commission expires 5-1-67
(Seal)

Signed Della M. Bynington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1221 E. Fremont Pocatello Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 19 65

Notary Public, residing at Pocatello, Idaho
My commission expires 5-1-67
(Seal)

Signed John E. Bynington
(Signature of Any Credible Person)

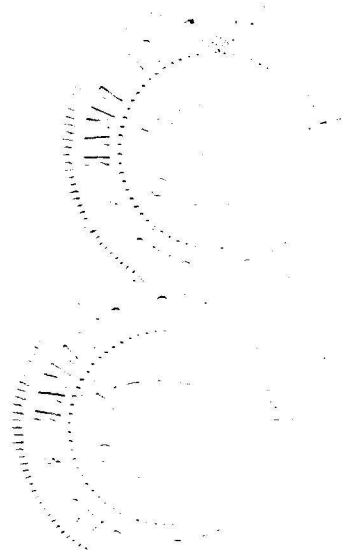
1221 E Fremont
(Street Address, City, State)
Pocatello Idaho

FORM DH 60-155

CL 5-19-65. one copy pd. rec. #13729.

Inkom High School Report Card, Inkom, Idaho, grade 9, gives full name of student as Isolene Tolman, school year ending 1929.-viewed by V.S.

L.D.S. Church Sealing Record, dated Oct. 24, 1934 gives full names as Erwin Alton Allen and Idona Isolene Tolman - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 6120

Primary Registration District No. 2047 Registered No. 145

FULL NAME OF CHILD Idorma Tolman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Apr. 19, 1912

FATHER		MOTHER	
FULL NAME	Joseph Tolman	FULL MAIDEN NAME	Ella Cahoon
RESIDENCE	Pocatello	RESIDENCE	Dempsey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Mother

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Toone

Midwife

(Physician or Midwife)

Address Dempsey Ida.

Given names added from a supplemental report

____, 19____

Ellis Kinney

Registrar

Filed June 10, 1912 Ellis Kinney

Registrar

S-Y CO., 16670

OCT 1 1 1965

c.c. 6/4/65 W.L.

266-21-003-289

PLACE OF BIRTH
Amended 7-10-80

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 **File No.** 6121

No. ____ *St.*

Primary Registration District No. 2046 **Registered No.** 15-2

Hospital ____

FULL NAME OF CHILD Ora May Kofoed

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 11 1912

FATHER		MOTHER	
FULL NAME	Oliver Kofoed	FULL MAIDEN NAME	Mabel Byington
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Trenton, Utah	BIRTHPLACE	Howe, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Cusick

Physician (Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report

..... 19.....

J. C. Cusick Registrar

Filed June 10, 1912 Ellis Kasey Registrar

S-# CO. 2017-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 10 1 58 PM '80

State of _____ } ss.
County of _____

Certificate No. 6121
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ora Way Kofoed (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 11, 1912 (Date of Event)

in Downey (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Ora Way Kofoed	Ora May Kofoed

Subscribed and sworn to before me this 10th day of July, 1980.

Notary Public, Florence Cudright

Residing at Grass

My commission expires Lifetime

(Seal)

Ora May Packer
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file with Idaho Bureau of Vital Statistics gives name as Ora May Kofoed as mother of child. Child born July 21, 1950 in Blackfoot, Idaho # 50-9770
Viewed by V.S.

Own family record gives name as Ora May Kofoed born May 11, 1912 in Bannock County, City of Downey, to Oliver Kofoed and Mabel Byington Kofoed.
Record obviously old.
Viewed by V.S.

Amended July 30, 1952

PLACE OF BIRTH

813-118-003-695

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 6122

Primary Registration District No. 2046 Registered No. 151

FULL NAME OF CHILD JACK CARROLL HALDEMAN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male			yes	May 18, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William O. Haldeman	FULL MAIDEN NAME	Bertie Fields
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bedford, Va.	BIRTHPLACE	Bedford, Va.
OCCUPATION	Dentist	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 9:45 p.m. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. C. Armont

physician
(Physician or midwife)

Address Downey, Idaho

Filed June 10 192 12 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6122

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jack C. Haldeman (Name on Original Certificate) who was born (Was Born or Died) on May 18, 1912 (Date of Event)
in Downey, Bannock County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on June 9, 1952 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jack C. Halderman	Jack Carroll Haldeman
Father's Name	Halderman	Haldeman
Mother's Name	Fieldis	Fields

Subscribed and sworn to before me this 11th day of June, 1952

John M. Hazelhamp
Notary Public, residing at Washington, D. C.
My commission expires May 14, 1954
(Seal)

Signed Janie Haldeman Key
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Carrizozo New Mexico
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma }
County of Garfield } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1952

Lotta Fern Harman
Notary Public, residing at 613 W. Cherokee, Enid, Okla.
My commission expires May 1, 1956
(Seal)

Signed Mrs. Helen Haldeman Linville
(Signature of Any Credible Person)

710 W. Maple Enid, Okla.
(Street Address, City, State)

FORM DPH - 51117

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ *St.*

Hospital ____

Registration District No. 11 **File No.** 6122

Primary Registration District No. 2046 **Registered No.** 157

FULL NAME OF CHILD Jack Carroll Halderman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 18 1912

FATHER		MOTHER	
FULL NAME	William O. Halderman	FULL MAIDEN NAME	Bertie Fieldis
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Bedford, Va.	BIRTHPLACE	Bedford, Va.
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Arnout

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

..... 19.....

J. C. Cumnock Registrar

Filed June 10, 1912 Ellis Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1963

JUL 31 1952

JAN 21 1952

45-4-220-003. 319

Amended 9-9-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6123
Local Reg. No. 150
Reg. Dist. No. 11

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Jennie b. (Middle): Adessa c. (Last): Underwood

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 20, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): M. c. (Last): Underwood

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Richmond, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Esther b. (Middle): c. (Last): Larson

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Downey, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. C. Arnout

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Downey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 12 1968
Bureau of Vital Statistics

State of Idaho } ss.
County of Bannock }

Certificate No. 6123

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Larsen Underwood (Name on Original Certificate) who was born (Was Born or Died) on May 20, 1912 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Edna Larsen Underwood	Jennie Adessa Underwood

Subscribed and sworn to before me this 8 day of August 19 68

Notary Public, residing at Downey, Idaho
My commission expires October 25, 1968
(Seal)

Signed Hazel Van Leuven
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of August 19 68

Notary Public, residing at Downey, Idaho
My commission expires October 25, 1968
(Seal)

Signed Willis L. Larsen
(Signature of Any Credible Person)

Downey Idaho
(Street Address, City, State)

FORM DH 60-155 L 2-17-67. one copy pd. rec. #6724.

L.D.S. Church Cert. of Blessing, July 7, 1912 gives full name as Jennie Adessa Underwood, born May 20, 1912 to William Underwood and Esther Larson - viewed by V.S.

Insurance Policy, Beneficial Life Insurance Company, Policy #95827, August 16, 1929, gives full name as Jennie Adessa Underwood, born May 20, 1912 at Downey, Idaho, change of beneficiary listed as Leland James Morrison, Husband - viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannack

City of Downey

No. ____ *St.*

Hospital ____

Registration District No. 11 **File No.** 6123

Primary Registration District No. 2046 **Registered No.** 150

FULL NAME OF CHILD Edna Loren Underwood

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	May 20 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William M. Underwood	FULL MAIDEN NAME	Esther Larson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Downey, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Arnett

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

..... 19.....

J. C. Arnett Registrar

Filed June 10, 1912 Ellis Reese Registrar

S-Y CO. 20174

SEP 1 0 1968

819-222-003-286

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11 File No. 6124

Primary Registration District No. 2046 Registered No. 149

FULL NAME OF CHILD Luetta Hartvigsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 22 1912

FATHER		MOTHER	
FULL NAME	Niels J. Hartvigsen	FULL MAIDEN NAME	Luetta Brown
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Hyram, Utah	BIRTHPLACE	Nebraska City, Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.40.A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

J. C. Tennant
Registrar

(Signature) J C Tennant

Physician (Physician or midwife)

Address downey, Idaho.

Filed June 10 1912 Ellis Kanely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 5 1974

236-226-003-612

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

unty of Bannock

City of Downey — Registration District No. 11 — File No. 6125

No. ____ St. — Primary Registration District No. 2046 — Registered No. 148

Hospital ____

FULL NAME OF CHILD Nellie Ann Bloxham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	May 26 1912

FATHER	MOTHER
FULL NAME Fuller G. Bloxham	FULL MAIDEN NAME Polley F. Wakley
RESIDENCE Downey	RESIDENCE Downey
COLOR W — AGE AT LAST BIRTHDAY 37 (Years)	COLOR W — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Downey	BIRTHPLACE Downey
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwina Wakley

~~Physician~~ Midwife (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

..... 19.....

J. C. Amick Registrar

Filed June 10, 1912 Ellis Manley Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Board of Health---Bureau of Vital Statistics.

6/25-

I hereby certify that the child

of Fuller S. Blotham
(Name of Father)

and Polley Frances Blotham
(Maiden Name of Mother)

born on May 26 1912

has been named Nellie Ann Blotham

Fuller S. Blotham
(Signature of Father or Mother)

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

JUN 13 1974

State Board of Health.

Boise, Idaho.

249 – 107 – 003 · 433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11 — File No. 6127

Primary Registration District No. 2046 — Registered No. 153

FULL NAME OF CHILD Parley Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	May 7 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Arthur E. Smith	FULL MAIDEN NAME	Mintie McCulley
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Pikeville, Tenn	BIRTHPLACE	Pikeville, Tenn
OCCUPATION	Watermaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Arnold

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

____ 19____

J. C. Arnold Registrar

Filed June 16, 1912 Ellis Kaufman Registrar

KEY CO. 20174

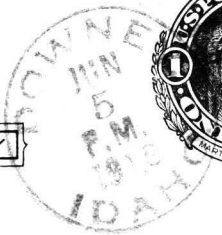
STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY



State Board of Health

Boise

Idaho

-STATE OF IDAHO 6127

Board of Health---Bureau of Vital Statistics.

I hereby certify that the child

of Arthur E. Smith
(Name of Father)

and Mattie McCurry
(Maiden Name of Mother)

Born on May 7 19 12

has been named Herbert Smith

A E Smith
(Signature of Father or Mother)

449-114-003-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Swan Lake

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 6128

Primary Registration District No. 2046 Registered No. 154

FULL NAME OF CHILD Merlin Lewis EDGAR Dingley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes.	May 14 1912

	FATHER	MOTHER
FULL NAME	R G Dingley	Annie Walker
RESIDENCE	Swan Lake Idaho.	Swan Lake Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Swan Lake Idaho	Clarkston Utah
OCCUPATION	Farmer	house wife.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 14 May 1912 at 11.30 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

J. C Crouch Registrar

(Signature) Elizabeth S Kendall

Midwife

(Physician or Midwife)

Address Oxford Idaho

Filed June 6, 1912 Ellis Hawley

Registrar

SIMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of LEMHI }

Certificate No. 6128

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Merlin Quigley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 14, 1912 (DATE OF EVENT)
in Swan Lake (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 24, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Merlin	Edgar Quigley
(Is Edgar Quigley the full name?)	Yes	

Subscribed and sworn to before me this 15th
day of February, 1943

Notary Public, residing at Salmon, Idaho
My commission expires 2/27/44
(SEAL)

Signed Minnie Quigley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Salmon, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of February, 1943.

Notary Public, residing at Salmon, Idaho
My commission expires 2/27/44
(SEAL)

Signed Frank Walker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Salmon, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 2 6 1976

MAR 1 1943

317-208-003-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No ....., ... St.

Registration District No 11 File No. 6129

Primary Registration District No. 2046 Registered No. 143

Hospital .....

FULL NAME OF CHILD Phebe Estella Capell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	May 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Edward Capell	Mary Ann Romrell
RESIDENCE	Robin Idaho	
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	55	45
BIRTHPLACE	England	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Robin Idaho

Given names added from a supplemental report

....., 19.....

J. C. Couch

Registrar

Filed Jan 10 19 12 Ellis Kaney

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

349-108-003-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Robin

*No*_____, _____ *St.*

Hospital _____

Registration District No 11 **File No.** 6130

Primary Registration District No. 2046 **Registered No.** 142

FULL NAME OF CHILD Max Brower Curtis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		yes	May 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Curtis	Theresa Brower
RESIDENCE	Gardencreek Basin	Garden Creek Idaho
COLOR		White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

Ellis Kaney
Registrar

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Robin, Idaho

Filed June 19, 1912 Ellis Kaney
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

APR 15 1942

236-123-C 822

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No 32 File No. 6131

No ____, ____ St.

Primary Registration District No. 2127 Registered No. 76

Hospital ____

FULL NAME OF CHILD Walter Scales

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 23, 191-

FATHER		MOTHER	
FULL NAME	Elmer Elsworth Scales	FULL MAIDEN NAME	Edith Ann Osburn
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 - a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer Elsworth Scales
Father of Child
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Winchester, Idaho

Filed 6-7-1912 Elsie B. Rogers
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 27B--5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6131

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Winchester
Street and House No.
County Lewis

Registered Number 76

Registration District No. 32

Sex of Child Male

Date of Birth, 4 (Month) - 23 (Day) 1912 (Year)

Full Name of Father Elmer E. Neeles

Full Maiden Name of Mother Edith Ann Osborne

I HEREBY CERTIFY that the child described herein has been named:

Walter Neeles
(Given name in full) (Surname)

as reported by E. E. Neeles
(Father or ~~Mother~~)

Elton B. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

JUL 2 5 1973

622-201-031-391

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 6132

No. ____ St.

Primary Registration District No. 2127 Registered No. 77

Hospital ____

FULL NAME OF CHILD Louis May

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	5 – 1 – 1912

FATHER		MOTHER	
FULL NAME	Troy Osborne	FULL MAIDEN NAME	Minnie Crawford
RESIDENCE	Ky.	RESIDENCE	Winchester, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ky	BIRTHPLACE	Washington
OCCUPATION	(?)	OCCUPATION	Domestic

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 5 – 2 1912 Elton B. Rogers
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-205-031-457

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Gem

City of Ilo

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 6133

Primary Registration District No. 2127 Registered No. 78

FULL NAME OF CHILD Bertha Kline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 5, 1912

FATHER		MOTHER	
FULL NAME	Joshua Kline	FULL MAIDEN NAME	Persis A. DeLano
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-4 1912 Elva B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MAR 25 1943

235-107-031-5-12

PLACE OF BIRTH

County of Lewis

City of Forest

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 32 File No. 6134

Primary Registration District No. 2127 Registered No. 79

FULL NAME OF CHILD Orville Thurston Stevens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 7, 1912

FATHER	MOTHER
FULL NAME Edward Alexander Stevens	FULL MAIDEN NAME Lillie Sophia Eastman
RESIDENCE Forest - Ida	RESIDENCE Forest Ida
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE California	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howe Laughlin

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Filed 6-7-1912 Elton B. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 15 1961

OCT 31 1974

319-107-031-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Rubins

No. ..... St.

Hospital .....

Registration District No. 32 File No. 6135

Primary Registration District No. 2127 Registered No. 80

FULL NAME OF CHILD Eldon Menzo Carter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 - 7 - 1912

FATHER		MOTHER	
FULL NAME	I. M. Carter	FULL MAIDEN NAME	Ethel Wilson
RESIDENCE	Rubins	RESIDENCE	Rubins
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ky.	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Mo.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Filed 5 - 7 - 1912 Elton B. Rogers Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

FEB 28 1942

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6|35

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Rubins

Street and House No.

County Lewis

Registered Number 80

Registration District No. 32

Sex of Child Male

Date of Birth, 6 (Month) — 7 (Day) — 1912 (Year)

Father

Full Name J. M. Carter

Mother

Full Maiden Name Ethel Wilson

I HEREBY CERTIFY that the child described herein has been named:

Eldon Irving Carter
(Given name in full) (Surname)

as reported by J. M. Carter
(Father or Mother)

Elmo A. Rogers
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

263-21-1531-862

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6136
Local Reg. No.
Reg. Dist. No. 32

Amended 4/26/77

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Winchester
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Winchester
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Katherine
b. (Middle): Mary
c. (Last): Kotz

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 11, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Felix
b. (Middle): A.
c. (Last): Kotz

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Germany

10. USUAL OCCUPATION: Wheelright

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jennie
b. (Middle):
c. (Last): Hosenoehrl

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Austria

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Felix A. Kotz

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ~~father~~

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 6-7-12

22. REGISTRAR'S SIGNATURE: Elton B. Rogers

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IX Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

STATE OF CALIFORNIA
COUNTY OF San Diego } SS.

On MAR 28 1977 before me,

the undersigned, a Notary Public in and for said County and State,

personally appeared Betty M. Buckner

_____

_____

_____, known to me

to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

Lynn G. Taylor

Staple

Sc.-166 (G.Sw) Ack. Individual (Rev. 9-68)

Staple

SAFECO TITLE

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
LYNN G. TAYLOR
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires June 24, 1978

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6136

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary May Kotz (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1912 (Date of Event)
in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mary May Kotz	Katherine Mary Kotz

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

X Signed Betty M Buckner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

3-23-77 1 C Cpy

Insurance policy from Mutual Benefit Life Ins. Co gives nameas Katherine M. Kilthau. dated Sept. 13, 1971. Policy No. 6, 013, 224. viewed by V. S.

Return of marriage from Oregon gives groom's name as James Jacob Kilthau and the bride's name as Katherine Mary Kotz. dated July 25, 1945. Registered No. 1384. viewed by V. S.

263-211-031-812

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 6136

No. North Winchester St.

Primary Registration District No. 2127 Registered No. 81

Hospital

FULL NAME OF CHILD Mary May Katz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 11th 1917

FATHER		MOTHER	
FULL NAME	Felix A. Katz	FULL MAIDEN NAME	Jennie Hasenoehrl
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Germany	BIRTHPLACE	Austria
OCCUPATION	Wheelwright	OCCUPATION	Housewife
Number of child of this mother, including present birth	2	Number of children, of this mother, now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Felix A. Katz
Father of Child
~~(Physician or~~ Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed 6-7-1917 Elton B. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 23 1950

DEC 16 1976

APR 26 1977

366-27-031-569

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of P.O. Westlake Ida

Registration District No. 32

File No. 6137

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 82

Hospital ____

FULL NAME OF CHILD Mary Cooper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 17, 1912

FATHER		MOTHER	
FULL NAME	William M Cooper	FULL MAIDEN NAME	Minnie Myrtle Morton
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Washington
OCCUPATION	Lumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo Idaho

Filed 6-4- 1912 Elton B. Rogers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 24 1972

981 - 223-03-279

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 32 File No. 6138

No. ....., ... St. Primary Registration District No. 2127 Registered No. 83

Hospital .....

FULL NAME OF CHILD Viola R. Ryals

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of birth May 23, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin J. Ryals	FULL MAIDEN NAME	Alta Skriggs
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Nebraska
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) to Ryals

Dist nurse (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 6-7- 1912 Ellen R. Rogers Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 5 1943

692-207-001-2

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

~~City of~~ 2 Mi. No. Eagle

Registration District No. 1

File No. 6139

No. ____, ____ St.

Primary Registration District No. 2002

Registered No. 101

Hospital ____

FULL NAME OF CHILD Leona Rosie Fisher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	May 7th, 1912

FATHER		MOTHER	
FULL NAME	Orin R. Fisher	FULL MAIDEN NAME	Bertha M. Smith
RESIDENCE	2 mi North of Eagle	RESIDENCE	2 mi North of Eagle
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6 00 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____ Address Boise Idaho

____ Registrar

Filed May 8 19 12 G. E. Shawhan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

6139

Board of Health—Bureau of Vital Statistics.

I hereby certify that the child

of Orien Fisher.
(Name of Father)

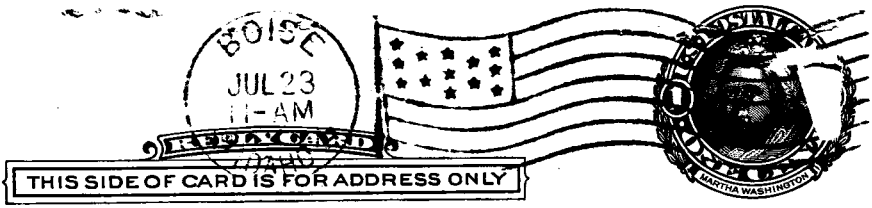
and Mabel Smith
(Maiden Name of Mother)

Born on May 7 1912

has been named Leona Rosie Fisher.

Orien Fisher.
(Signature of Father or Mother)

This report filed July 31 1912
H. G. Sharon



DR. G. E. SHAWHAN

Boise,

Ida.

766-215-001-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 28th & 3rd State St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6140

Registration District No 1

File No.

Primary Registration District No. 2004

Registered No. 105

FULL NAME OF CHILD Beulah Goodman

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female				no	May (Month) 15 (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	not known	Edna Goodman
RESIDENCE	not known	Boise, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	not known	22
BIRTHPLACE	not known	Baker Co., Oregon.
OCCUPATION	not known	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:45 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 16 1912 G. E. Shawhan

.....
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

154-217-001-129

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 1

File No. 6141

No. ____, ____ St.

Primary Registration District No. 2002

Registered No. 106

Hospital ____

FULL NAME OF CHILD Maralta Lorice Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	—	—	yes	May 17th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	R. K. Anderson	FULL MAIDEN NAME	Ada Lowan Abrams
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	New York
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D. (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 18, 1912 G. E. Shawhan Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON }
County of SKAGIT } ss.

Certificate No. 6141

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marilda Loris Anderson (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1912 (Date of Event)
in Egale, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marilda Loris	Maralta Lorice Anderson

Subscribed ~~and sworn to before me~~ this 29th
day of September, 19 43

Notary Public, residing at Anacortes, Wash.
My commission expires Aug. 5th, 1947.
(Seal)

Signed Louvae Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother of child
#810-25th St., Anacortes, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON }
County of SKAGIT } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. That affiant is the father of the said child.

Subscribed and sworn to before me this 29th
day of September, 19 43

Notary Public, residing at Anacortes, Wash.
My commission expires Aug. 5, 1943.
(Seal)

Signed Ralph K. Anderson
(Signature of Any Credible Person Other Than Previous Year)
#810-25th St., Anacortes, Wash.
(Street Address, City, State)

OCT 22 1943

842-122-001-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Eaglison Ranch

No Near Whitney School St. Registration District No. 1 File No. 6142

Hospital ____ Primary Registration District No. 2004 Registered No. 107

FULL NAME OF CHILD Floyd Wesley Huskey

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	May 22, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawson Huskey	Ida Savannah Morrison
RESIDENCE	Ada Co.	Ada Co
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Sevier Co. Tenn	Carr Co. Arkansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 22, 1912 G. E. Shawhan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

364-220-001-362

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of S. Boise

Registration District No. 1 File No. 6143

No. Garfield School Dist.

Primary Registration District No. 2004 Registered No. 108

Hospital

FULL NAME OF CHILD Dorothy Rosaline Toms

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 20, 1912

FATHER	MOTHER
FULL NAME John Charles Toms	FULL MAIDEN NAME Katie Cobeldick
RESIDENCE So. Boise - Idaho.	RESIDENCE So. Boise -
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 29 yrs. (Years)	AGE AT LAST BIRTHDAY 20 yrs. (Years)
BIRTHPLACE England	BIRTHPLACE England -
OCCUPATION Carpenter	OCCUPATION N. H.

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive - (Born alive or stillborn) at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Paul Kill.

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 22, 1912 G. E. Shawhan

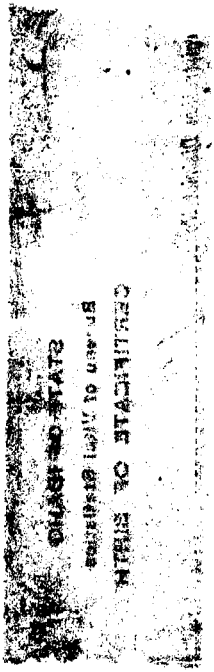
S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

'4/11/41 L. B.



289-123-001-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise

No ____, ____ St.

Hospital ____

Registration District No 1

File No. 6144

Primary Registration District No. 2004

Registered No. 109

FULL NAME OF CHILD William Jefferson Shields

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	May 23, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Ira Shields	FULL MAIDEN NAME	Emma Woodworth
RESIDENCE	So. Boise	RESIDENCE	So. Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bond Co. Ill.	BIRTHPLACE	Potawattomie Co, Kans
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 24 1912 G. E. Shawhan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-315009

662-117-001-795

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6145

County of Ada

City of Wylie Sta

Registration District No. 1

No. ——, St.

Primary Registration District No. 2004

Registered No. 110

Hospital

FULL NAME OF CHILD Raymond Bruce Ross

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 17th 1912

FATHER		MOTHER	
FULL NAME	R. B. Ross	FULL MAIDEN NAME	Etta Jane Ryslon
RESIDENCE	Wylie Sta.	RESIDENCE	Wylie Sta.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Canada
OCCUPATION	Grocery Delivery Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed May 24 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 3 0 1974

FEB 1 2 1943

413-105-001851

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. R# II St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 6146

Primary Registration District No. 2003 Registered No. 111

FULL NAME OF CHILD Charles Coy Mallock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	2nd	yes	May 5 1912

FATHER	MOTHER
FULL NAME James W. Mallock	FULL MAIDEN NAME Louise A. Heard
RESIDENCE Boise R# I.	RESIDENCE Boise R# I.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Oreg.
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician

(Physician or Midwife)

Address Meridian - Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 24, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

JUL 26 1971

436 - 213-001-5-93

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 6147

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 112

Hospital ____ Kathleen Grace

FULL NAME OF CHILD Ethel J. McFarland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe	One	1st	yes	May 13, 1912

FATHER		MOTHER	
FULL NAME	Percy C. McFarland	FULL MAIDEN NAME	Ethel J. Vickers
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Labor	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Nebraska
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Address Meridian, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 24 19 12 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 7

242-215-001-295

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 6148

Primary Registration District No. 2002 Registered No. 113

FULL NAME OF CHILD Margaret Elizabeth Bush

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 15 1912

FATHER		MOTHER	
FULL NAME	Edgar E Bush	FULL MAIDEN NAME	Mary M Kreig
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Jefferson City Mo	BIRTHPLACE	St. Louis Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on May 15 '12, at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloomer M D

Eagle (Physician or midwife)

Address Eagle

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 31 19 12 G. E. Shawhan Registrar

S-Y CO. 20174

538-118-001-869

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise - Registration District No. 1

File No. 6149 774

No. 1021 Hill addition - or Bench Primary Registration District No. 2004

Registered No. 770

Hospital

FULL NAME OF CHILD William George Ely

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 18, 1912

FATHER		MOTHER	
FULL NAME	Roy Frank Ely	FULL MAIDEN NAME	Lorene Hoisington
RESIDENCE	Boise - Idaho -	RESIDENCE	Boise -
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	20 yrs. (Years)	AGE AT LAST BIRTHDAY	22 yrs. (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ohio -
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hull

(Physician or ~~Midwife~~)

Address Boise Idaho

Filed 5-23-12 19 M. E. Hopkins Registrar

May 31, 1912 G. E. Crowther

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 19 1968

65-9-227-001-587

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada
City of So Boise
No 122 Maintain St.
Hospital —

Registration District No 1
Primary Registration District No 2904

File No. 6150
115 H66
Registered No.

FULL NAME OF CHILD Margaret Weiss

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	May 27 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	William Weiss	Lena Cigilsberger
RESIDENCE	So Boise	So Boise
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Carpenter	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.40a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Turkey
Physician
(Physician or Midwife)
Address —

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 31, 1912 19.17
W. E. Hawkes
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

JUN 5 1973

JUN 4 1976

239 - 213-001-168

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of 6 Miles East of Nampa

Registration District No. 1

File No. 6151

No. —, St.

Primary Registration District No. 2003

Registered No. 116

Hospital —

FULL NAME OF CHILD Laura Mary Strait

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	×	×	yes	May 13, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME D. J. Strait	FULL MAIDEN NAME Pearl M. Johnson
RESIDENCE 6 miles East of Nampa	RESIDENCE 6 Miles East of Nampa
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Penna.	BIRTHPLACE Iowa
OCCUPATION Farmer & Stock	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 3/4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

....., 19.....

Filed June 4 1912 G. E. Shawhan Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 27 1957

813-203-001-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Ustick

No. ——, —— St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 6152

Primary Registration District No. 2004 Registered No. 117

FULL NAME OF CHILD Evelyn Phillips Mae Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 – 3, 1912

FATHER		MOTHER	
FULL NAME	Fred King Hall	FULL MAIDEN NAME	Daisy Phillips
RESIDENCE	Ustick (Precinct)	RESIDENCE	Ustick (district)
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	London England	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Dorset - England
		OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Hoffower

pby

(Physician or Midwife)

Address Meridian Idaho

Given names added from a supplemental report

....., 19.....

Filed May 11, 1912 G. E. Shawhan

S-Y CO., 16670

Registrar

Registrar

819 - 206-001-855 (S.M. 1067)

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 6153

Primary Registration District No. 2001 Registered No. 118

FULL NAME OF CHILD Ollie Helen Hart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M.			yes	Mar 6 1912

FATHER		MOTHER	
FULL NAME	Frank Hart	FULL MAIDEN NAME	Emma Levandu.
RESIDENCE	Star	RESIDENCE	Star Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Hall M.D.

Star, Idaho,

(Physician or Midwife)

Address Star

Given names added from a supplemental report

May 10 1912

J. E. Hanyle Sub-Registrar

Filed May 10 1912

May 11, 1912 E. E. Sheridan

J. E. Hanyle sub Registrar

S-Y CO., 16670

1/6/41 L. B.

MAR 26 1974

699-211-001-315

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star 11 mi N.E. Registration District No. 1 File No. 6154

No. ____, ____ St. Primary Registration District No. 2001 Registered No. 119

Hospital ____

FULL NAME OF CHILD ~~Baldwin~~ Not named died Apr. 12, 1912

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
1			yes	Apr 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clinton C. Knight	Flora Langdon
RESIDENCE	Star	Star
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	W. Virginia	Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Nangle M.D.

(Physician or Midwife)

Given names added from a supplemental report

April 11, 1912 Address Star

April 11, 1912 Filed April 11 1912

J. Nangle Asst. Registrar

Apr 11/12 E. E. Blowhan

J. Nangle Asst. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

795 - 213-001-793

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1 File No. 6155

No. ____, ____ St.

Primary Registration District No. 2001 Registered No. 120

Hospital

FULL NAME OF CHILD Mary Louise Greene

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M			Yes	Apr. 13, 1912

FATHER		MOTHER	
FULL NAME	John E. Greene	FULL MAIDEN NAME	Emma Gilliland
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Hull MD

(Physician or Midwife)

Address Star Idaho,

Given names added from a supplemental report

May 10, 1913

J. E. Mangle Asst Registrar

Filed May 10, 1912 E. E. Mangle Asst Registrar

May 11, 1912 E. E. Shawhan

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

120

6755

STATE OF IDAHO

Board of Health---Bureau of Vital Statistics.

I hereby certify that the child

of John E. Greene
(Name of Father)

and Emma Gilliland
(Maiden Name of Mother)

Born on April 13 1912

has been named Mary Louise Greene

John E. Greene
(Signature of Father or Mother)

IDAHO

This report filed Sept 14 12
E. E. Richardson

EAGLE
SEP
13
P. M.
1912

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

AUG 11 1958

AUG 8 1963

DR. G. E. SHAWHAN

Baize,

Fla

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 6155

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of April 13-1912 (BIRTH OR DEATH)
for Mary Louise Greene (NAME ON ORIGINAL CERTIFICATE) who Borne (WAS BORN OR DIED) on April 13-1912 (DATE OF EVENT)
in Ada (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 13-1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Mary Louise Greene

Subscribed and sworn to before me this 1st
day of June, 1942
Lucile M Bagley
Notary Public, residing at Boise Idaho
My commission expires 1/24/46
(SEAL)

Signed John E Greene
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Eagle, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 1st
day of June, 1942
Lucile M Bagley
Notary Public, residing at Boise Idaho
My commission expires 1/24/46
(SEAL)

Signed Mrs Emma G. Greene
(SIGNATURE OF CREDIBLE PERSON) (Mother) OTHER THAN PREVIOUS AFFIANT.)
Eagle Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

213-119-001-612

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 6156

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 121

Hospital ____

FULL NAME OF CHILD Eugene Baldwin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	Apr 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Henry Baldwin	Ella Washam
RESIDENCE	Star	Star
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Idaho	Wyoming
OCCUPATION	Farm Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Naugle

(Physician or ~~Midwife~~)

Address Star

Given names added from a supplemental report

Apr 19, 1912

J. C. Naugle Registrar

Filed Apr 19 1912

J. C. Naugle Registrar

May 11, 1912 M. L. Showalter

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469 - 108-001-893

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 6158

No. ——, ——St. Primary Registration District No. 2003 Registered No. 123

Hospital ——

FULL NAME OF CHILD Harrold — Morkley

Sex of Child Male | Twin, Triplet, or other? ~~Yes~~ | and Number in order of birth ~~First~~ 1 | Legitimate? Yes | Date of birth Apr. 8 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ray Earl Morkley	FULL MAIDEN NAME Maggie S. Hill
RESIDENCE 3½ M. West of Meridian	RESIDENCE 3½ M. West of Mer.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kansas	BIRTHPLACE North Carolina
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-06 9 M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician ~~or Midwife~~)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed 4-10 19 12 C. L. Dutton Registrar

S-Y CO., 16670 Registrar

June 6, 1912 G. E. Shawhan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-208-001-893

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 6159

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 124

Hospital ____

FULL NAME OF CHILD Helen Markley

Sex of Child Female | Twin, ~~Triplet, or other~~? Yes | and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 4 (Month) 8 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Ray Earl Markley	FULL MAIDEN NAME Maggie L Hill
RESIDENCE 3½ Mi West of Mer.	RESIDENCE 3½ Mi West Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kansas	BIRTHPLACE North Carolina
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or ~~Midwife~~)

Address Meridian

Filed 4-10- 1912 C. L. Sutton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form [illegible] No. 11-C—Ibm-8-39-11

CERTIFICATE OF BIRTH

JAN 24 1961

County of Ada

NOV 13 1963

AUG 13 1968

APR 4 1969

243-116-001-843

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 6160

No. ____, ____ St.

Primary Registration District No. 2003

Registered No. 125

Hospital ____

FULL NAME OF CHILD James Buckmaster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 16, 1912

FATHER	MOTHER
FULL NAME: Harry Dewitt Buckmaster	FULL MAIDEN NAME: Mary Grace Hulse
RESIDENCE: 3½ Mi. North of Meridian	RESIDENCE: 3½ Mi. N. of Meridian
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated.

(Born alive (or stillborn))

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Dutton M.D.

(Physician or Midwife)

Address Meridian Ada.

Given names added from a supplemental report

....., 19....

Filed 5/18 1912 O L Dutton Registrar

June 6, 1912 G. R. Shawhan

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 27 1944

356-128-001-685

PLACE OF BIRTH

County of Ada

City of Meridian

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

97

Registration District No. 1

File No. 6161

Primary Registration District No. 2003

Registered No. 126

FULL NAME OF CHILD Joseph Lester Lewis

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 28 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Lester William Lewis	FULL MAIDEN NAME Clora May Wheeler
RESIDENCE 3½ Mi No.-3 Mi West.	RESIDENCE 3½ Mi N.-3 Mi West
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Colorado.
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) O. L. Dutton M.D.

(Physician or Midwife)

Address Meridian Ida

Filed 5/29 1912 L. L. Dutton Registrar

June 6, 1912 L. E. Shawhan

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 26 1953

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 6162

No. ____, ____ St.

Primary Registration District No. 2011

Registered No. 26

Hospital ____

FULL NAME OF CHILD Beulah Edna Nordquist

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	May 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry E. Nordquist	Viola Spooner
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Minn.	Missouri
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 1:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Lynch

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

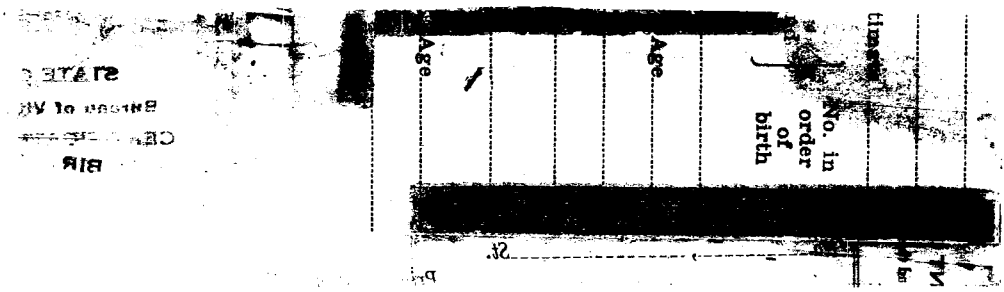
____, 19____

____
Registrar

Filed May 28, 1912 Lt. Leo Quigley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



SEP 8 1972

312-215-040-967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No ..... St.

Hospital Providence

Registration District No 28 File No. 6164

Primary Registration District No 1011 Registered No. 25

FULL NAME OF CHILD Kate Castleton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	One	1st	Yes	May 15 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William A Castleton	FULL MAIDEN NAME	Ora Rogers
RESIDENCE	Larson Idg	RESIDENCE	Larson Idg
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed MAY 22 1912 19..... P. Leo Quigley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAY 16 1961

SEP 12 1962

DEC 19 1972

432-215-040-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No 28 File No. 6165

No ____ St.

Hospital Providence Primary Registration District No. 10 11 Registered No. 24

FULL NAME OF CHILD Mary Ann McShane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
F	One	1st	Yes	May 15 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Joseph McShane	FULL MAIDEN NAME Grace McAvoy
RESIDENCE	Burke Idg	RESIDENCE Burke Idg
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	25	27
BIRTHPLACE	Ireland	BIRTHPLACE Ireland
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) Dr. Mowry

Physician

(Physician or Midwife)

Address

Filed MAY 22 1912 F. Leo Dunphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

959 - 215 - 040 - 253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of ~~Wallace~~

No ..... St.

Hospital Providence

Registration District No 28

Primary Registration District No 1011

File No. 6166

Registered No. 23

FULL NAME OF CHILD Margaret Ruth Reid

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	One	3rd	Yes	May 15 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas A Reid	FULL MAIDEN NAME	Josephine Kelsey
RESIDENCE	Kingston Ida.	RESIDENCE	Kingston Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ontario	BIRTHPLACE	Michigan
OCCUPATION	Stillman for R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A Mowary

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed MAY 22 1912 19.....

F. Leo Dunphy
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 1 6 1966

284-110-040-366

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 179 1 King St.

Hospital

Registration District No. 28

File No. 6167

Primary Registration District No. 1011

Registered No. 22

FULL NAME OF CHILD Wm Squance

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	May 10th, 1912

FATHER		MOTHER	
FULL NAME	Wm Squance	FULL MAIDEN NAME	Nora Conrad
RESIDENCE	179 King St.	RESIDENCE	Wallace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	Fresno California
OCCUPATION	Mining Man	OCCUPATION	

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 10th, at 9:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone MD,
Physician
(Physician or Midwife)

Address Wallace, Ida.

Given names added from a supplemental report

Wallace Idaho, 19

Filed MAY 20 1912 19 F. Leo Quigley
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6/13/41 L. B.

255-225-040-791

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 6168

No. ....., ... St.

Primary Registration District No. 10 11

Registered No. 21

Hospital Hospital

FULL NAME OF CHILD Geraldine Keenan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 25th, 191[illegible]

FATHER		MOTHER	
FULL NAME	James Keenan	FULL MAIDEN NAME	Sarah Graham
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
		COLOR	White
		AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	U.S.A.	BIRTHPLACE	Colorado
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max L. Smith

Physician

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed May 4, 19 12 W. Leo Dunphy

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 6 1974

381-125-009-217

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

*No*_____, _____ *St.*

Hospital _____

Registration District No. 8 **File No.** 6169

Primary Registration District No. 2034 **Registered No.** 137

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	—	yes	May 25th 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orrie W. Chandler	Emma M. Sager
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Wisconsin.	Wisconsin.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician.
(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed May 25 1912 E. E. Fry
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

35-5-127-009-194

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A + B

County of Bonner

City of Laclede

Registration District No. 8

File No. 6170

No. —, — St.

Primary Registration District No. 2033

Registered No. 158

Hospital —

FULL NAME OF CHILD Leon and Lenore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
both	Twins	ten nine +	yes	May 27, 1912

FATHER		MOTHER	
FULL NAME	Aleck Lenore	FULL MAIDEN NAME	Jennie Amstrong
RESIDENCE	3 miles North of Laclede	RESIDENCE	3 Miles North of Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Canada	BIRTHPLACE	—
OCCUPATION	Laborer Lumber Camp	OCCUPATION	Housewife

Number of child of this mother, including present birth 9" and 10"

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 27" 1912 {~~sic~~ boy, at 6⁰⁰ am. 7⁰⁰ A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred L. W. Didier

Laclede Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 29 1912 W. M. McKinnon

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-19978

35-5-127-009-194

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

A + B

County of Bonner

City of Laclede

Registration District No. 8

File No. 6170

No. —, — St.

Primary Registration District No. 2033

Registered No. 158

Hospital —

FULL NAME OF CHILD Leon and Lenore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
both	Twins	ten nine +	yes	May 27, 1912

FATHER		MOTHER	
FULL NAME	Aleck Lenore	FULL MAIDEN NAME	Jennie Amstrong
RESIDENCE	3 miles North of Laclede	RESIDENCE	3 Miles North of Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Canada	BIRTHPLACE	—
OCCUPATION	Laborer Lumber Camp	OCCUPATION	Housewife

Number of child of this mother, including present birth 9" and 10"

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 27" 1912 {~~sic~~ boy, at 6⁰⁰ am. 7⁰⁰ A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred L. W. Didier

Laclede Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 29 1912 W. M. McKinnon

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-19978

231-131-009-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 8 File No. 6172

Primary Registration District No. 2033 Registered No. 166

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		3	Yes	May 31, 1912

FATHER		MOTHER	
FULL NAME	Philip Stacy	FULL MAIDEN NAME	Bertha Windt
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed June 7 1912 M. McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DUP OF 1912-365459

355-222-009-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 8 File No. 6173

Primary Registration District No. 2033 Registered No. 165

FULL NAME OF CHILD Marie Lee

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female	/	yes	may 22 1912

FATHER		MOTHER	
FULL NAME	Dennis Lee	FULL MAIDEN NAME	Delina Marquis
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McPherson

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 7 1912 M. McKinnon Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 9 1968
Bureau of Vital Statistics

State of California
County of Los Anceles } ss.

Certificate No. 6173

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lee (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism 10-17-36 Notification of Birth prepared on 5-19-39 (Give Date), are:
of Child (Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marie Lee

Subscribed and sworn to before me this 6th day of September, 1968

Notary Public, residing at 101 Pomona Mall E., Pomona, California

My commission expires 4-5-70

OFFICIAL SEAL
CHARLES H. INGLETT
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires April 5, 1970

(Seal)

Signed Melissa Lee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

CHARLES H. INGLETT 120 No. San Antonio, Pomona, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

(RHSH) Idaho DH 60. 155 CL 9-3-68. 1 copy pd. rec'd 198

Cert. of Baptism, Church of St. Joseph, Sandpoint, Idaho, gives full name of child as Marie M. Lee, child of Denis J. Lee and Delina Marquis, born in Sanpoint, Idaho on May 22, 1912, baptized May 26, 1912 - viewed by VS.

SEP 9 1968

Notification of Birth Registration, name of child as Girard Samuel Finer, born May 19, 1939 at Marshfield, Wisconsin, to Sam Finer and Marie Lee. - viewed by VS.

791-209-009-882

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

*No*_____, _____ *St.*

Hospital _____

Registration District No 8 File No. 6174

Primary Registration District No 2033 Registered No. 164

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female		3	yes	May 9, 191[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Malcom Graham	FULL MAIDEN NAME	Nettie Stevens
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer.	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed June 7 1912 M. McKinnon Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 26 1965

419-202-009-655

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6175

County of Bonner

City of Ponderay

No. ____, ____ St.

Hospital ✓

Registration District No. 8

Primary Registration District No. 2133 Registered No. 163

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		5	Yes	May 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. E. Dana	Maud Overlander
RESIDENCE	Ponderay	Ponderay
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	31
BIRTHPLACE	Bangor Iowa	Omaha Neb.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe N. Jackson

(Physician or ~~Midwife~~)

Address Sandpoint Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 7 1912 W. McKennon
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 - 181744

695-202-009-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Mc Arthur

No ____, ____ St.

Hospital ____

Registration District No 8 — File No. 6176

Primary Registration District No. 2634 — Registered No. 15 [illegible]

FULL NAME OF CHILD Agnes MAY Finney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	Twin	1	Yes	May 2, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Finney	May Dodge
RESIDENCE	Mc Arthur, Ida.	Mc Arthur, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Illinois.	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1a.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) E. E. Terry

Physician

(Physician or Midwife)

Address Bonners Ferry, Ida.

Filed May 3 1912. E. E. Terry
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 1 1943

See Cert. # 6177

DECEASED

695-202-005-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Mc Arthur

No ____, ____ St.

Registration District No 8 — File No. 6177

Primary Registration District No. 2034 — Registered No. 154

Hospital ____

FULL NAME OF CHILD Gladys Finney

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	Yes	May 2nd, 1912.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Finney	FULL MAIDEN NAME	May Dodge.
RESIDENCE	Mc Arthur, Ida.	RESIDENCE	Mc Arthur, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician

(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 3 1912. E. E. Fry, Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Skagit }

Certificate No. 6177
6176
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Gladys Finney (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 2, 1912 (DATE OF EVENT)
in Elmira, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 2 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Gladys	Gladys May Finney
Name	Agnes	Agnes May Firney

Subscribed and sworn to before me this 25
day of January, 19 43

Notary Public, residing at Concrete
My commission expires Nov 24 1944
(SEAL)

Signed Olive May Dodge Finney
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Concrete, Washington.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Skagit }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of January, 19 43

Notary Public, residing at Concrete
My commission expires Nov 24 1944
(SEAL)

Signed Mrs. Lewis Skinner
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Concrete, Washington.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

271-105-009-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Lenia

No ____, ____ St.

Hospital ____

Registration District No 8 File No. 6178

Primary Registration District No. 2034 Registered No. 153

FULL NAME OF CHILD Frank Sparano

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes.	May 5, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Sparano.	Nancy Frey
RESIDENCE	Lenia, Ida.	Lenia, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Italy	Illinois
OCCUPATION	Section Foreman.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician (Physician or Midwife)

Address Bonner Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 6 1912 E. E. Frey

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

843 - 205-009-365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Near Morton, Ida

Registration District No. 8

File No. 6179

No. ____, ____ St.

Primary Registration District No. 2033

Registered No. 147

Hospital ____

FULL NAME OF CHILD Blanche Charlotte Hill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	First	yes	May 5, 1912

FATHER		MOTHER	
FULL NAME	William Hill	FULL MAIDEN NAME	Blanche Long
RESIDENCE	Near Morton Idaho	RESIDENCE	Near Morton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 years (Years)
BIRTHPLACE	Minneapolis Minn.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth: First

Number of children, of this mother, now living, including present birth: first

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 5, 1912 (Born alive or stillborn) at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W. Dedier

Laclede, Idaho

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Physicians

Filed May 8 1912 M. McKinnon

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 3 0 1943

JAN 17 1972

659-106-009-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Snyder

No ____, ____ St.

Registration District No 8 File No. 6180

Primary Registration District No. 2033 Registered No. 152

Hospital ____

FULL NAME OF CHILD Kennett McLaughlin Feist

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	May 6th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Edward Feist.	FULL MAIDEN NAME	Elizabeth McLaughlin
RESIDENCE	Snyder, Ida.	RESIDENCE	Snyder, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Colorado.
OCCUPATION	Cook.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella McLaughlin

Mother - in attendance. (Physician or Midwife)

Address Snyder, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 25 - 1912 E.E. Frye Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC

245-208-009-534

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 6181

No. ____, ____ St.

Primary Registration District No. 2033

Registered No. 162

Hospital ____

FULL NAME OF CHILD ~~Jacob~~ Kuehni HILDA HENRIETTA

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~FEMALE~~ ~~XXXX~~	(To be answered only in event of plural births)	1	Yes	May 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Kuehni	Elspeth Elmer
RESIDENCE	Sandpoint	Sandpoint
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Tailor	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe N. Jackson M.D.

(Physician or ~~Midwife~~)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed June 7 19 12 M. McKennon

.....
Registrar

S-Y CO., 16670

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 6181

State of Kansas }
County of Allen } ss.

SEP 18 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Jacob (Name on Original Certificate) who was Born (Was Born or Died) on May 8, 1912 (Date of Event)
in Sandpoint, Bonner County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on October 19, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jacob	Hilda Henrietta Kuehni

Subscribed and sworn to before me this 12th
day of September, 1942
Chas. M. Forsyth
Notary Public, residing at Iola, Kansas
My commission expires Dec 15-1942
(Seal)

Signed Jacob Kuehni
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1021 North Jefferson, Iola, Kansas
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas }
County of Allen } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of September, 1942
Chas. M. Forsyth
Notary Public, residing at Iola Kansas
My commission expires Dec 15-1942
(Seal)

Signed C. L. Ambach
(Signature of Any Credible Person Other Than Previous Year)
616 South Chestnut, Iola, Kansas
(Street Address, City, State)

SEP 18

294-216-009-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope.

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 6183

Primary Registration District No. 2035 Registered No. 189

FULL NAME OF CHILD Mable Laura Simpson.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)	2	yes	May 16th, 1912

FATHER	MOTHER
FULL NAME: John M. Simpson	FULL MAIDEN NAME: Laura Simpson
RESIDENCE: Hope, Idaho	RESIDENCE: Hope, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Novoscotia	BIRTHPLACE: Madison, Kas.
OCCUPATION: Teamster	OCCUPATION: House-wife.

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10.30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Harris, M. D.

(Physician or Midwife)

Address Hope, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 29 19 12 M. McKinnon

S-Y CO., 16670

Registrar

Registrar

APR 16 1951

842-22-009-419

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 6184

No. ____, ____ St.

Primary Registration District No. 2033 Registered No. 161

Hospital ____

FULL NAME OF CHILD ELIZABETH MARKS HUBER

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F	Single (To be answered only in event of plural births)	1	Yes	May 21, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emmanuel Huber	FULL MAIDEN NAME	Mary Davis Marks
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	North Carolina
OCCUPATION	Mgr. Telephone Exchange	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe N. Jackson M.D.

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed June 7 1912 M. McTernan

S-Y CO., 16670

Registrar

Registrar

WRITE PLAINLY, WITH INK.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 25 1969
Bureau of Vital Statistics

State of Montana } ss.
County of Lake }

Certificate No. 6184

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Huber (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on or about May 21 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Huber	Elizabeth Marks Huber

Subscribed and sworn to before me this 8th day of August, 1969

Notary Public, residing at Ronan, Montana
My commission expires April 11, 1970
(Seal)

Signed Lora M Vaughan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ronan, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August, 1969

Notary Public, residing at Ronan, Montana
My commission expires Sept. 20, 1969
(Seal)

Signed Harold E Olson
(Signature of Any Credible Person)

1204 Jean Ave., Ronan, Montana
(Street Address, City, State)

FORM DH 60-155

Page from Family Bible gives name as:

Elizabeth Marks Huber
born May 21, 1912
Sandpoint, Idaho

AUG 29 1969

viewed by V.S.

344-105-016-25-S

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of _____

City of _____ Registration District No. 31 File No. 6185

No. _____ St. Primary Registration District No. 212 Registered No. 102

Hospital _____

FULL NAME OF CHILD Virgil Blaine Cummins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	6-5-191-

FATHER		MOTHER	
FULL NAME	Lowell Blaine Cummins	FULL MAIDEN NAME	Minnie Sadie Knight
RESIDENCE	Oakley Ida.	RESIDENCE	Oakley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:59 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G P Chamness

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 11 1912 L B Hockenyos Registrar

S-Y CO. 20174

JAN 5 1954

391-207-016-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 31 **File No.** 6186

Primary Registration District No. 216 **Registered No.** 103

FULL NAME OF CHILD Cranney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	6 7 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilber T. Cranney	Rose Munk
RESIDENCE	~~Oakley~~ Marion Idaho	Marion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:50 A.M. on the date above stated.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Filed June 11 1917 L B Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

892 - 114-016-343

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 31 File No. 6187

Primary Registration District No. 2136 Registered No. 104

FULL NAME OF CHILD KEITH ADAM Hibbard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	5 / 14 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Hibbard	Mary Jane Lutz
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	47
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed June 11 1912 L B Stockseth Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ..... }

Certificate No. 6187
Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Male (WAS BORN OR DIED) on May 4, 1942 (DATE OF EVENT)
in Oakley (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Keith Adam Hibbard
		Hibbard

Subscribed and sworn to before me this 19th
day of February, 1942.
Floyd S. Petersen
Notary Public, residing at Boise-Idaho
My commission expires July 7-1942
(SEAL)

Signed W. J. Hibbard
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of February, 1942.
Floyd S. Petersen
Notary Public, residing at Boise, Idaho
My commission expires July 7-1942
(SEAL)

Signed Keith A. Hibbard
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

613-112-016-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6188

Primary Registration District No. 216 Registered No. 105

FULL NAME OF CHILD OMRO DEL Walker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	5-12-1912

FATHER

FULL NAME: Melvin R. Walker

RESIDENCE: Oakley

COLOR: white AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer-Missionary

MOTHER

FULL MAIDEN NAME: Effie L. Hunter

RESIDENCE: Oakley

COLOR: white AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Johnson

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed June 11 19 12 L B Stokesberry Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 19 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6188

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" Walker (Name on Original Certificate) who was born (Was Born or Died) on 5-12-1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Drivers License 1954 but has had them many years Child's Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan. 5, 1934 Division of Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	"Unnamed"	Omro Del Walker

Subscribed and sworn to before me this 16 day of July, 1955
Ethel M. Lindell
Notary Public, residing at BURNS, OREGON
My commission expires DEC 4, 1955
(Seal)

Signed Omro Del Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
BURNS, OREGON
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of HARNEY }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of July, 1955
Ethel M. Lindell
Notary Public, residing at BURNS, OREGON
My commission expires DEC 4 1957
(Seal)

Signed Mrs Ina G. Walker
(Signature of Any Credible Person)
BURNS, OREGON
(Street Address, City, State)

DPH 52.155

419-221-016-755

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6189

Primary Registration District No. 21N Registered No. 106

FULL NAME OF CHILD Martindale

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	5-21-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A. Martindale	Minnie D. Lee
RESIDENCE	Oakley Ida.	Oakley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Sheepraiser	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed June 11 1912 L. B. Stockdale
Registrar

..... Registrar

S-Y CO. 20174

315-119-06-418

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6190

Primary Registration District No. 216 Registered No. 107

FULL NAME OF CHILD Farmer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	5-19-1917

FATHER		MOTHER	
FULL NAME	Clarence Farmer	FULL MAIDEN NAME	Annie Gay Dayley
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.20 P. M. on the date above stated.

(Signature) E P Oldham M D

(Physician or midwife)

Address Oakley Idaho

Filed June 11 1917 L B Stockslager Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-109-086-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 6191

Primary Registration District No. 2069 Registered No. 200

FULL NAME OF CHILD Joseph C Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		YES	May 7, 1912

FATHER		MOTHER	
FULL NAME	Joseph W Williams	FULL MAIDEN NAME	Pearl Campbell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A J Wright M D (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 W D Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

APR 14 1947

AUG 19 1969

845-108-036-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria — Registration District No. 3 14 — File No. 6192

No. ____, ____ St. — Primary Registration District No. 2069 — Registered No. 201

Hospital ____

FULL NAME OF CHILD Samuel Dan Huntsman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		6	yes	May 8, 1912

FATHER		MOTHER	
FULL NAME	David G. Huntsman	FULL MAIDEN NAME	Annie Williams
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Fillmore Utah	BIRTHPLACE	Samaria Idaho
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth ~~six~~ six

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Mary A. Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

..... 19.....

..... Registrar

Filed June 2 1912 O. D. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 3 1974

599-219-036-415

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 5 18

File No. 6193

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 702

Hospital ____

FULL NAME OF CHILD Ethel Ericksen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		4	yes	May 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Ericksen	Martha Davis
RESIDENCE	Malad City Ida	Malad City Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Logan Utah	Weston Ida
OCCUPATION	Farming	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 19 12 D C Ray
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 07 2012

255 -126-036-155

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Gwenford

Registration District No. 18

File No. 6194

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 203

Hospital ____

FULL NAME OF CHILD Carlett Benson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		7	yes	May 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nephi Benson	Minnie Jenson
RESIDENCE	Gwenford Idaho	Gwenford Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	36
BIRTHPLACE	Newton Ut.	Denmark
OCCUPATION	Farming	

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin alive (Born alive or stillborn) at 5.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or Midwife)

Address Jamaica Idaho

Given names added from a supplemental report

....., 19.....

Filed June 2 1912 W. C. Ray Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

363-217-036-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Dayton

No ....., ... St.

Hospital .....

Registration District No 18 — File No. 6195

Primary Registration District No. 2119 — Registered No. 204

FULL NAME OF CHILD Elverta Collett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	March 17, 1912

FATHER		MOTHER	
FULL NAME	W. W. Collett	FULL MAIDEN NAME	W Lottie Phillips
RESIDENCE	Dayton Ida	RESIDENCE	Dayton Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah P Phillips

(Physician or Midwife)

Address Dayton Ida

Given names added from a supplemental report

....., 19.....

Filed June 1 1912 — G. C. Gray — Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUL 21 1942

264-121-036-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Dayton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6196

Primary Registration District No. 219 Registered No. 205

FULL NAME OF CHILD Leo W. Boden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	March 21, 1912

FATHER		MOTHER	
FULL NAME	Willard Boden	FULL MAIDEN NAME	Nora Atkinson
RESIDENCE	Dayton Ida	RESIDENCE	Dayton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Perry Utah	BIRTHPLACE	Dayton Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

(Physician or Midwife)

Address Dayton Ida.

Given names added from a supplemental report

....., 19.....

Filed June 1 1912 G. A. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

JAN 6 1976

MAR 2 4 1944

213-126-036-599

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Mink Creek

No. ____, ____ St.

Hospital ____

Registration District No. 14 File No. 6198

Primary Registration District No. 2119 Registered No. 207

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 26, 1912

FATHER		MOTHER	
FULL NAME	Edwin Balcour	FULL MAIDEN NAME	Emilie Ereksen
RESIDENCE	Mink Creek Ida	RESIDENCE	Mink Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	England	BIRTHPLACE	Richmond Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 5 1912 D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 7 1974

262-107-036-351

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital at Home

Registration District No. 18

File No. 6199

Primary Registration District No. 2369

Registered No. 208

FULL NAME OF CHILD Loyale Babbit

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		4	yes	Apr. 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Babbit	Alice Leavitt
RESIDENCE	Malad City Idaho	Malad Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Utah	Elko Idaho
OCCUPATION	Carpenter	

Number of child of this mother, including present birth four

Number of children, of this mother, now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on Sunday, at 4.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 6th 1912 W. C. Ray
Registrar

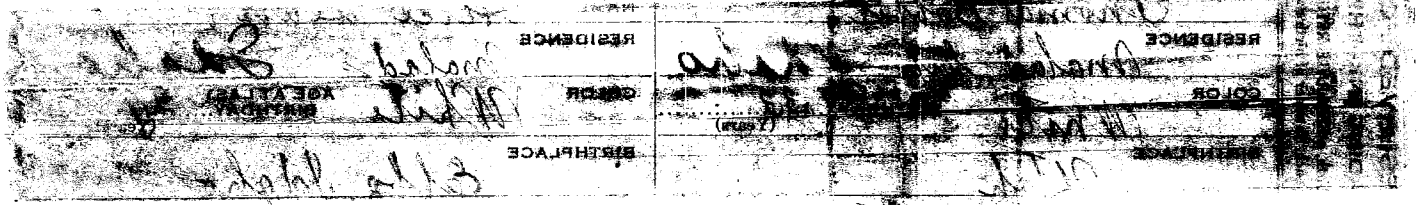
S-Y CO., 16670

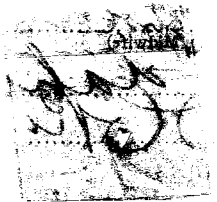
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 26 1942





469-120-036-35-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6200

Primary Registration District No. 2069 Registered No. 209

FULL NAME OF CHILD John Carell Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	May 20, 1912

FATHER		MOTHER	
FULL NAME	Edward Morgan	FULL MAIDEN NAME	Catherine Lewis
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Malad

Filed June 6 1912 D. C. Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DEC 3 1942

386-122-036-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Malad

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6201

Primary Registration District No. 2064 Registered No. 210

FULL NAME OF CHILD Jack Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 22, 1911

FATHER		MOTHER	
FULL NAME	Edward E. Thomas	FULL MAIDEN NAME	Estella McClurg
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Mt Ayr Iowa
OCCUPATION	Rancher	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W J Wright M. D.

(Physician or Midwife)

Address Malad

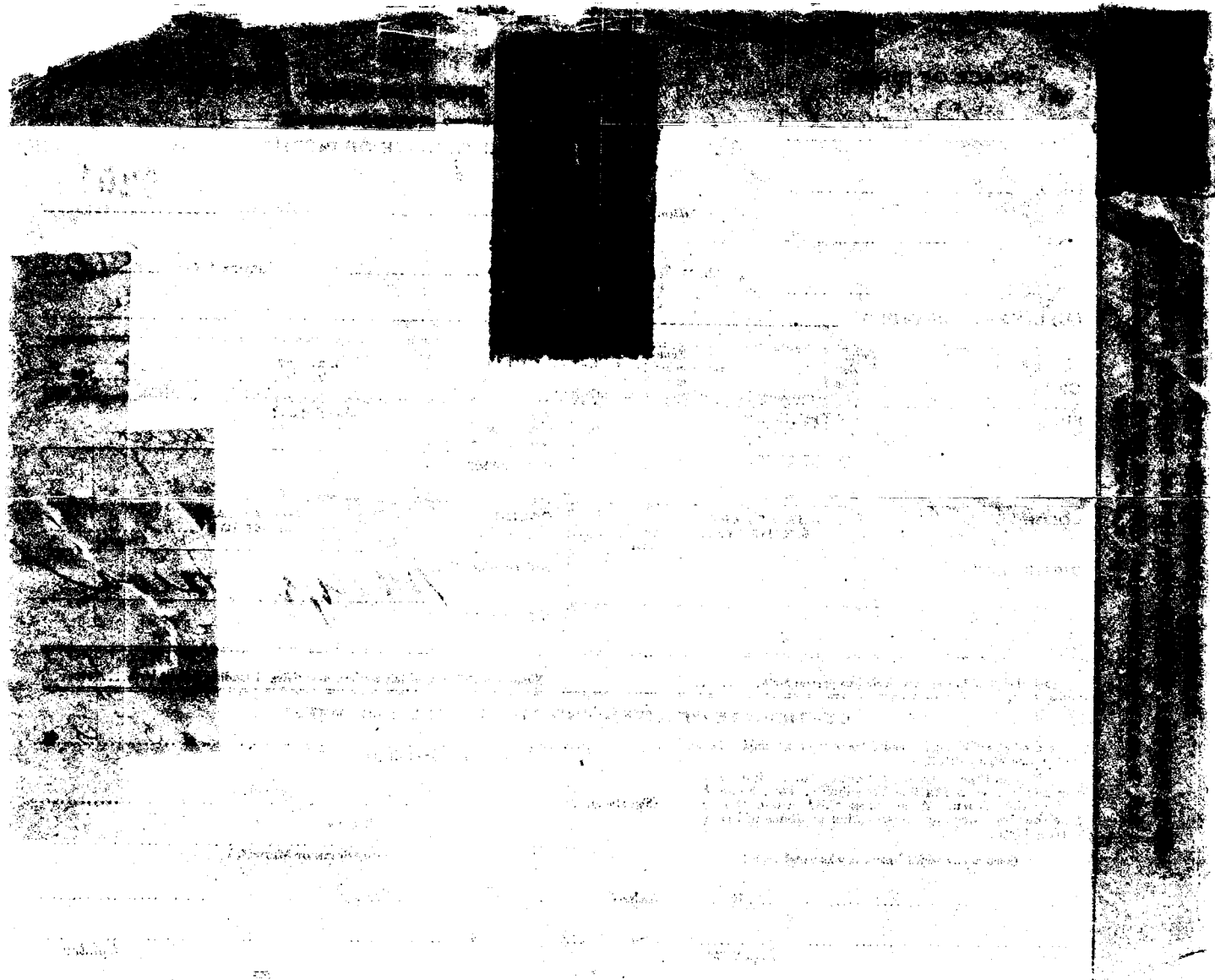
Given names added from a supplemental report

....., 19.....

Filed June 19 12 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



995 - 207 - 036 - 845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of American Falls

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 6202

Primary Registration District No. 207 v Registered No. 271

FULL NAME OF CHILD Richardson, Blanche Jeannette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5 7 1912

FATHER		MOTHER	
FULL NAME	Robert Howard Richardson	FULL MAIDEN NAME	Ora Hunt
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nott

American Falls, Ida.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Attyman -

Filed 6/5 1912 D. Clay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 1 1968

L.D.S. Church Certificate of Baptism and Confirmation, Oct. 5, 1947 gives full name of child as Leda Jeannette Giles, born Jan. 15, 1939 at South Gate, California to Daryl Harmon Giles and Blanch Jeannette Richardson - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6202

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Blanche Richardson (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Blanche Richardson	Blanche Jeannette Richardson

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Dora Hunt Richardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this fourth day of March, 19 60

.....
Notary Public, residing at Los Angeles
My commission expires .....
(Seal) My Commission Expires October 27, 1961

Signed Daryl H. Giles
(Signature of Any Credible Person)

12679 Ramona Avenue, Calif.
(Street Address, City, State)

FORM DPH 55. 155 L 2-4-60. nm

L.D.S. Church Patriarch Blessing, gives name as Blanche Jeanette Richardson, daughter of Robert Howard Richardson and Elizabeth Hunt, born May 12, 1912, at American Falls, Idaho, blessing received Dec. 17, 1931, Los Angeles,Calif. - viewed by V.S.

Kansas City Life Insurance Co. Policy No. 689878, gives name of insured as Blanche Jeannette Giles, dated July 31, 1935 - viewed by V.S.

617-222-036-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of American Falls

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 6203

Primary Registration District No. 207 Registered No. 212

FULL NAME OF CHILD Anna Magstaff

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	1	Yes	May 22, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Herbert Magstaff	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Mock

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19....

Filed Jun 19 12 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

617-222-036-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of American Falls

No ....., ... St.

Hospital .....

Registration District No 18 File No. 6204

Primary Registration District No. 2022 Registered No. 213

FULL NAME OF CHILD Flornor Nagstaff

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin and	2	yes	May 22 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilbur Hubert Nagstaff	FULL MAIDEN NAME	Anna Johnson
RESIDENCE	American Falls Id	RESIDENCE	American Falls Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home Work

[Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard J Nash MD

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

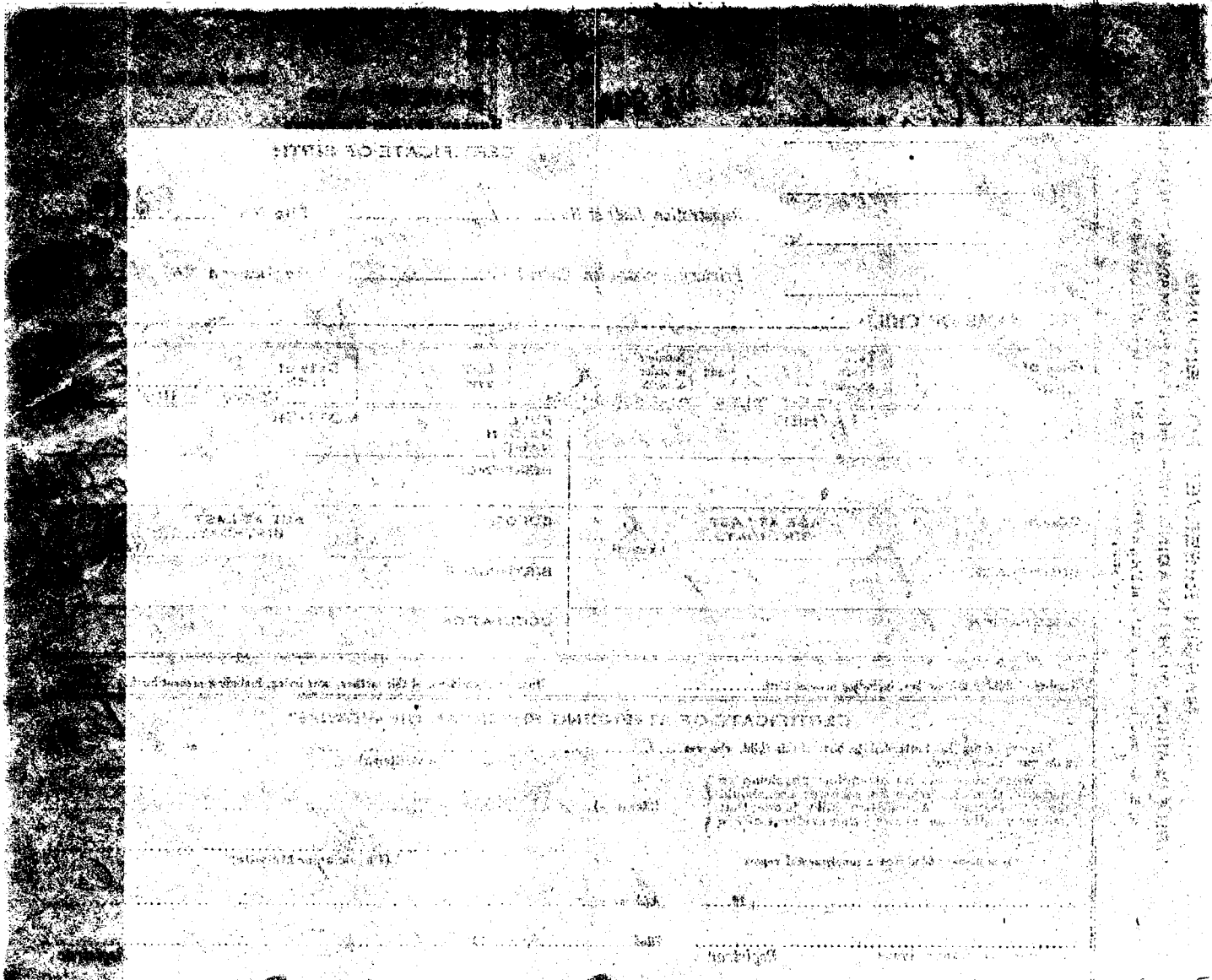
....., 19.....

Filed 6-6-1912 W. C. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



415-125-036-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of American Falls

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6205

Primary Registration District No. 207 Registered No. 214

FULL NAME OF CHILD Davis, Donald Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	May 25 1912

	FATHER	MOTHER
FULL NAME	David William Davis	FULL MAIDEN NAME Willie Johnson
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Wales	BIRTHPLACE Ill.
OCCUPATION	Banker	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Voth

(Physician or Midwife) Phy

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed June 19 12 D. C. Ray Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

719-230-036-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of American Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6206

Primary Registration District No. 2972 Registered No. 215

FULL NAME OF CHILD Ruth Garton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
female	Twin	1	yes	May 30 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Orville Garton	FULL MAIDEN NAME Dora Lewis
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	24 (Years)
BIRTHPLACE	Mo.	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:25 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard V. Roth

Phy

(Physician or Midwife)

Address American Falls, Ida.

Given names added from a supplemental report

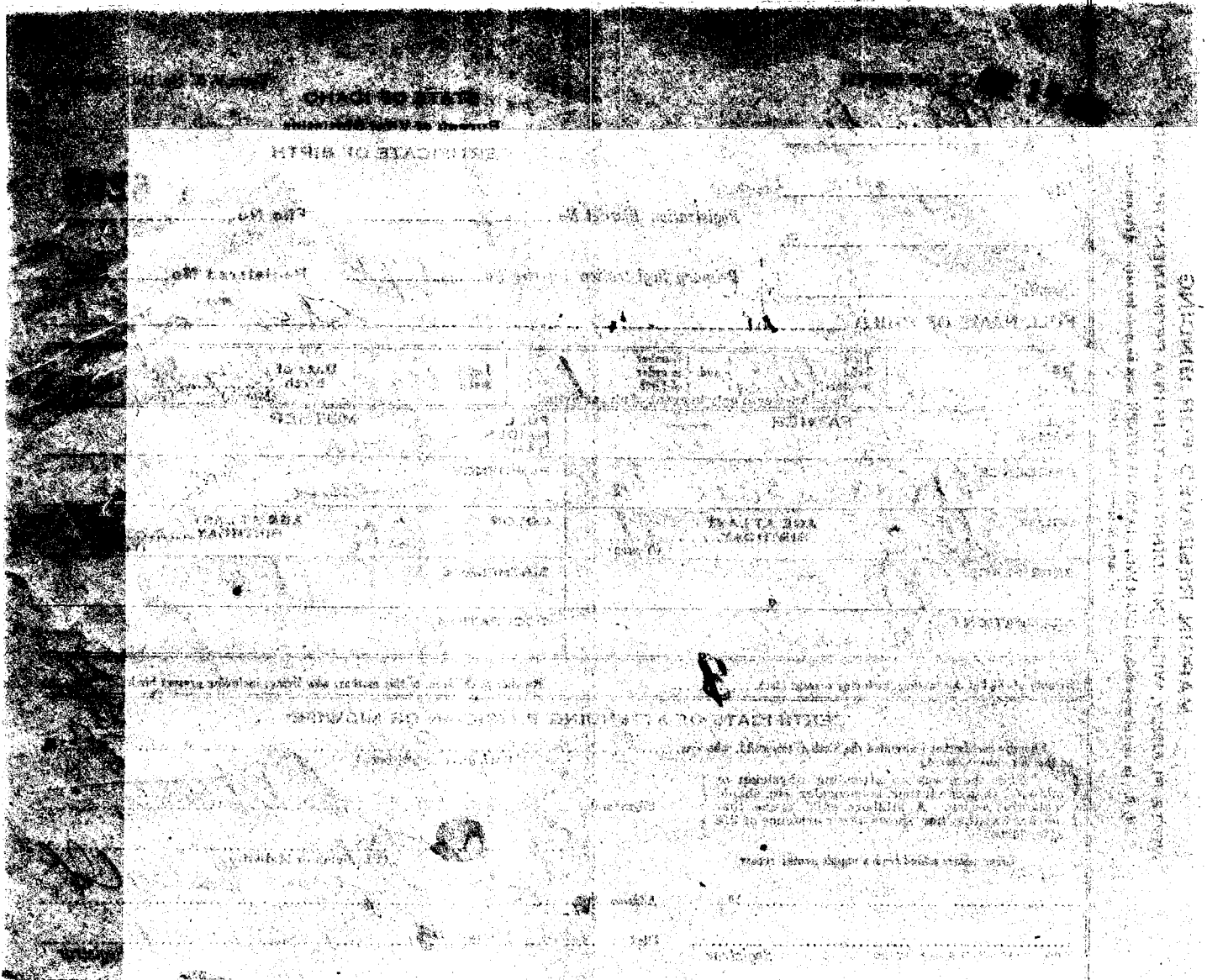
....., 19.....

Filed June 6 1913 L. O. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar



715-230-036-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls

Registration District No. 16 File No. 6207

No. ____, ____ St.

Primary Registration District No. 207½ Registered No. 216

Hospital ____

FULL NAME OF CHILD Genevieve Garton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	Yes	May 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orville Garton	Flora Jeter
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Mo.	Ill.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Wolf, M.D.

(Physician or Midwife)

Address American Falls Id.

Given names added from a supplemental report

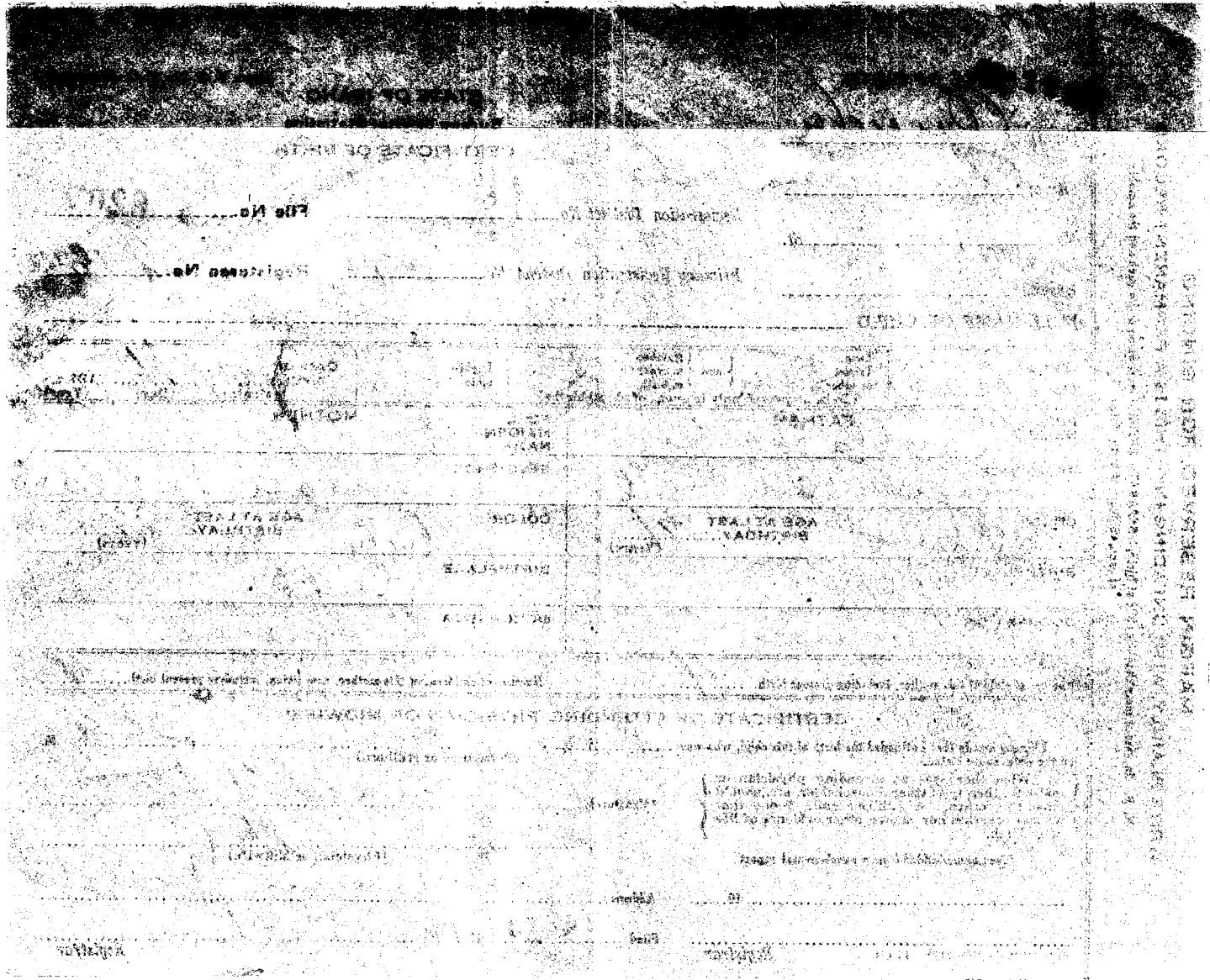
....., 19.....

Filed Jun 15 1912 W. D. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar



819-220-036-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 — File No. 6208

Primary Registration District No. 2069 — Registered No. 217

FULL NAME OF CHILD Mabel Harrison

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: Jan (Month) 20 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: John T Harrison	FULL MAIDEN NAME: Mary A Roberts
RESIDENCE: Malad Idaho	RESIDENCE: Malad City Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: London England	BIRTHPLACE: Malad Idaho
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. Sarah A. McAllaster
Midwife
(Physician or Midwife)

Address St. Johns Idaho

Filed 6/8 1912 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

JUN 30 1971

132-223-036-847

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Malad

No. ____, ____ St.

Hospital ____

Registration District No. 18 — File No. 6209

Primary Registration District No. 2069 — Registered No. 218

FULL NAME OF CHILD Mary Annie Atkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 23 1912

	FATHER	MOTHER
FULL NAME	Frank A Atkinson	Margaret Hughes
RESIDENCE	Malad Idaho	Malad Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Cherry Creek Idaho	Tamaqua Idaho
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sarah A. McAllister

Midwife (Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 8 1912 D C Kay Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

NOV 13 1975

893 - 101-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of St John

No ____, ____ St.

Hospital ____

Registration District No. IX File No. 6210

Primary Registration District No. 2069 Registered No. 219

FULL NAME OF CHILD Andrew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	None	1	Yes	Feb 1 1912

FATHER		MOTHER	
FULL NAME	William Hill	FULL MAIDEN NAME	Phoebe Jones
RESIDENCE	St John Idaho	RESIDENCE	St John Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	St John Idaho	BIRTHPLACE	St John Idaho
OCCUPATION	Miner	OCCUPATION	housewife

[Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah A McAllister

midwife (Physician or Midwife)

Address St John Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/8 1912 A. C. Ray Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

893-101-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ouida

City of St John

No ____, ____ St.

Hospital ____

Registration District No. 18

Primary Registration District No. 2069

File No. 6211

Registered No. 220

FULL NAME OF CHILD Albert

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	twin	2	Yes	Feb 1 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Hill	FULL MAIDEN NAME: Flora Jones
RESIDENCE: St John Idaho	RESIDENCE: St John Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: St John Idaho	BIRTHPLACE: St John Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

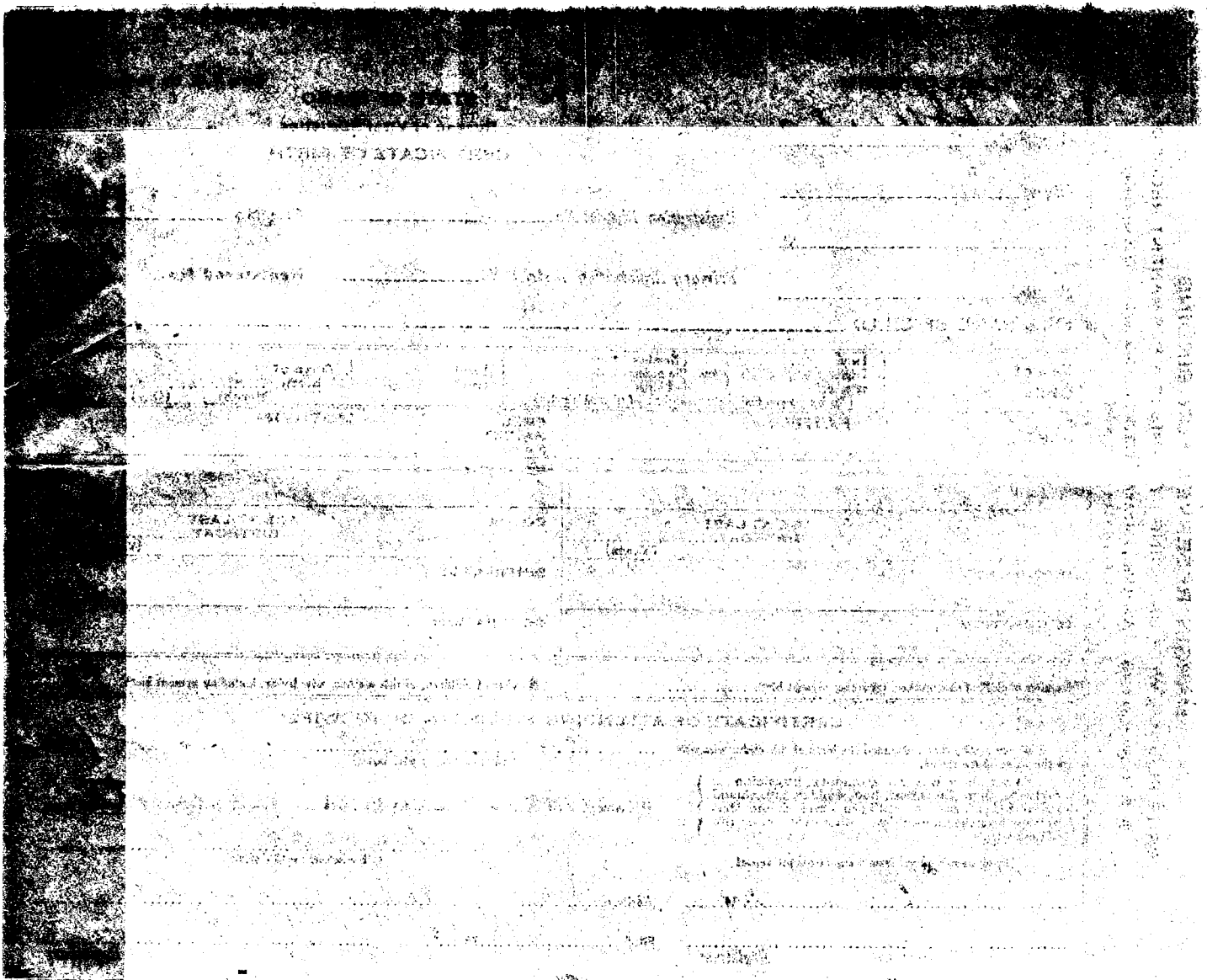
.....
Registrar

(Signature) Mrs Sarah A McAllister
midwife
(Physician or Midwife)

Address St John Idaho

Filed 2/8 1912 A. Kay
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



799-127-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6212

Primary Registration District No. 2069 Registered No. 221

FULL NAME OF CHILD Verna Price

Sex of Child	Twin, Triplet or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	None (To be answered only in event of plural births)	1	Yes	March 27, 1912

FATHER		MOTHER	
FULL NAME	Josiah Price	FULL MAIDEN NAME	Beatrice James
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Brasharo Utah
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sarah A. McAllister

Midwife (Physician or Midwife)

Address St. John Idaho

Given names added from a supplemental report

....., 19....

Filed 6/8 1912 D. C. Ray Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

799-227-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No _____, _____ St.

Hospital _____

Registration District No. 18 File No. 6213

Primary Registration District No. 2069 Registered No. 777

FULL NAME OF CHILD Vernal Price

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin and	2	Yes	March 27, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Josiah Price	Isabel Jones
RESIDENCE	Malad Idaho	Malad Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Malad Idaho	Coalville Utah
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah A McAllister

Midwife

(Physician or Midwife)

Address St John Idaho

Given names added from a supplemental report

_____, 19____

Filed Feb 18 19 17 D C Kay

Registrar

_____

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

619-106-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of Oneida

City of ——

No. Malad St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6214

Primary Registration District No. 2069 Registered No. 223

FULL NAME OF CHILD William George Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Ward	Sarah B Jones
RESIDENCE	Malad Idaho	Malad Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 32	White / 27
BIRTHPLACE	Woodruff Idaho	Pleasanton Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.25 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. Sarah A. McAllister

Midwife
(Physician or Midwife)

Address St. John Idaho

Filed 6/8 19 12 D. L. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 9 1969

SEP 16 1969

359 - 107-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 — File No. 6215

Primary Registration District No 2069 — Registered No. 711

FULL NAME OF CHILD Joseph Leigh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 7 1912

	FATHER	MOTHER
FULL NAME	Joseph Leigh	FULL MAIDEN NAME Elizabeth Lewis
RESIDENCE	Malad Idaho	RESIDENCE Samaria Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE Samaria Idaho
OCCUPATION	Laborer	OCCUPATION Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sarah A. McAllister

Midwife

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed May 11 1912 D. C. Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

665-226-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of St John

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 — File No. 6216

Primary Registration District No. 2064 — Registered No. 225

FULL NAME OF CHILD Audrey Owens

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	Not	and	Yes	May 26, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John A Owens	FULL MAIDEN NAME Ella Jones
RESIDENCE	Malad Ida	RESIDENCE Malad Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Medicine Lodge Mont	BIRTHPLACE St John Ida
OCCUPATION	Farmer	OCCUPATION Housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah A McAllister

Midwife

(Physician or Midwife)

Address St John Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6/8 19 27

D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

JAN 3 6

714 - 222-036-119

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6217

Primary Registration District No. 2069 Registered No. 226

FULL NAME OF CHILD Amy Paddock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 22 1912

FATHER		MOTHER	
FULL NAME	Paul C. Paddock	FULL MAIDEN NAME	Rebecca Jardine
RESIDENCE	Montana	RESIDENCE	Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Allston

Physician

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 8 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 3 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of Oct 4 ..... }

Certificate No. 6217

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Paddock (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 22, 1912 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Amy Paddock

Subscribed and sworn to before me this 13th day of October, 19 72.

Notary Public, residing at Anaconda, Mont.

My commission expires .....

(Seal)

HELEN L. LOVELL
CLERK and RECORDER
DEER LODGE COUNTY, MONTANA

Signed Paul C Paddock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

904 W 5th Anaconda Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 19 72.

Notary Public, residing at Anaconda, Mont.

My commission expires .....

(Seal)

HELEN L. LOVELL
CLERK and RECORDER
DEER LODGE COUNTY, MONTANA

Signed Mathe Pardunce Paddock
(Signature of Any Credible Person)

921 W 4th St Anaconda Montana
(Street Address, City, State)

FORM DH 60-155 CL 10/3/72

Birth Certif. from Montana gives child's name as John Paul McKenna. Born March 28, 1936. Father's name given as Clarence Paul McKenna and mother's name given as Amy Lynn Paddock. Viewed by V. S.

OCT 31 1972

School Record from Anaconda, Montana gives name as Amy Paddock, Dte of birth given as May 22, 1912. Father's name given as Paul C. Paddock and mother's name given as Rebecca Paddock. Record is for the year of 1913. Viewed by VS

381-102-036-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF ~~BIRTH~~

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6218

Primary Registration District No. 2114 Registered No. 227

FULL NAME OF CHILD WILBUR JOSEPH CHATTERTON

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		2	Yes	May 2 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grover Cleveland Chatterton	FULL MAIDEN NAME	Sarah O Woodward
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Ida
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Whiting Ida
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive above on the date above stated. May 2 1912, at 11 a. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States MD

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19....

Filed 6/8 1912 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 6218

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ariel Buckley (Name on Original Certificate) who Was born (Was Born or Died) on May 2 1912 (Date of Event)
in Treston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 2 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ariel Buckley	Wilbur Joseph Chatterton

Subscribed and sworn to before me this 2
day of February 1942

Notary Public, residing at Treston Idaho

My commission expires Dec 17 1944
(Seal)

Signed Oliver Chatterton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 14 1942

445-204-036-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Whitney

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6219

Primary Registration District No. 2114 Registered No. 228

FULL NAME OF CHILD Dora Dunkley

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	c	c	Yes	May 4 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Benjamin Dunkley	FULL MAIDEN NAME Grace Kelley
RESIDENCE	Whitney	RESIDENCE Whitney
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE Franklin Ida
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on May 4 1912, at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stats

Physician

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19....

Filed 6 1 8 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 2 0 1973

419-124-036-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6220

Primary Registration District No. 2119 Registered No. 229

FULL NAME OF CHILD Rendel Moroni Davies

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	May 24 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Moroni Davies	FULL MAIDEN NAME	Rosa Handy
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Franklin Ida
OCCUPATION	Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on May 24 1912, at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Hales

Physician (Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed 6/8 1912 D. C. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

693-22-4-036-381 SEX OF CHILD AMENDED 10-18-91 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of Whitney

No ....., ... St.

Hospital .....

Registration District No. 18 File No. 6221

Primary Registration District No. 2119 Registered No. 230

FULL NAME OF CHILD Merlin Wallace Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE ~~female~~	—	—	Yes	May 24, 1917

	FATHER	MOTHER
FULL NAME	Wallace Wilson	Bertha Chadwick
RESIDENCE	Whitney	Whitney
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Graham Co Arizona	Whitney Ida
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. May 24 1917 at 10 45 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Geo Wells Co Physician

(Physician or Midwife)

Address Franklin Ida

Filed 6/8 19 17 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

FEB 4 1972

10-18-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
OCT 18 1991
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 6221
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Merlin Wallace Wilson (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 24, 1912 (Date of Event)

in Oneida County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
sex of child	Female	Male

Subscribed and sworn to before me this 18th day of Oct, 19 91.

Notary Public, Lauralee Faust
Residing at Boise Ada Id
My commission expires Jan 14, 1993
(Seal)

x M. W. Wilson
Signature of Applicant

x 406 Lincoln S.E. Royal
Street Address, City, State
Othello, Wa - 99344

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Birth certificate for Dee Merlin Wilson born July 20, 1939 in Pocatello to Father Merlin Wallce Wilson and Mother Edith Ione Hoppie. Viewed by V.S.

962-128-036-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

Registration District No. 18 File No. 6222

No. ____, ____ St.

Primary Registration District No. 2119 Registered No. 231

Hospital ____

FULL NAME OF CHILD Wesley Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 28 1912

FATHER		MOTHER	
FULL NAME	George Robinson	FULL MAIDEN NAME	Nellie Hurst
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	American Fork Utah	BIRTHPLACE	Franklin Ida
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. May 28 1912 at 12:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Hale

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

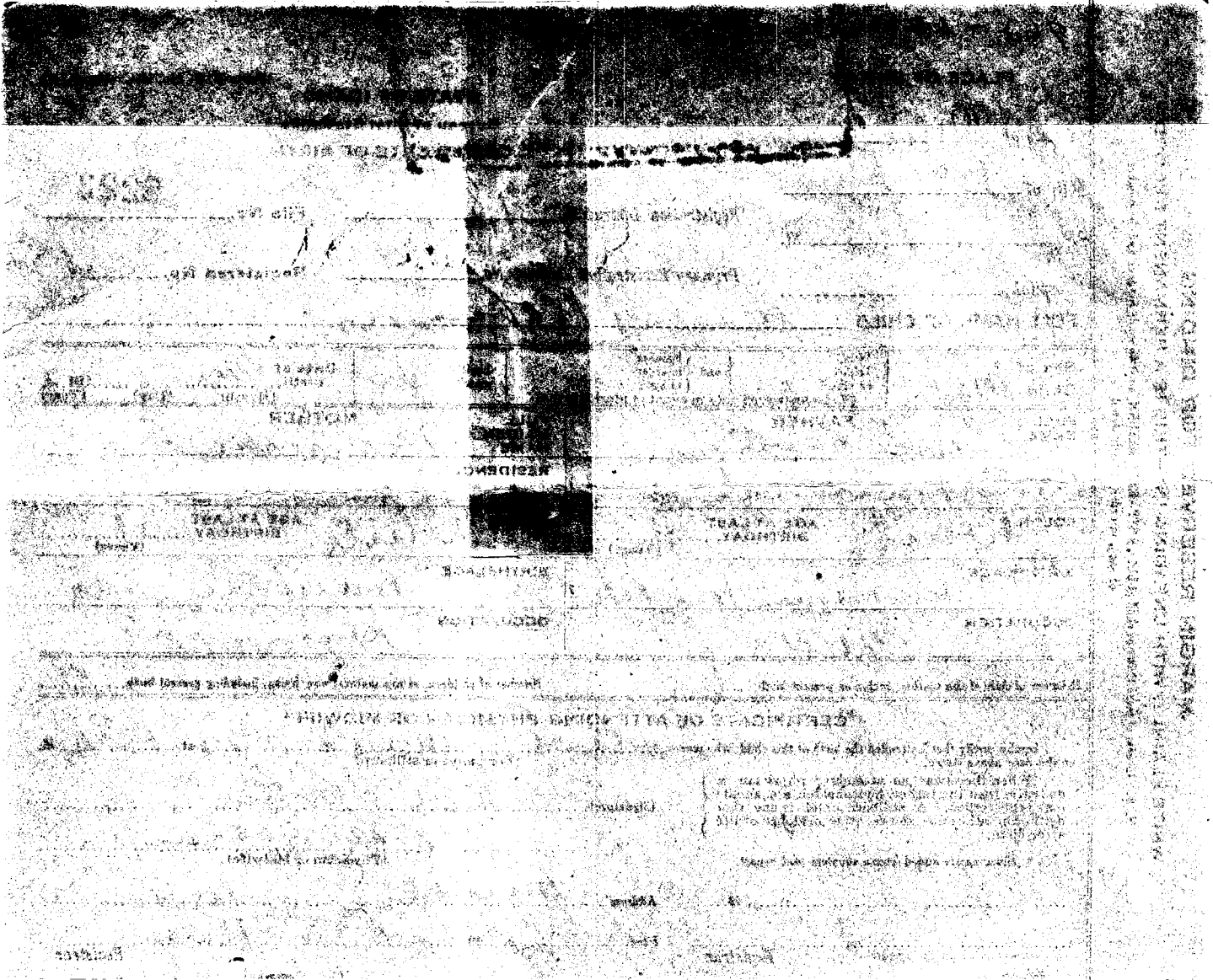
....., 19....

Filed 6/8 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar



266 - 221-036-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ✓

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6223

Primary Registration District No. 219 Registered No. 292

FULL NAME OF CHILD Elizabeth M Bowcut

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)			yes	May 31 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Peter E Bowcut	FULL MAIDEN NAME	Elizabeth Mason
RESIDENCE	Franklin Idy	RESIDENCE	Franklin Idy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Honeyville Utah	BIRTHPLACE	Durham England
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) May 31 1912, at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) E W Stalker M D

(Physician or Midwife)

Address Franklin Ida

Filed 6/8 1912 Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

SEP 2 1965

MAY 1 4 1976

Boucut

Duplicate voided (910-7231)

365- 203-036-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ____ St.

Hospital home

Registration District No. 18

File No. 6224

Primary Registration District No. 2119

Registered No. 233

FULL NAME OF CHILD Elsie Marina Gondie

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl			yes	March 3 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Gibson R. Gondie	FULL MAIDEN NAME	Ettie Ann Warrick
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	home Maker

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

~~(Physician or~~ midwife)

Address Preston Oneida Co Idaho

Given names added from a supplemental report

....., 19.....

Filed June 8 1912 D C Kay Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-216-036-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6225

Primary Registration District No. 2119 Registered No. 234

FULL NAME OF CHILD ~~Mabel Shaffer~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	March 16 1912

FATHER		MOTHER	
FULL NAME	~~George~~ W. Shaffer	FULL MAIDEN NAME	Christina Johnson
RESIDENCE	Preston Oda	RESIDENCE	Preston Oda
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mill Ville Utah	BIRTHPLACE	Preston Oda
OCCUPATION	Farmer	OCCUPATION	Home Maker

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 Oh M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

~~(Physician or~~ midwife)

Address Preston Oneida Co. Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 13 19 12 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1969

281-104-036-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6226

County of Oneida

City of Preston

No. ..... St.

Hospital Home

Registration District No. 18

Primary Registration District No. 2119

File No. .....

Registered No. 235

FULL NAME OF CHILD Albert Woodhead Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			Yes	April 4 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F. Sharp	Annie Woodhead
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY	47 (Years)	25 (Years)
BIRTHPLACE	Toole Utah	England
OCCUPATION	Farmer	Home Maker

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McDuee

(Physician or midwife)

Address Preston Oneida Co. Ida.

Given names added from a supplemental report

..... 19.....

Filed June 13 1912 D C Kay

..... Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-208-036-859

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6227

Primary Registration District No. 2119 Registered No. 236

FULL NAME OF CHILD Beth R. Bellnap

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Yes	yes	April 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emory Bellnap	Martha Gershaw
RESIDENCE	Preston Idaho	Preston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Ogden Utah	Preston Idaho
OCCUPATION	Laborer	Home Keeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McEwan

(~~Physician~~ midwife)

Address Preston Oneida Co. Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 13 1912 D. C. Ray Registrar

8-Y CO. 20174

469-123-036-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital Home

Registration District No. 18

Primary Registration District No. 2119

File No. 6228

Registered No. 237

FULL NAME OF CHILD Miller Oliver Morrison

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	April 23 1912

FATHER

FULL NAME: John A Morrison

RESIDENCE: Preston Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Franklin Idaho

OCCUPATION: School Teacher

MOTHER

FULL MAIDEN NAME: Anna Miller

RESIDENCE: Preston Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Wide Park, Utah

OCCUPATION: Home Keeper

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(Physician or midwife)

Address Preston Oneida Co. Idaho

Given names added from a supplemental report

..... 19.....

Filed June 13 1912 J. T. Ross Registrar

..... Registrar

S-Y CO. 20174

JUL 17 1975

438-125-036-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6229

Primary Registration District No. 2119 Registered No. 288

FULL NAME OF CHILD Dan R McQueen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	May 25 1912

FATHER		MOTHER	
FULL NAME	John Nesbitt McQueen	FULL MAIDEN NAME	Alice Rose
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Granny McQueen

~~(Physician)~~ or midwife)

Address Preston Oneida Co. Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 13 1912 D. C. Ruy
Registrar

S-Y CO. 20174

NOV 30

614-117-036-

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

FULL NAME OF CHILD Wallace Holland Wade

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6230

Primary Registration District No. 2071 Registered No. 239

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Mar. 17 1912

FATHER		MOTHER	
FULL NAME	George Wade	FULL MAIDEN NAME	Mary Ann Barnett
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth... six

Number of children, of this mother, now living, including present birth... six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rhoda B. Larkin

Snowville Utah

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 12 1912 J. C. Ray

..... Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 9 1957

356-102-036-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Owyhee

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6231

Primary Registration District No. 2069 Registered No. 240

FULL NAME OF CHILD Theras Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 2 1912

FATHER		MOTHER	
FULL NAME	Henry Lewis	FULL MAIDEN NAME	Mary Evans
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	ranches	OCCUPATION	ranches wife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) N Kay M D

(Physician or Midwife)

Address Malad Idaho

Filed May 10 1912 N Kay Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 7 1973

NOV 27 1973

693 - 120 - 036 - 551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 8 File No. 6232

Primary Registration District No 2069 Registered No. 241

FULL NAME OF CHILD Edward Gerald Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	5 20 1912

FATHER		MOTHER	
FULL NAME	Morgan Williams	FULL MAIDEN NAME	Alice Evans
RESIDENCE	Malad Idaho	RESIDENCE	Malad Idaho
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	same

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed May 20 19 12 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

231-219-036-235

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 6233

Primary Registration District No. 2069 Registered No. 242

FULL NAME OF CHILD Leah May Blasdale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
	Twin	1	Yes	May 19 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Blasdale	FULL MAIDEN NAME	Ida Stephens
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	home

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray - M D

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

Filed 5-30 19 12 D C Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-120-036-225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6234

Primary Registration District No. 2064 Registered No. 143

FULL NAME OF CHILD Raymond Blasdale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2nd	yes	May 20 1912

FATHER	MOTHER
FULL NAME: Andrew Blasdale	FULL MAIDEN NAME: Lela Stephens
RESIDENCE: Malad Ida	RESIDENCE: Malad Ida
COLOR: wh	COLOR: wh
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: rancher	OCCUPATION: home

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

Filed May 30 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

NOV 29 1954

386-127-036-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 6235

Primary Registration District No. 2064 Registered No. 241

FULL NAME OF CHILD John Thomas Tharpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 27 1912

FATHER		MOTHER	
FULL NAME	Ephriam Tharpe	FULL MAIDEN NAME	Jennette Thomas
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	rancher	OCCUPATION	same

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8:40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-20 1912 D C Kay

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

DECEASED

4-3-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6235

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Thomas Thorpe (Name on Original Certificate) who was born (Was Born or Died) on May 27, 1912 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Thomas Thorpe	John Thomas Thorpe

Subscribed and sworn to before me this 24 day of April, 1972

Notary Public, residing at Clerk of the district court

My commission expires .....

(Seal)

Signed John Thomas Thorpe

(Signature of parent or attendant if correcting a Birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

88 E. 905. Malad, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of April, 1972

Notary Public, residing at .....

My commission expires .....

(Seal) Clerk of the district court

Signed Lida Thorpe

(Signature of Any Credible Person)

88 E. 905 Malad Idaho

(Street Address, City, State)

FORM DH 60-155

Application to Beneficial Life Ins. Co. gives name of Insured as Lila Ann Gibson Thorpe. Born Jan. 17, 1917. Lists husband as Beneficiary John Thomas Thorpe. Dated June 28, 1943. Viewed by V. S.

JUN 23 1972

Marriage License from Idaho gives groom's name as John Thomas Thorpe and the birde's name as Lila A. Gibson. Dated July 1, 1939. Signed by Daniel O. Jones, Deputy Recorder. Viewed by V. S.

231 - 131-036-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 15-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 6236

Primary Registration District No. 2069 Registered No. 245

FULL NAME OF CHILD Ke nneth Stayner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 31 1912

FATHER		MOTHER	
FULL NAME	Arthur Stayner	FULL MAIDEN NAME	Elizabeth Chamberlain
RESIDENCE	Malad Ida	RESIDENCE	Malad Idaho
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	None

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

Filed June 3 1912 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

0413/41/EA

491-502-019-453

CE OF BIRTH

Custer

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Challis

Registration District No. 1

File No. 237

No. ....., ... St.

Primary Registration District No. 681

Registered No. 0

Hospital .....

FULL NAME OF CHILD Dorothy Belding Drake

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 2d, 1912

FATHER	MOTHER
FULL NAME: D. B. Drake	FULL MAIDEN NAME: Sarah Metcalf
RESIDENCE: Challis, Ida.	RESIDENCE: Challis
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley M.D.

(Physician or Midwife)

Address Challis, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 10th 1912 C. L. Kirtley

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Custer }

Certificate No. 6237

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 2nd, 1912 (DATE OF EVENT)
in Challis, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record & / personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 2nd, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Belding Drake

Subscribed and sworn to before me this 6th
day of February, 19 43.

Notary Public, residing at Challis, Idaho
My commission expires
(SEAL)

Signed Sarah M. Drake Mother.
(SIGNATURE OF PARENT OR GUARDIAN IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Challis, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Custer }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of February, 1943.

Notary Public, residing at Challis, Idaho.
My commission expires 8/12/45
(SEAL)

Signed Merle L. Drake
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Challis, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

SEP 22 1964

FEB 11 1943

AUG 28 1944

Amended 3/28/73

962-11-6447-443

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 6238

No. ____, ____ St.

Primary Registration District No. 2054

Registered No. 46

Hospital ____

FULL NAME OF CHILD John T. Rosamrance

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 11, 1912

FATHER		MOTHER	
FULL NAME	George Rosamrance	FULL MAIDEN NAME	Bella Mulligan
RESIDENCE	Mackay, Idaho.	RESIDENCE	Mackay, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Scotland
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards M.D.

(Physician or Midwife)

Address Mackay, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 5/14 19 C. S. Kirtley

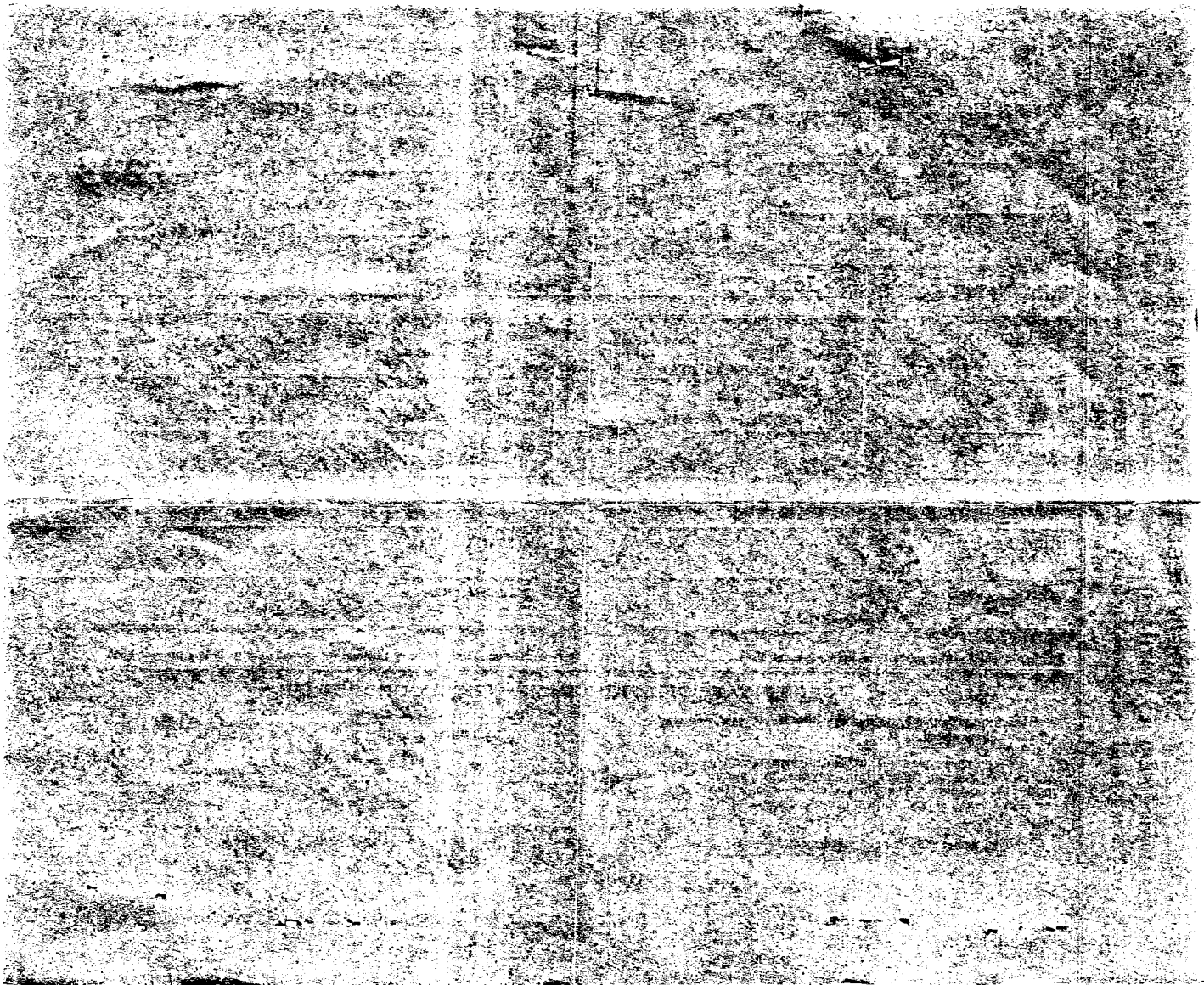
S-Y CO., 15670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 26 11 30 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Custer

Certificate No. 6238

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rosenkrnac (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1912 (Date of Event)
in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	John Theodore Rosenkrance
Father's last name	Rosenkranc	Rosenkrance

Subscribed and sworn to before me this 21st day of September, 1972

Notary Public, residing at Mackay, Idaho
My commission expires 6/7/73
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mackay, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Custer

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of September, 1972

Notary Public, residing at Mackay, Idaho
My commission expires 6/7/73
(Seal)

Signed John McKelvey (Signature of Any Credible Person)

Mackay, Idaho (Street Address, City, State)

FORM DH 60-155 CL 8/14/72 nm

Lost River Electric Coop., Inc. Membership Certificate gives name as John T. Rosenkrance. Dated Dec. 6, 1962. Viewed by V. S.

MAR 2 8 1973

Application for incentive payment-shorn wool gives name as John T. Rosenkrance of Chilly, Idaho. Dated -1-25-56. Viewex by V. S.

447-208-019-155

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6239
Local Reg. No.
Reg. Dist. No. 14

Amended 6/22/77

1. PLACE OF BIRTH
a. COUNTY: Custer
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mackay
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Custer
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mackay
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Georgia
b. (Middle): Leola
c. (Last): Duggins

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 8, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Wilbur
b. (Middle):
c. (Last): Duggins

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Myrtle
b. (Middle):
c. (Last): Averett

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. Baker

19. ADDRESS: Mackay, Idaho

18. ATTENDANT AT BIRTH: M.D. X ____ MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 12,1912

22. REGISTRAR'S SIGNATURE: C. L. Kirtley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 17 1976 Bureau of Vital Statistics

State of Arizona } ss.
County of Maricopa }

Certificate No. 6239

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Leola Duggins (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1912 (Date of Event) in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Leola Duggins	Georgia Leola Duggins
mother's last name	Evertt	Averrett

Subscribed and sworn to before me this 12th day of February, 1976

Kay L. Wood

Notary Public, residing at P.O. Box 2084 Phx 85001

My commission expires My Commission Expires Sept. 3, 1978

(Seal)

Signed Georgia L. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2829 W. Rancho Dr
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of February, 1976

Kay L. Wood

Notary Public, residing at P.O. Box 2084, Phx 85001

My commission expires My Commission Expires Sept. 3, 1978

(Seal)

Signed Betty Anne Sloan
(Signature of Any Credible Person)

2829 W. Rancho Dr
(Street Address, City, State)

FORM DH 60-155

CL 1/7/76 ret'd $2.50 ck.

Certif. of birth from California gives child's name as George-Ann Hill born May 1, 1939. father's name given as George Alvin Hill and Georgia Leola Duggins vuewed by V. S.

Burial record In Memory of Nellie Myrtle Sale in July 6, 1939 in Mt. Pleasant Utah. mother to Leola Hill. Myrtle's parents names as Willaim Averett and Nellie Averett. viewed by V. S.

Affidavit for Final Judgement of Divorce from Superior Court of the State of California in and for the County of Alameda gives names as Georgia Leola Hill and George Alvin Hill.May 8, 1943. viewed by V. S.

447-208-019-558

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 6239

No. ....., ... St.

Primary Registration District No. 2064

Registered No. 46

Hospital Res

FULL NAME OF CHILD Leola Duggins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	May 8, 1912

FATHER	MOTHER
FULL NAME: Wilbur Duggins	FULL MAIDEN NAME: Myrtle Evertt
RESIDENCE: Mackay Ida	RESIDENCE: Mackay Id
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

Filed May 12 19 12 C L Hartley

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN - 3 1977

391-105-019-743

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Antelope Creek

No. ....., ... St.

Hospital Res

Registration District No. 14

File No. 6240

Primary Registration District No. 2064

Registered No. 44

FULL NAME OF CHILD James Kenneth Crawford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 5th, 1912

FATHER	MOTHER
FULL NAME: Edwin S. Crawford	FULL MAIDEN NAME: Mary Putnam
RESIDENCE: Antelope Creek	RESIDENCE: Antelope Creek
COLOR: W	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of childrea, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

Filed May 12 1912 C. L. Hurley

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Custer }

JUL 21 1941

Certificate No. 6240
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for James Kenneth Crawford (Name on original certificate) who was born (Was born or died) on May 5, 1912 (Date of event)
in Darlington, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mrs. Mary Putnam Crawford (Bible record, insurance policy, etc.) prepared on June 12 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
mother's maiden name	Mary A. Putnam	Mary Putnam
father's first name	Edgar S. Crawford	Edgar S. Crawford

Subscribed and sworn to before me this 12th day of June, 19 41

Leo A. Thurston
~~Notary Public, residing at~~ Probate Judge Darlington Idaho
~~My commission expires~~ Ex-Officio
[SEAL]

Signed Mary Crawford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person)

~~Darlington~~ Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Butte }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 19 41

Leo A. Thurston
~~Notary Public, residing at~~ Probate Judge Darlington, Idaho.
~~My commission expires~~
[SEAL]

Signed Walter E. Crawford
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JUL 24 1942

381 - 214-019-469

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 6241

No. ....., ... St.

Primary Registration District No. 2054

Registered No. 48

Hospital Res

FULL NAME OF CHILD Thelma Chapman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			Yes	May 14, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: John Chapman	FULL MAIDEN NAME: Cora Morgan
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Idaho
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. O Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/24 1912 C. L. Whitley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 10 1942
OCT 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

864-112-019-619

Form V. S. No. 1-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

242

County of Custer

City of Mackay

Registration District No. 14

File No.

No. , St.

Primary Registration District No. 3054

Registered No. 47

Hospital

FULL NAME OF CHILD Baby Young.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	May 12, 1912

FATHER		MOTHER	
FULL NAME	Wesley O. Young.	FULL MAIDEN NAME	Pearl Warner
RESIDENCE	Leadore Idaho	RESIDENCE	Mackay, Idaho.
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Fireman	OCCUPATION	Nurse.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards, M.D.

(Physician or Midwife)

Address Mackay, Ida

Given names added from a supplemental report

....., 19.....

Filed 5/21 1912 C. L. Kirtley

Registrar

.....

Registrar

S-Y CO., 16670

219-226-019-581

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Hospital Res

Registration District No. 14

Primary Registration District No. 2004

File No. 6243

Registered No. 43

FULL NAME OF CHILD Olive Sarret

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	April 26, 1912

FATHER	MOTHER
FULL NAME: Jules Sarrat SARRET	FULL MAIDEN NAME: Vena Vial
RESIDENCE: Mackay	RESIDENCE: Mackay Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: France	BIRTHPLACE: France
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos I Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 12 1912 C.S. Hartley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

659-121-019-4

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 6244

No. ....., ... St.

Primary Registration District No. 2034

Registered No. 41

Hospital Res

FULL NAME OF CHILD Donald. Weierman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	April 21, 1912

FATHER	MOTHER
FULL NAME: Jake Weierman	FULL MAIDEN NAME: Gula Mumbower
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Switzland	BIRTHPLACE: Ind
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9/30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos V Barker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

Filed May 12th 1912 C. L. Kirby

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 4 1976

212-028-299

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of _____

City of _____ Registration District No. 12 File No. 6245

No. _____, _____ St. Primary Registration District No. 249 Registered No. 105

Hospital _____

FULL NAME OF CHILD ~~No Name Reported~~ Helen Gertrude Kendall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Single	3rd	Yes	May 17 1917

FATHER	MOTHER
FULL NAME: Thomas R Kendall	FULL MAIDEN NAME: Annie Keeper
RESIDENCE: 5 Mi West Rose Lake North Side of River	RESIDENCE: 5 Mi West of Rose Lake N Side River
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Michigan
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: third

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or Midwife)

Address Rose Lake Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/10 19 17 C. A. Brendemuhl
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

318-123-019-693

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Custer

City of Mackay

Registration District No. 14

File No. 6246

No. ____, ____ St.

Primary Registration District No. 2007

Registered No. 42

Hospital Res

FULL NAME OF CHILD Horace Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	April 23rd, 1912

FATHER

FULL NAME: Stephen Taylor

RESIDENCE: Mackay

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Texas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nina Wilson

RESIDENCE: Mackay

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Tennessie

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas I Baker

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

Filed May 12 1912 C.L. Hatley

Registrar

.....

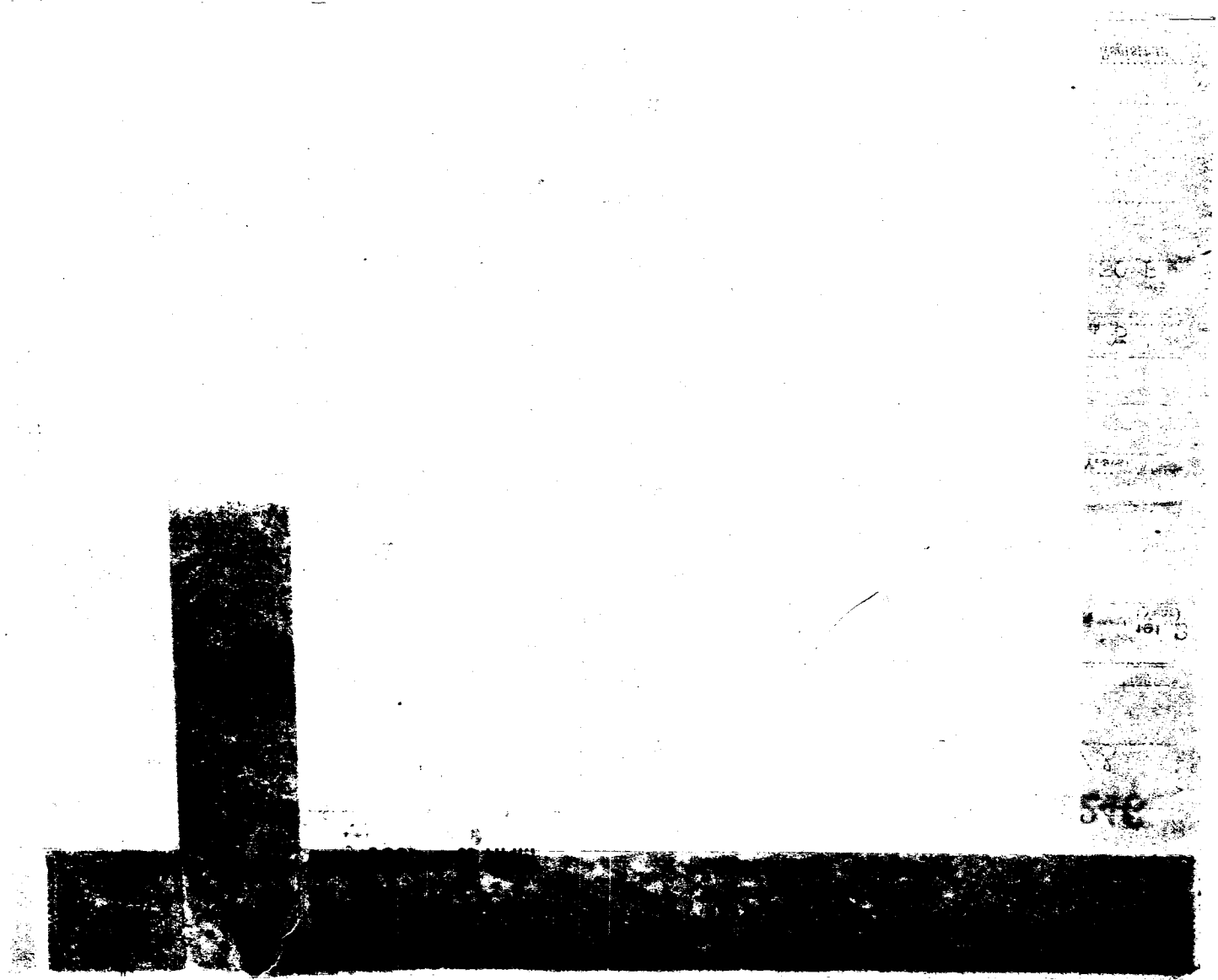
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-204-028-153

PLACE OF BIRTH

County of Kootenai

City of St Joe

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-8-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 6248

Primary Registration District No. 2049 Registered No. 123

FULL NAME OF CHILD Mary — Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	Single	2	Yes	May 4 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Albert N Bailey	FULL MAIDEN NAME	Dilia Jetty
RESIDENCE	St Joe.	RESIDENCE	St Joe.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Omaha Neb.	BIRTHPLACE	Missoula Mont.
OCCUPATION	Saw mill man	OCCUPATION	Housewife.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1030a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Lindsay

Physician (Physician or Midwife)

Address St Joe Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/10 1912 A M Drennan

S-Y CO., 16670

Registrar

Registrar

CERTIFICATE OF [illegible]

45-9-102-028-638

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Joe

No. ____, ____ St.

Hospital ____

Registration District No. 12

Primary Registration District No. 2089

File No. 6249

Registered No. 702

FULL NAME OF CHILD Webster Deibert

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	4	Yes	May 2, 1912

FATHER		MOTHER	
FULL NAME	Eric R. Deibert	FULL MAIDEN NAME	Marion Flynn
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Indiana	COLOR	White
OCCUPATION	Barber	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Minnesota
		OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. E. Lindsay M. D.

(Physician or Midwife)

Address St Joe, Idaho

Filed 6/10 1912 D. D. Brennan Registrar

S-Y CO., 16670

319218-028-394

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 12

File No. 6250

No. ____, ____ St.

Primary Registration District No. 205-1

Registered No. 98

Hospital ____

FULL NAME OF CHILD Marie Kathrine Cardinal

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 18th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Felix Cardinal	Emma Cambrick
RESIDENCE	Post Falls Idaho	Post Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Chippewa Falls, Wis.	Greenacres, Wash.
OCCUPATION	Lumber grader	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook M.D.

(Physician or Midwife)

Address Post Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 6/10 19 12 D D Drennen

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 9 1974

817-225-028-558

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 12

File No. 6251

No. ....., ... St.

Primary Registration District No. 20 5-1

Registered No. 99

Hospital .....

FULL NAME OF CHILD Gertrude Mary Yager

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	May 25th, 1912

FATHER		MOTHER	
FULL NAME	Peter Joseph Yager	FULL MAIDEN NAME	Edna Mary Reed
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Milwaukee, Wis.	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook M.D.

(Physician or Midwife)

Address Post Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed 6/10 19 12 O. O. Rennen

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

556 - 127028-436

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-~~2~~—15m-8-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12

File No. 6252

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 100

Hospital ____

FULL NAME OF CHILD ~~xxxxxxxxxx~~ WILBUR ~~xxxxxxxxxx~~ LLOYD Newton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 27, 1912

FATHER		MOTHER	
FULL NAME	Elmer Claudo Newton	FULL MAIDEN NAME	Georgia Belle McFadden
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L. Tisle

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

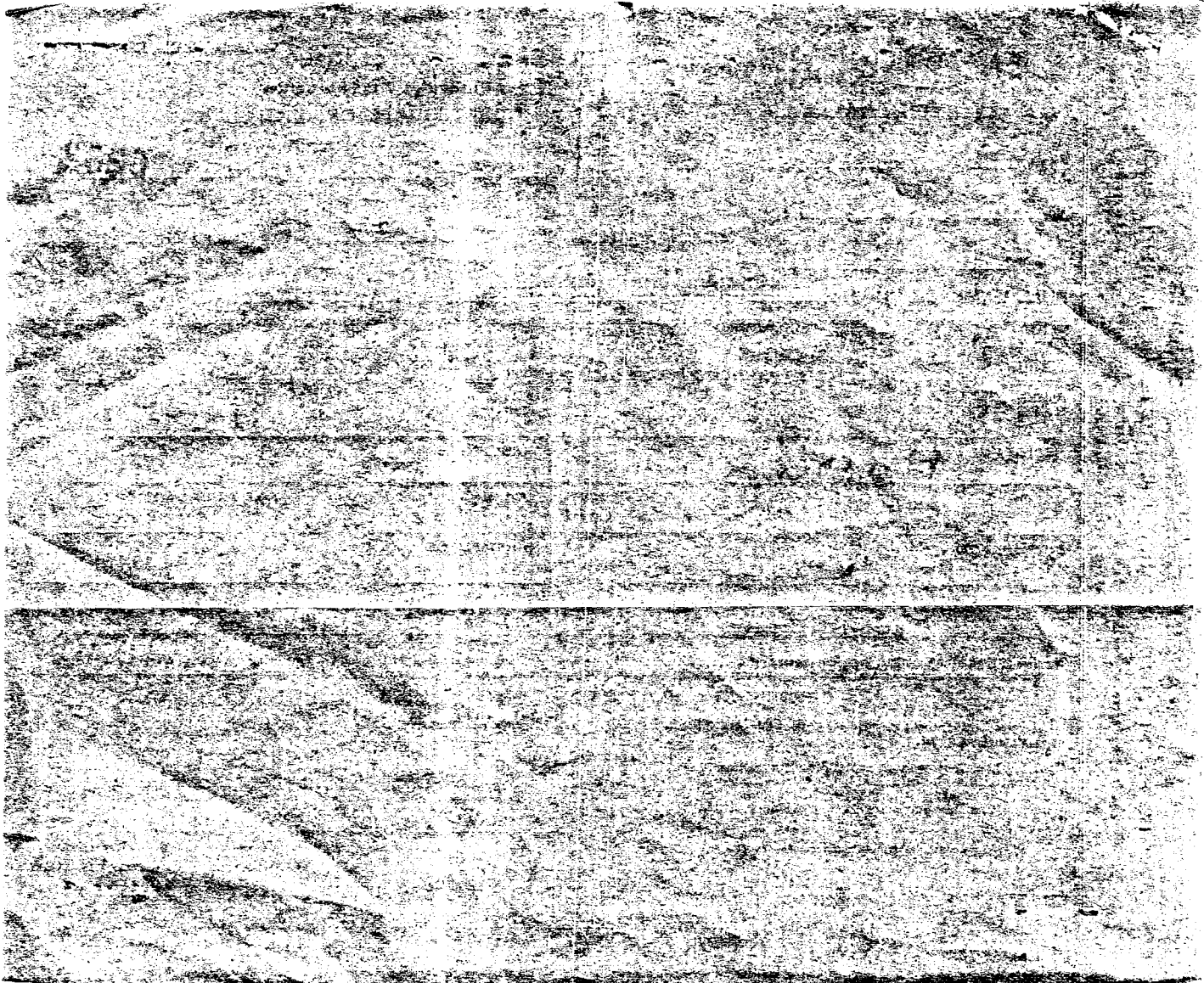
Filed 6/10 1912 DD Drennen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 6252

State of Washington } ss.
County of Cowlitz

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Edgar Allen Newton (Name on original certificate) who was born (Was born or died) on May 27 1912 (Date of event)
in Harrison Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on about time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Edgar Allen Newton	Wilbur ~~James~~ Lloyd Newton

Subscribed and sworn to before me this 15
day of October, 19 41

Amos O Burker

Notary Public, residing at Woodland Wash

My commission expires Oct 8 1942

[SEAL]

Signed Mrs Odie Woods
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Woodland Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of October, 19 41

Amos O Burker

Notary Public, residing at Woodland

My commission expires Oct 8 1942

[SEAL]

Signed Odie O Woods.
(Signature of any credible person other than the previous affiant.)

Woodland Washington
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

619 - 130-028-366

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum Registration District No. 12 File No. 6253

No. ____, ____ St. Primary Registration District No. 2051 Registered No. 101

Hospital ____

FULL NAME OF CHILD Wallace Cooper Farnsworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	May 30, 192 2

FATHER	MOTHER
FULL NAME Frank Leroy Farnsworth	FULL MAIDEN NAME Lottie Q. Cooper
RESIDENCE Rathdrum,	RESIDENCE Rathdrum
COLOR white AGE AT LAST BIRTHDAY 40 (Years)	COLOR white AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ohio
OCCUPATION Feed Merchant	OCCUPATION housework

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.9 M. on the date above stated.

(Signature) Frank D Wang

Physician (Physician or Midwife)

Address Rathdrum, Idaho

Filed 6/10 19 22 DD Brenner (Registrar)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ (Registrar)

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued 2-4-1941. dp

296-229-002

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 6254

Primary Registration District No. 2011 Registered No. 35-

FULL NAME OF CHILD Lucile

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	\	\	yes	5 — 29 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Da A Brown	Minnie Leech
RESIDENCE	Council	Council
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Ill	Ill
OCCUPATION	Farmer and Stockgrower	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A.M. P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 5-30 19 12 Frank E Brown

Registrar

S-Y CO. 20174

Registrar

[redacted]

DUP OF 1912-417330

5-45-107-002-292

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

Registration District No. 4 File No. 6256

Primary Registration District No. 2011 Registered No. 30

FULL NAME OF CHILD Charles Edward

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	5 (Month) 7 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed L Emery	FULL MAIDEN NAME	Mary C. Bisbee
RESIDENCE	Wildhorse	RESIDENCE	Wildhorse
COLOR	Wht	COLOR	Wh
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	H'W

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Address Council

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 5-7- 1912 Frank E Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

OCT 3 0 1975

613 - 206 - 002 - 235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 4

File No. 6257

No. ____ St.

Primary Registration District No. 20 11

Registered No. 29

Hospital ____

FULL NAME OF CHILD Muriel

Sex of Child: Female

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 5 (Month) 6 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	W. A. Walker	FULL MAIDEN NAME	Maude Stephens
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ken.	BIRTHPLACE	Ken
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank C Brown

(Physician ~~or midwife~~)

Address Council

Given names added from a supplemental report

....., 19.....

Filed 5-6-1912 Frank C Brown

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-121-022-365

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of Rigby R. D. Registration District No. 9 File No. 6258

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 306

Hospital ____

FULL NAME OF CHILD Ralph Freeman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 21 1912

FATHER		MOTHER	
FULL NAME	Harold H. Freeman	FULL MAIDEN NAME	Mary J. Lovell
RESIDENCE	Rigby R.F.D.	RESIDENCE	Rigby R.F.D.
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Wheeler
(Physician or Midwife)

Address Lorenzo R.F.D. #2

Given name added from a supplemental report

....., 19.....

Filed May 10 19 12 June Ray H. Fisher
Registrar
per T.D.F.

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 9 1973

391-217-022-493

Child's name added 10-18-89 MCM

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 9

File No. b 6260

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 903

Hospital ____

FULL NAME OF CHILD ELSIE EMMA TRAXLER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 17, 1912

FATHER		MOTHER	
FULL NAME	Herbert W Traxler	FULL MAIDEN NAME	Jennie Miller
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

(Signature) G C Paxton M.D.

(Physician or Midwife)

Address Rigby Idaho

Filed June 10, 1912 Ray H Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-5-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

RECEIVED
OCT 17 1989
VITAL STATISTICS UNIT

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of OKLA. }
County of Kiowa } ss.

Certificate No. 6260
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamended Traxler (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 17. 1912 (Date of Event)
in Rigby, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Traxler	Elsie Emma Traxler

Subscribed and sworn to before me this 12th day of October, 1989.
Notary Public, Thora W. Zally
Residing at 200 E. 4th Hobart Ok 73651
My commission expires Nov 8, 1992
(Seal)

Weiss
x Elsie Emma Traxler
Signature of Applicant
x Box 542 Mt. View - Oklahoma 73062
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family record written June 24, 1928 shows Elsie Emma Traxler born May 17, 1912. Viewed by VS.

OCT 1 8 1989

Marshal County Schools report card shows Elsie E Traxler was in the 7th grade Apr 23, 1926 in Kansas. Viewed by VS.

613-218-022-613

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville Registration District No. 9 File No. 6261

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 301

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 18, 1912

FATHER		MOTHER	
FULL NAME	John Walker	FULL MAIDEN NAME	Jane C. Valier
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or Midwife)

Address Lewisville

Given name added from a supplemental report

____, 19____

Filed May 10, 19 12 Ray H. Fischer Registrar

June

per B.D.H.

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

284 - 212-022-318

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville Registration District No. 9 File No. 6262

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 302

Hospital ____

FULL NAME OF CHILD Delsa Shurtliff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	5-12-21

FATHER		MOTHER	
FULL NAME	Jos. H. Shurtliff	FULL MAIDEN NAME	Anne Taylor
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lewisville, Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) R. D. Tucker

(Physician or Midwife)

Address Lewisville Ida

Filed May 10 19 21 Ray H. Fisher Registrar

June

mw B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

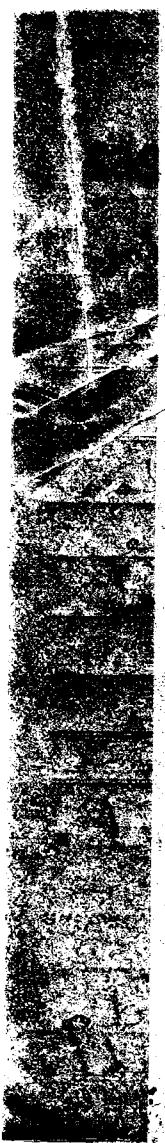
____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



356-1114-033-186

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6263

County of Fremont

City of Small

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2080 Registered No. 300

Hospital

FULL NAME OF CHILD Melvyn Jay Leonardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	1st	yes	May 14 192 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl F. Leonardson	Leah Thomas
RESIDENCE	Small, Ida	Small
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) G. W. Pendleton

(Physician or Midwife)

Address Idaho Falls Ida

Filed May 10 19 22 Ray V. Fisher Registrar

per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

156-214-022-586

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Small

Registration District No. 9

File No. 6264

No. ____, ____ St.

Primary Registration District No. 2070

Registered No. 299

Hospital ____

FULL NAME OF CHILD Iva May Leonardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	2	yes	May 14, 1912

	FATHER	MOTHER
FULL NAME	Carl F. Leonardson	FULL MAIDEN NAME Leah Thomas
RESIDENCE	Small, Ida	RESIDENCE Small Idaho
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

(Physician or ~~Midwife~~)

Address Idaho Falls, Ida

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray H. Fisher Registrar

....., Registrar

by B.D.F.

S-Y CO., 16669

N 1 2 1942

415-112-022-605

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville Registration District No. 9 File No. 6265

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 304

Hospital ____

FULL NAME OF CHILD Ned Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	1st	yes	6 - 12 - 1912

FATHER		MOTHER	
FULL NAME	Peter Davis	FULL MAIDEN NAME	Ida Wheeler
RESIDENCE	Marysville	RESIDENCE	Marysville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) W. L. Hummell

(Physician or ~~Midwife~~)

Address Marysville

Filed May 14 19 12 Ray H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 9 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Butte

RECEIVED BUREAU OF VITAL STATISTICS SEP 15 11 46 AM '72

Certificate No. 6265

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Davis (1s Twin-male) (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1912 (Date of Event)
in Maryville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ned Davis

Subscribed and sworn to before me this 1st day of August, 19 72

Donald S. Fife

Notary Public, residing at

My commission expires

(Seal)

OFFICIAL SEAL
DONALD S. FIFE
NOTARY PUBLIC-CALIFORNIA
BUTTE COUNTY
My Commission Expires July 2, 1975

Signed Leland Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7051 Lincoln Blvd Palermo, Ca. 95968
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

P. O. Box 423 Oroville 95948

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/19/72

Certificate of Blessing from LDS Church gives name as Ned Davis son of Peter Davis and Ida B. Wheeler . Born May 12, 1912 at Marysville, Idaho. Was Blessed Sept. 1, 1912. Viewed by V. S.

Certificate of Baptism and Confirmation gives name as Ned Davis son of Peter Davis and Ida B. Wheeler. Born May 12, 1912.at Marysville, Idaho. Was Baptized June 5, 1920.and confirmed June 6, 1920. Viewed by V. S.

4-1-112-022-685

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville Registration District No. 9 File No. 6266

No. ....., ... St. Primary Registration District No. 2038 Registered No. 305

Hospital .....

FULL NAME OF CHILD Neil Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2nd	yes	5 - 12 - 1912

FATHER		MOTHER	
FULL NAME	Peter Davis	FULL MAIDEN NAME	Ida Wheeler
RESIDENCE	Marysville	RESIDENCE	Marysville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) W. G. Hummel

(Physician or ~~Midwife~~)

Address Marysville

Filed May 10, 1912 Ray H. Fisher Registrar

June

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 19 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Butte }

RECEIVED BUREAU OF VITAL STATISTICS SEP 15 11 49 AM '72

Certificate No. 6266

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Davis (2nd Twin-Male) (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1912 (Date of Event)
in Maryville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Neil Davis

Subscribed and sworn to before me this 1st day of August, 1972

Notary Public, residing at Gridley, Calif.
My commission expires July 2, 1975
(Seal)

OFFICIAL SEAL
DONALD S. FIFE
NOTARY PUBLIC-CALIFORNIA
BUTTE COUNTY
My Commission Expires July 2, 1975

Signed Leland Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7051 Lincoln Blvd, Paradise, Ca. 95968
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of P. O. Box 427, Gridley, Calif. 95948 } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 6/19/72 lcc pd. rec. # 39003

OCT 6 1972

Certificate of Blessing from LDS Church gives name as Niel Davis son of Peter and Ida Belle Wheeler. Born May 12, 1912 at Marysville, Idaho. Was Blessed September 1, 1912 by Francis M. Reynolds. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Niel Davis son of Peter Davis and Ida B. Wheeler. Born May 12, 1912 at Marysville, Idaho. Was Baptized June 5, 1920 and Confmd. June 6, 1920. Viewed by V. S.

613-210-022-381

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 6267

County of Fremont

City of Rexburg Registration District No. 9 File No.

No. , St. Primary Registration District No. 2039 Registered No. 307

Hospital

FULL NAME OF CHILD May Thatcher Walker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 10, 1912

FATHER		MOTHER	
FULL NAME	Emer Walker	FULL MAIDEN NAME	Rachel Thatcher
RESIDENCE	Parker Ida	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Ormsby M.D.

(Physician or Midwife)

Address Rexburg, Idaho

Given name added from a supplemental report

....., 19.....

Filed May 1912 Ray W. Fisher Registrar

June

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-203-022-363

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of Rexburg Registration District No. 9 File No. 6269

No. ....., ... St. Primary Registration District No. 2039 Registered No. 310

Hospital .....

FULL NAME OF CHILD DOROTHY MAY Viola Marie Smith

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	— (To be answered only in event of plural births)	—	Yes	5—3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy M. Smith	Ethel Colwell
RESIDENCE	Rexburg	Rexburg
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Utah	Ill.
OCCUPATION	Dentist	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 45 A.M. on the date above stated.

(Signature) Geo. E. Hyde M.D.

(Physician or Midwife)

Address Rexburg

Filed May 10 19 12 Ray H. Fisher Registrar

per B.D.H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

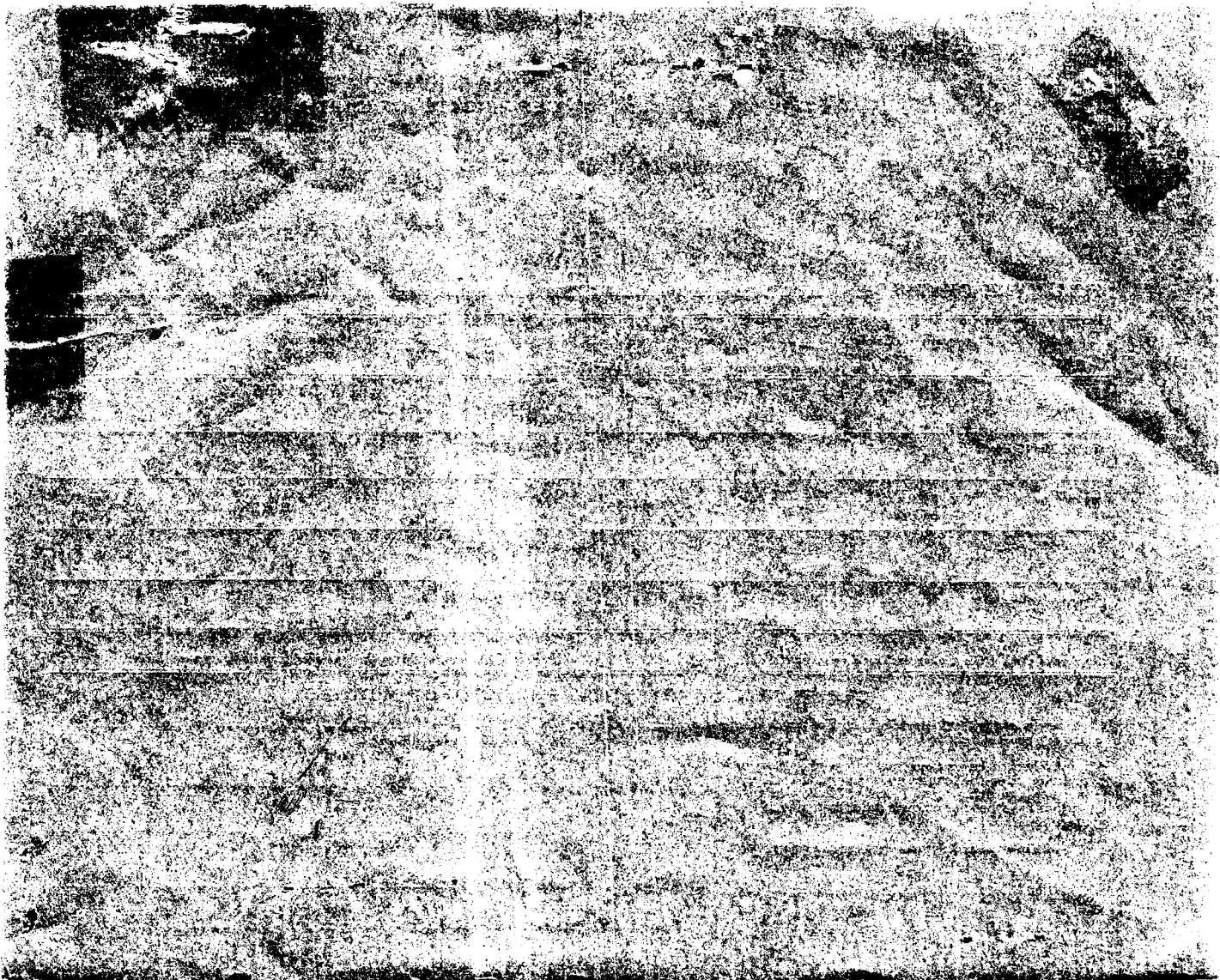
S-Y CO., T6669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of Bonneville } ss.

Certificate No. 6269

OCT 26 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy May Smith (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 3, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Viola Marie	Dorothy May Smith

Subscribed and sworn to before me this 23
day of October, A.D. 1942

William S. Holden

Notary Public, residing at Idaho Falls, Idaho

My commission expires June 6, 1946
(Seal)

Signed G. M. Smith
Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Smith Building
Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of October, A.D. 1942

William S. Holden

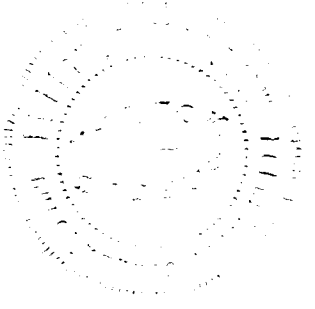
Notary Public, residing at Idaho Falls, Idaho

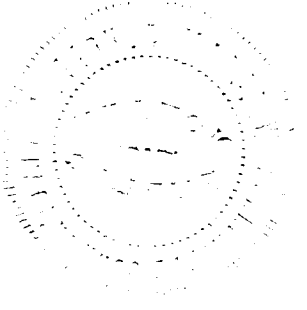
My commission expires June 6, 1946
(Seal)

Signed Leona Smith
(Signature of Any Credible Person Other Than Previous Year)
Sister-in-law of Father
Idaho Falls, Idaho
(Street Address, City, State)

OCT 27 1942

JAN 18 1943





235-109-022-365

PLACE OF BIRTH

Amended 1/7/74

STATE OF IDAHO

Form V. S. No. 11 20-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 6270

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 311

Hospital ____

FULL NAME OF CHILD LEWIS STEINER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	~	~	yes	4 — 9 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma M Steiner	Mary Blanche Contwell
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY	25 (Years)	18 (Years)
BIRTHPLACE	Rexburg, Ida	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) Geo. E. Hyde M.D.

(Physician or Midwife)

Address Rexburg

Filed June 10 19 12 Ray H. Fisher Registrar

per BDF

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. NOV 17 1941
County of Payette }

Certificate No. 6270

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for (Lewis) Steiner who was born on April 9, 1912 in .....

(Birth or death) (Name on original certificate) (Was born or died) (Date of event) (Place of event)

are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... prepared on .....

(Bible record, insurance policy, etc.) (Give date)

, are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Lewis Steiner

Subscribed and sworn to before me this 15th day of November, 19 41.

[illegible] Harwood
Notary Public, residing at Payette Idaho
My commission expires May 7, 1942
[SEAL]

Signed Mary B. Steiner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

508 No. 8th St. Payette Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

NOV 18 1941

JUN 26 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 17 1 06 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss:
County of Malheur

Certificate No. 6270

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lewis Steiner (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Certificate (Bible Record, Insurance Policy, Etc.) prepared on 2 June 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	May 9, 1912	April 9, 1912

Subscribed and sworn to before me this 10 day of December, 19 73

Notary Public, residing at Ontario, Oregon
My commission expires 17 December 1976
(Seal)

Signed X Douglas Steiner Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of December, 19 73

Notary Public, residing at Ontario, Oregon
My commission expires 17 December 1976
(Seal)

Signed X Lila Mae Baumstetter
(Signature of Any Credible Person)

75 N.W. 6th St. Ontario, Oregon
(Street Address, City, State)

FORM DH 60-155

CL 12/3/73 nm Recpd.

JAN 7 1974

Certificate of Blessing from LDS Church gives name as Lewis Steiner son of E Alma Moses and Mary B. Cantrell born April 9, 1912 at Rexburg. Was Blessed June 2, 1912. Viewed by V. S.

Family bi Bible record gives name as Lewis Steiner born April 9, 1912 at Rexburg, Idaho. Was blessed on June 2, 1912. Viewed by V. S.

415-310-022-854

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Plano — Registration District No. 9 — File No. 6271

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 312

Hospital ____

FULL NAME OF CHILD: Priscilla Mary Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 10, 1912

FATHER		MOTHER	
FULL NAME	Frederick G. Davis	FULL MAIDEN NAME	Maggie Hemsley
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wales	BIRTHPLACE	Idaho
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. G. Heinz M.D.

(Physician or ~~Midwife~~)

Address Rexburg

Given name added from a supplemental report

....., 19.....

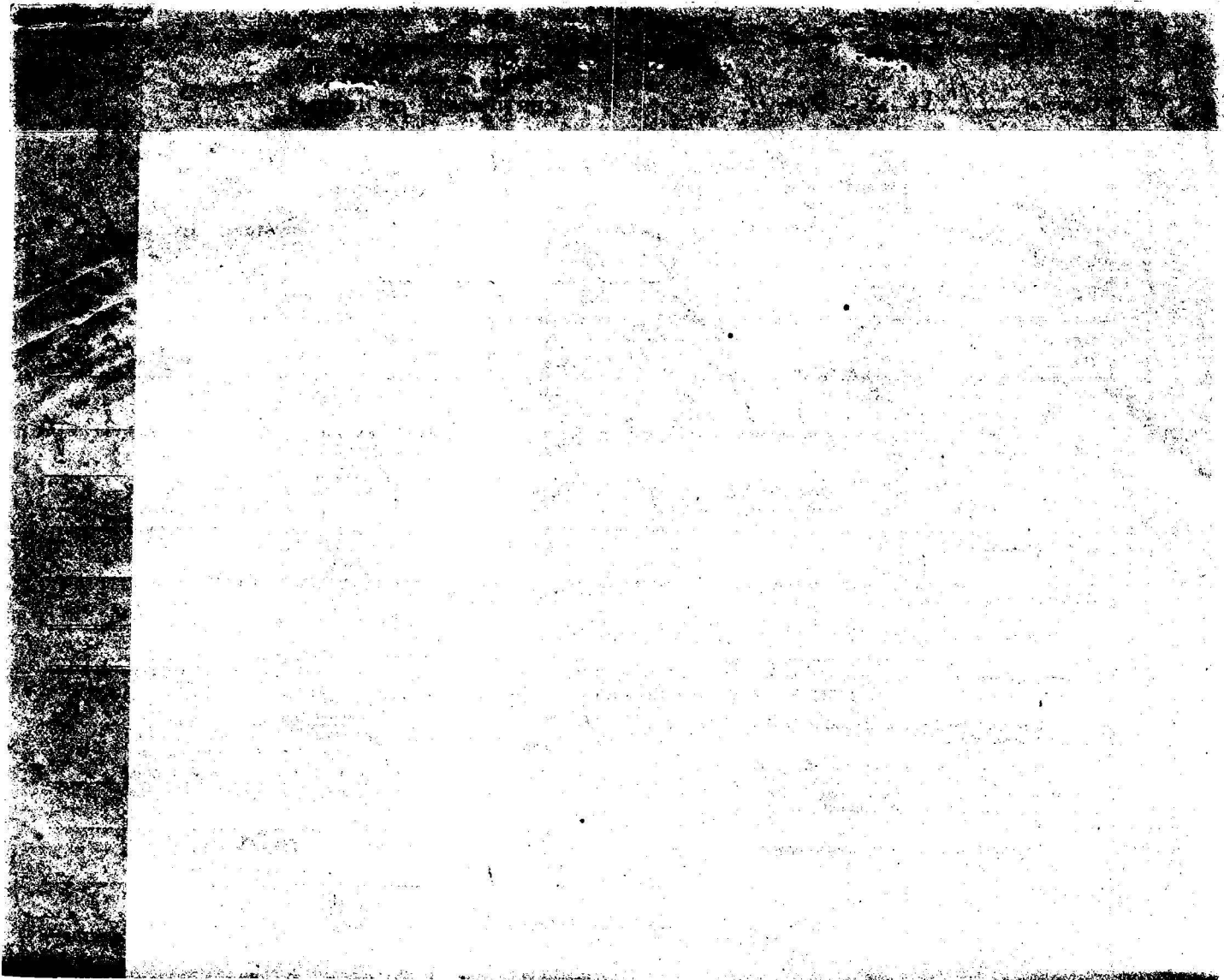
Filed June 10, 1912 Ray H. Fisher Registrar
per B.D.F.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 9 4 21 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 6271

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Davis (female) (Name on Original Certificate) who was born (Was Born or Died) on May 10, 1912 (Date of Event)
in Plano, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	~~Unnamed Davis~~	~~Mary Priscilla Davies~~
~~father's name~~	~~Frederick C. Davis~~	~~Frederick G. Davies~~
child's name	Unnamed Davis	Priscilla Mary Davis

Subscribed and sworn to before me this 5th day of May, 19 77

Sophie Z. McCleary

Notary Public, residing at Salt Lake City, Utah

My commission expires 3-3-80

(Seal)

Signed Kenneth K. Moeller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3521 So 12th East Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 19 77

Sophie Z. McCleary

Notary Public, residing at Salt Lake City, Utah

My commission expires 3-3-80

(Seal)

Signed Kenneth K. Moeller
(Signature of Any Credible Person)

3521 So 1200 East Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155

CL 3/11/77

Social Security Card (528-34-1440) gives name as Priscilla Mary Stewart. viewed b V. S.

MAY 31 1977

Insurance policy from Metropolitant Life Ins. Co. gives name as Priscilla [illegible] Davis. Policy No. 3345491 datd April 11, 1927. age 15 yrs. viewed by V. S.

297-715-022-465

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 6272

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 313

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	May 15, 1912

FATHER		MOTHER	
FULL NAME	Jesse E Bigler	FULL MAIDEN NAME	Rachel Donaldson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorenson

(Physician or Midwife)

Address Sugar City R.D. No 1

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray W. Fisher Registrar

.....

Registrar

S-Y CO., 16669

RW B.D.F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 24 1975

242-119-022-5-5-4

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

No. 6273

County of Fremont

City of Plano

Registration District No. 9

File No.

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 314

Hospital ____

FULL NAME OF CHILD Hideichi Kusaka

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 19, 1912

FATHER		MOTHER	
FULL NAME	George Kusaka	FULL MAIDEN NAME	Suye Endo
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Bee Grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.10 A. M. on the date above stated.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg Idaho

Filed June 10 19 12 Ray H. Fisher Registrar
per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1913-178521

DUP OF 1912 - 193413

1912 - 194371

683-210-022-655

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-28

County of Fremont

City of Sunny Dell Registration District No. 9 File No. 6274

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 315

Hospital ____

FULL NAME OF CHILD Rachel Rebecca Wylie

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	Apr 10, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt. M Wylie	FULL MAIDEN NAME	Rebecca Weeks
RESIDENCE	Sunny Dell	RESIDENCE	Sunny Dell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(Physician or Midwife)

Address Rexburg Idaho

Given name added from a supplemental report

....., 19.....

Filed June 10, 1912 Ray N. Fisher Registrar

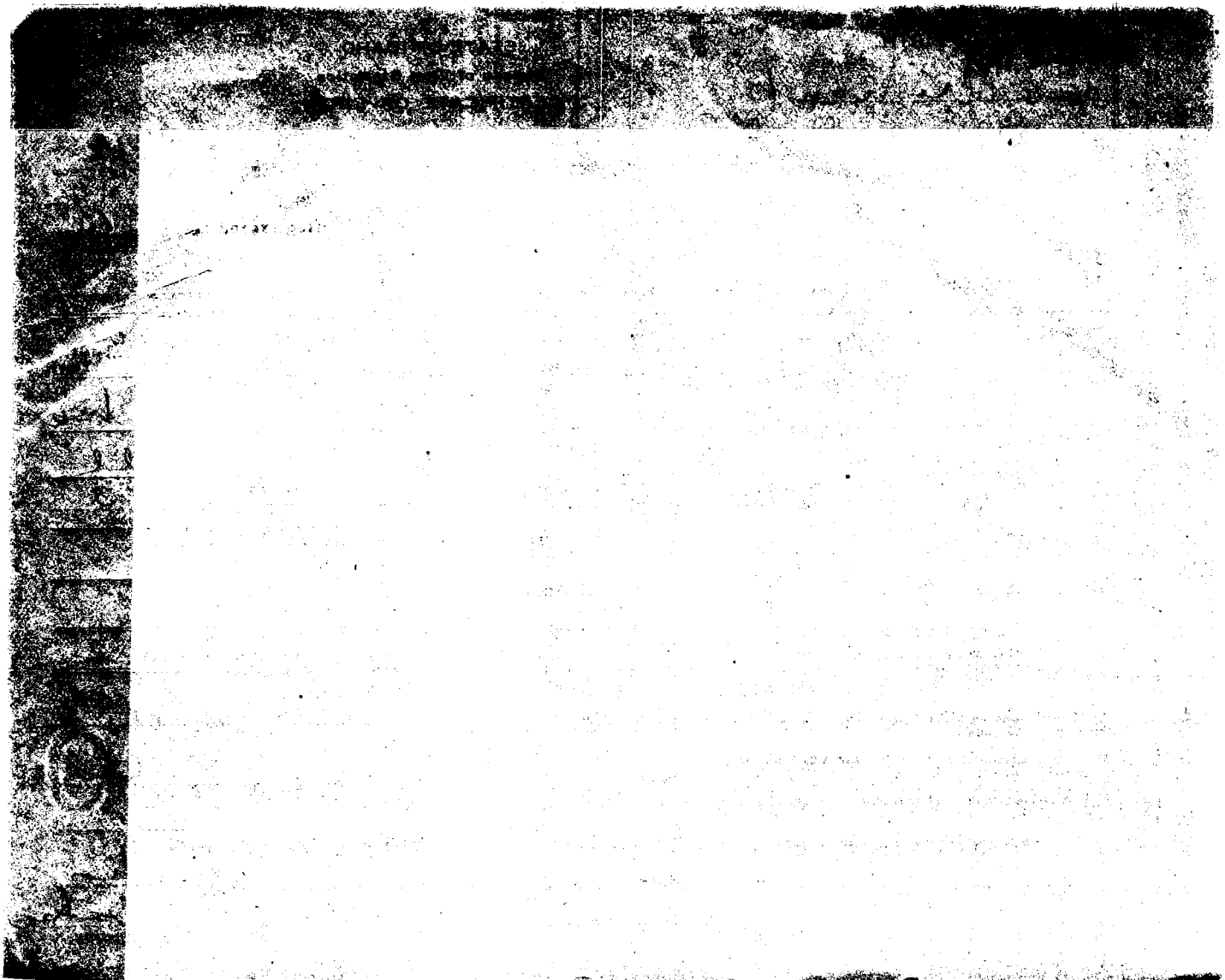
per B.D.F.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



813-223-022-719

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

Registration District No. 9

File No. 6275

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 316

Hospital ____

FULL NAME OF CHILD RHODA LOUISE Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 23, 1912

FATHER		MOTHER	
FULL NAME	Ira Hall	FULL MAIDEN NAME	Lucy Vilate Parke
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or ~~Midwife~~)

Address Rigby Idaho

Given name added from a supplemental report

....., 19.....

.....

Registrar

Filed June 1 19 12 By Ray H. Fisher Registrar

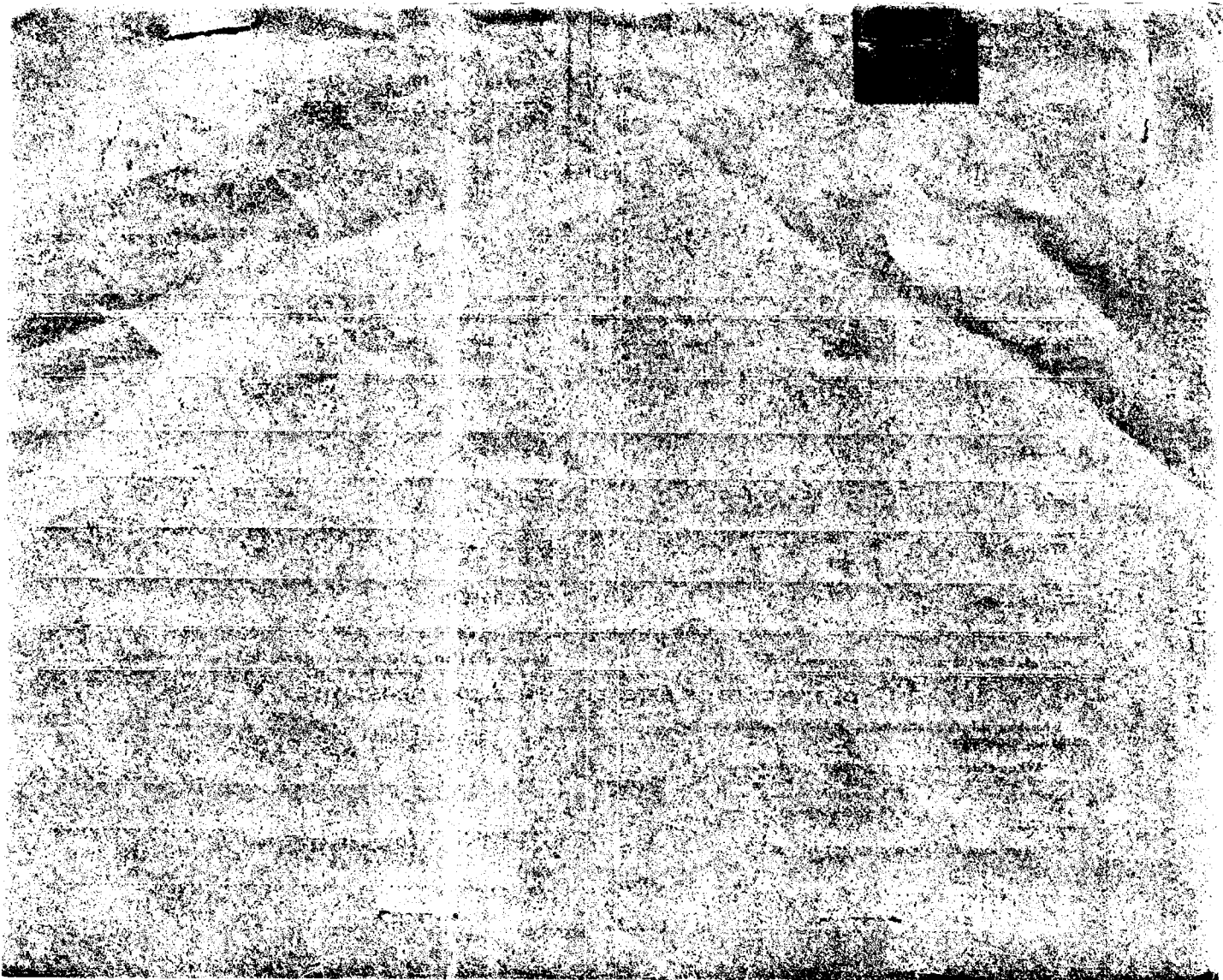
per B. D. H.

8-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 6275

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for unnamed Hall (Name on Original Certificate) who was born (Was Born or Died) on 5/23/1912 (Date of Event) in Annis, Lorenzo (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 6/15/1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Hall	Rhoda Louise Hall

Subscribed and sworn to before me this 17 day of March 1942

Percy Grover
Notary Public, residing at Rigby Idaho

My commission expires April 7-1943
(Seal)

Signed Lucy V Hall
(Signature of parent or attendant if correcting a birth record; of attendant funeral director, informant if correcting a death record; or other credible person.)

Lorenzo Idaho R D 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of March 1942

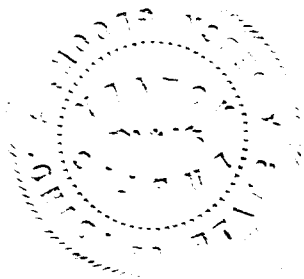
Percy Grover
Notary Public, residing at Rigby Idaho

My commission expires April 7-1943
(Seal)

Signed Elmer Taylor
(Signature of Any Credible Person Other Than Previous Year)

Rigby Idaho
(Street Address, City, State)

MAR 24 1942



363-224-022-296

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

Registration District No. 9

File No. 6276

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 317

Hospital ____

FULL NAME OF CHILD Cole

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Jr.	—	—	yes	May 24, 1912

FATHER		MOTHER	
FULL NAME	Rufus Cole	FULL MAIDEN NAME	Pearl Browning
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray N. Fisher M.D.

(Physician or ~~Midwife~~)

Address Rugby

Given name added from a supplemental report

....., 19.....

Filed June 18 19 12 Ray N. Fisher Registrar

per B.D.F.

.....

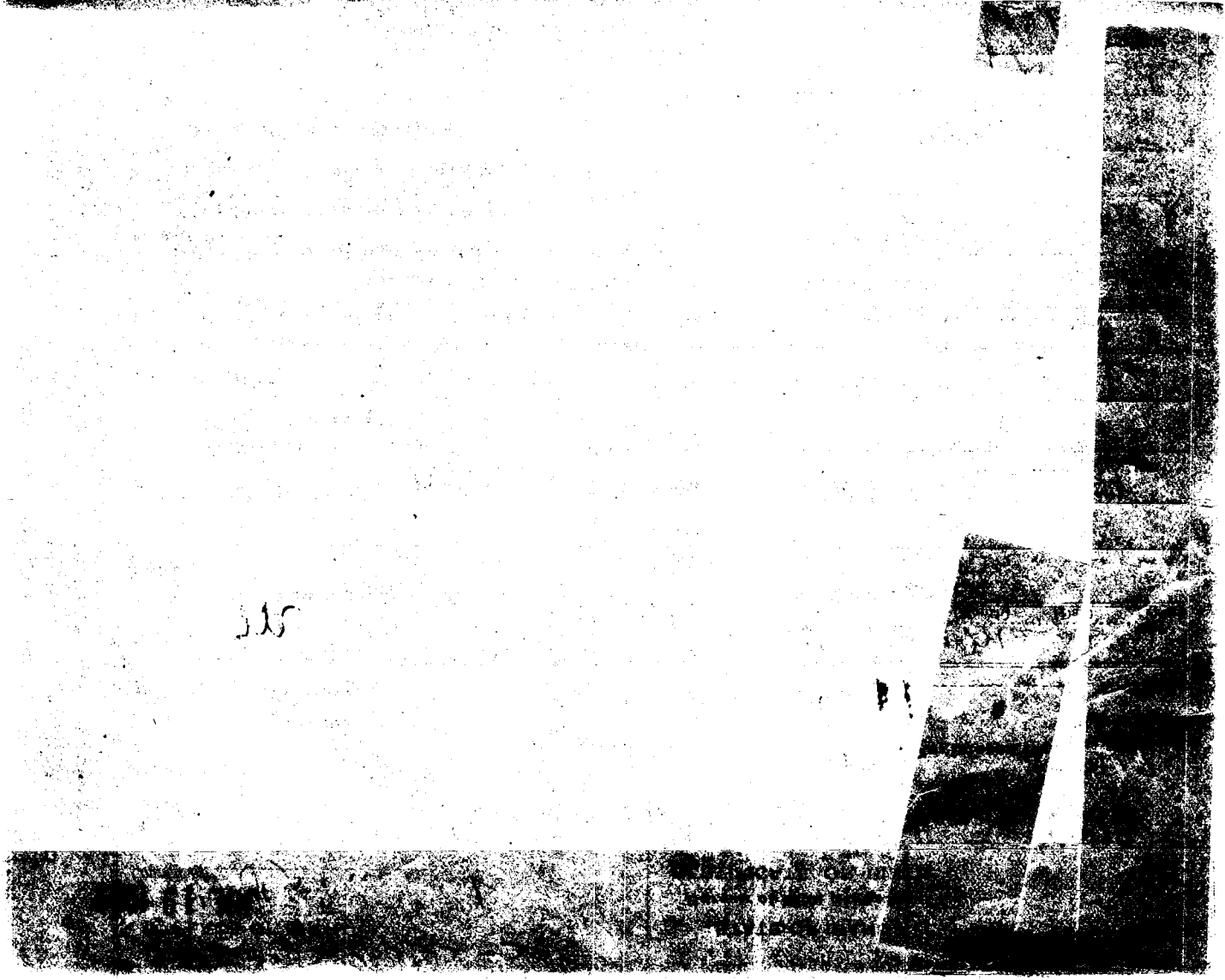
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



339-106-022-141

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

Registration District No. 9 File No. 6277

No. ..... St.

Primary Registration District No. 2040 Registered No. 318

Hospital .....

FULL NAME OF CHILD LEANDER THOMAS ANDROKLE Clifford

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	June 6, 1912

FATHER		MOTHER	
FULL NAME	L. L. Clifford	FULL MAIDEN NAME	Bertha Adair
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

....., 19.....

Filed June 10, 1912 Ray H. Fisher Registrar

per B.D.F.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 6277

Leander Thomas Androkle Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Unnamed~~ Clifford (Birth or Death)
for Unnamed Clifford (Name on Original Certificate) who Born (Was Born or ~~Died~~) on June 6, 1912 (Date of Event)
in Lorenzo, Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Genealogical Record (Bible Record, Insurance Policy, Etc.) prepared on At time of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "~~Birth Date~~", "~~Cause of Death~~", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Clifford	Leander Thomas Androkle Clifford

Subscribed and sworn to before me this 12th day of March, 1942

Notary Public, residing at Portland, Oregon

My commission expires Jan 20, 1943
(Seal)

Signed Leander Levi Clifford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1228 SW Broadway
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1942

Notary Public, residing at Portland Ore

My commission expires Jan 20, 1943
(Seal)

Signed G B Clifford
(Signature of Any Credible Person Other Than Previous Year)

1228 S.W. Broadway
(Street Address, City, State)
Portland, Ore

571-112-022-685

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby R.F.D.

Registration District No. 9 File No. 6278

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 319

Hospital ____

FULL NAME OF CHILD Egan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 12, 1912

FATHER		MOTHER	
FULL NAME	Howard Egan	FULL MAIDEN NAME	Ethel Wheeler
RESIDENCE	Rigby R.D.	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 P. M. on the date above stated.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby

Filed June 12 1912 Ray H. Fisher Registrar

per J B D

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

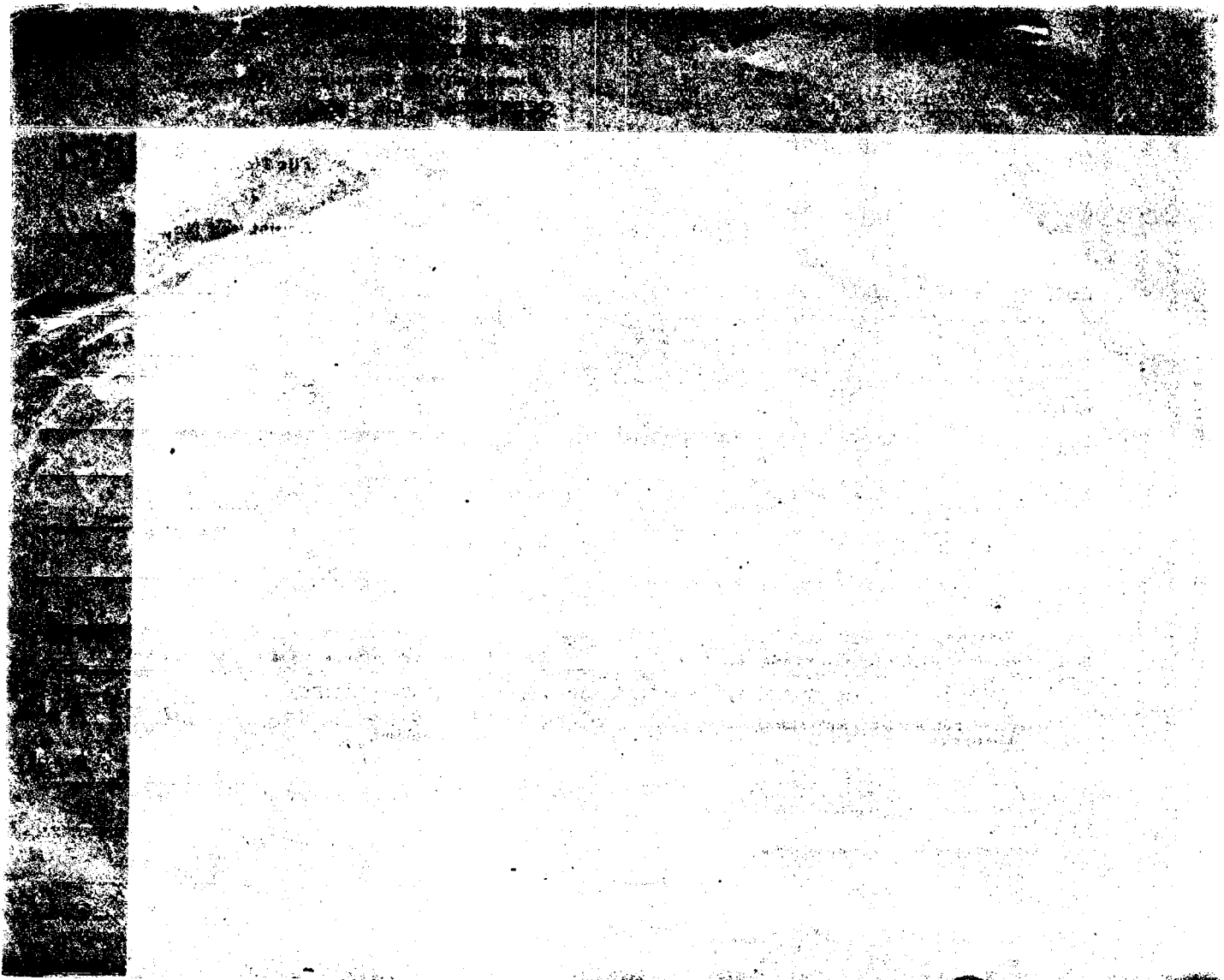
..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



753-106-022-369

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Labelle

Registration District No. 9 File No. 6279

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 32

Hospital ____

FULL NAME OF CHILD ELWOOD LEROY Pettingill

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	yes	June 6, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Pettingill	FULL MAIDEN NAME	Sadie Lords
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) Ray W. Fisher M.D.

(Physician or ~~Midwife~~)

Address Rigby

Filed June 16 1912 Ray W. Fisher Registrar

per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

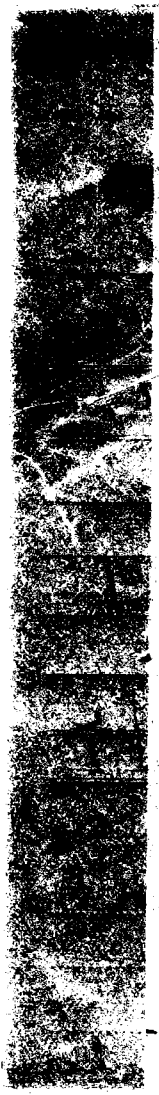
____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

APR 26 1966

Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 6279

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pettingill (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1912 (Date of Event)
in Labelle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elwood LeRoy Pettingill

Subscribed and sworn to before me this 24 day of March, 19 66

Notary Public, residing at Idaho Falls Idaho

My commission expires Sept 1, 1968

(Seal)

Signed Maude Leona Pettingill Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

451 H street Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of March, 19 66

Notary Public, residing at Idaho Falls Idaho

My commission expires Sept 1, 1968

(Seal)

Signed Ruby K. Lords.
(Signature of Any Credible Person)

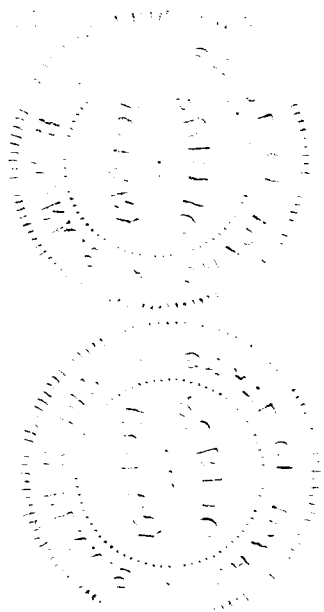
694 East Whittier Ida Falls
(Street Address, City, State)

FORM DH 60-155 CL 3-16-66. one copy pd. rec. #6879.

Family Record gives name as Elwood LeRoy Pettingill, born June 6, 1912 at Rigby, Idaho on June 6, 1912. Baptized Dec. 2, 1922, Confmd. 12-17-22.
Ward Record issued April 2, 1941.
Viewed by V. S.

APR 26 1966

Marriage reoord gives name as Elwood LeRoy Pettingill, marrieg Sept. 10, 1937. County of Jerome, Idaho. Rev. Milo Roberts.
Viewedby V. S.



695-128-022-719

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6280

County of Fremont

City of Butlers Island Registration District No. 9

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 321

Hospital ____

FULL NAME OF CHILD RAYMAN WINDER

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	April 28, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Winder	FULL MAIDEN NAME	Belva Gardiner
RESIDENCE	Butlers Island	RESIDENCE	Butlers Island
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rugby

Given name added from a supplemental report

....., 19....

Filed June 10 19 12 Ray H. Fisher Registrar

M. B. D. R.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 6280

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Rayman Winder (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 28, 1912 (DATE OF EVENT) in Labelle, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April (GIVE DATE) 1942, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Rayman Winder
birthdate	May 28, 1912	April 28, 1912
mother's birthplace	Idaho	Idaho

Subscribed and sworn to before me this 1st day of June, 1942

George M. Larsen

Notary Public, residing at Menan, Idaho

My commission expires Dec. 12, 1943

(SEAL)

Signed George Winder

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rigby Route #2. Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1942

George M. Larsen

Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943

(SEAL)

Signed Basil L. Bennett

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ren Del Rigby Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 3 1942 By

(REGISTRAR'S SIGNATURE)

JUN 5 194

761-223-032-891

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Grant

Registration District No. 9

File No. 6281

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 322

Hospital ____

FULL NAME OF CHILD Edith Boam

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	2nd	yes	Apr 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reuben G. Boam	Sarah H. Hiatt
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Rawson

(Physician or Midwife)

Address Idaho Falls R.D. 5

Given name added from a supplemental report

....., 19.....

Filed June 10, 1912 Ray H. Fisher Registrar

.....

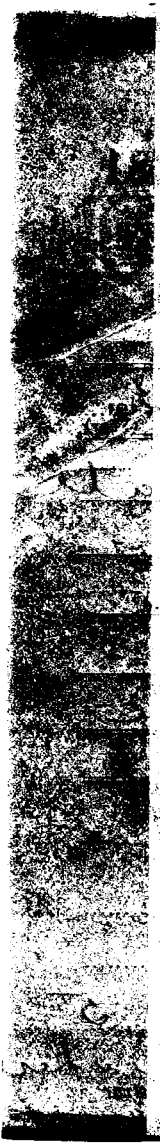
Registrar

per B.D.H.

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



261-123-022-891

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Grant

Registration District No. 9

File No. 6282

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 323

Hospital ____

FULL NAME OF CHILD WILLIAM Edgar Boam

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	1st	yes	Apr 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reuben G. Boam	Sarah H. Hiatt
RESIDENCE	Grant	Grant
COLOR / AGE AT LAST BIRTHDAY (Years)	W 30	W 23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife
Number of child of this mother, including present birth	5	
Number of children, of this mother, now living, including present birth		5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 30 P M. on the date above stated.

(Signature) N. J. Rawson

(Physician or Midwife)

Address Idaho Falls R.D. 5

Filed June 10 19 12 Ray W. Fisher Registrar

per B.D.H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 3 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6282

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edgar (William) Boam (Name on Original Certificate) who Born (Was Born or Died) on 4-23-912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edgar	Edgar William Boam

Subscribed and sworn to before me this 27th day of April, 1943

H. E. Place

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Frances Frearon (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

M. T. Bonneville Park, Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

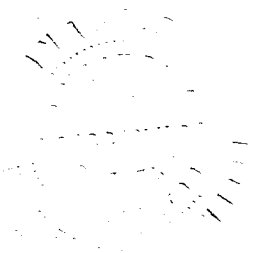
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 3 1943

MAY 5 1943



814 - 116-022-489

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy Registration District No. 9 File No. 6283

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 324

Hospital ____

FULL NAME OF CHILD Owin Edward Hadden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 16, 1912

FATHER		MOTHER	
FULL NAME	John E Hadden	FULL MAIDEN NAME	Annie Myrtle
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Fullmore

(Physician or Midwife)

Address Rigby R. F. D.

Given name added from a supplemental report

..... 19....

Filed June 10 19 12 Ray W. Fisher Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 7 1970

993 - 210-022-736

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hamer

Registration District No. 9

File No. 6284

No. ____, ____ St.

Primary Registration District No. 2080

Registered No. 325

Hospital ____

FULL NAME OF CHILD Mary Magdalen Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 10, 1912

FATHER		MOTHER	
FULL NAME	John Richards	FULL MAIDEN NAME	Ellen Platt
RESIDENCE	Hamer	RESIDENCE	Hamer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. P. Batwoy

(Physician or Midwife)

Address Blackfoot, Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 10, 1912 Ray H. Fisher Registrar

per B. D. F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

412-103-022-184

PLACE OF BIRTH

County of Fremont

City of Hesse

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 6285

Primary Registration District No. 2040 Registered No. 326

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Mason	Elenor Armstrong
RESIDENCE	Hesse	Hesse
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.45 A.M. on the date above stated.

(Signature) G. C. Paxton M.D.

(Physician or Midwife)

Address Rigby

Filed June 10 19 12 Ray H. Fisher Registrar

per B.D.A.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

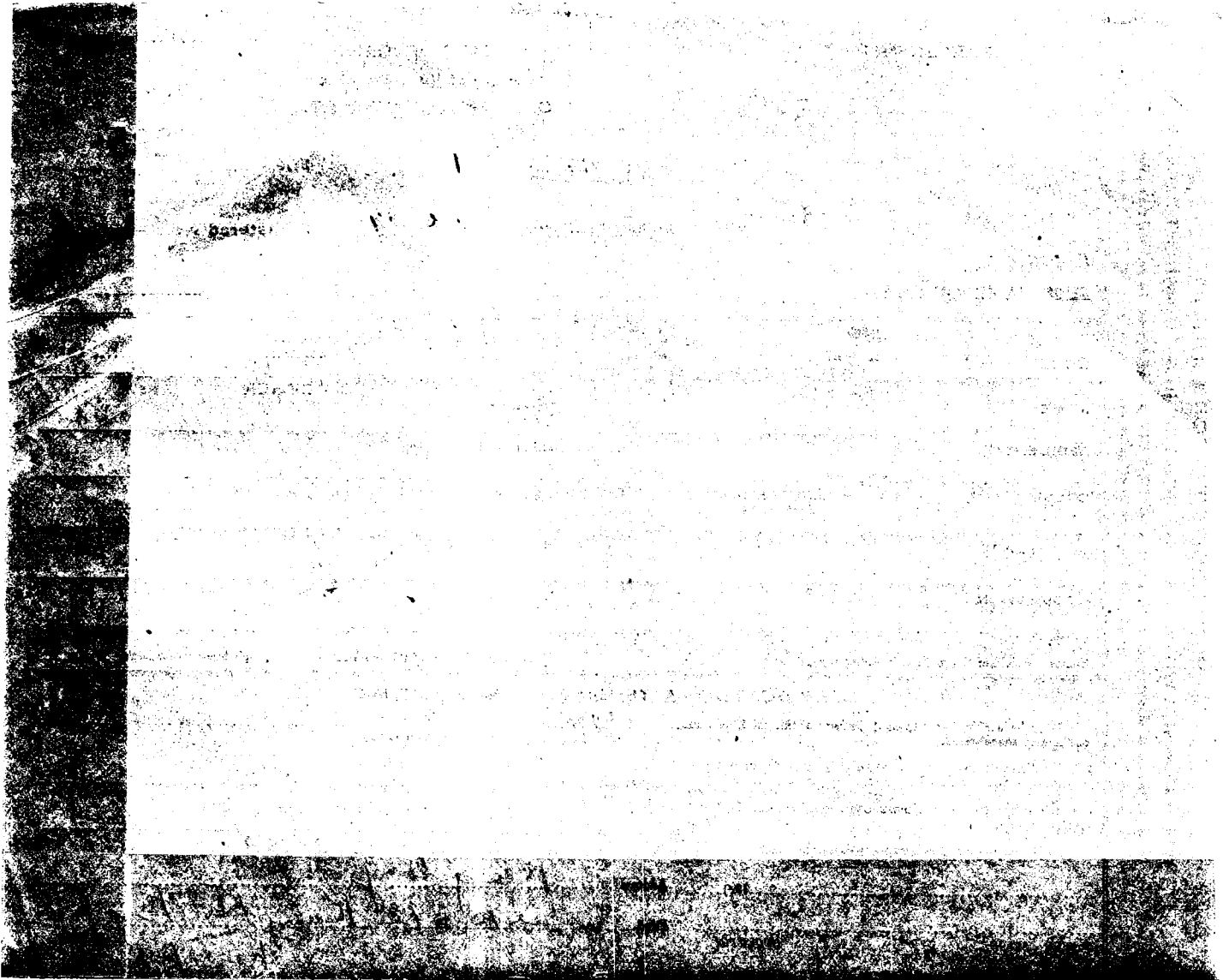
____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



449-106-032-415

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9

File No. 6286

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 327

Hospital ____

FULL NAME OF CHILD Geo. Blain Murdock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Murdock	Lena Danielson
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Heber, Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler M.D.

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

....., 19.....

Filed June 10, 1912 Ray H. Fisher Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819 - 229-022 - 306

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6287
Local Reg. No.
Reg. Dist. No. 9

Amended 6/12/74

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Helen
b. (Middle): Marcella
c. (Last): Harris

4. SEX: F
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) May (Day) 29, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Wm.
b. (Middle): A.
c. (Last): Harris

8. AGE (At time of this birth): 35 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Iowa
10. USUAL OCCUPATION: Blacksmith
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Comona
b. (Middle): S.
c. (Last): Lowe

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: St. Anthony
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: June 10, 1912
22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

4-30-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 11 2 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6287

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clara Cleo Harris (Name on Original Certificate) who was born (Was Born or Died) on May 29, 1912 (Date of Event)
in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Clara Cleo Harris	Helen Marcella Harris

Subscribed and sworn to before me this 30th day of May, 19 74

Notary Public, residing at Idaho Falls Idaho
My commission expires 6-15-76
(Seal)

Signed Alice H Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

366 Walnut Idaho Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 19 74

Notary Public, residing at Idaho Falls Idaho
My commission expires March 5, 1975
(Seal)

Signed Hugh V Johnson
(Signature of Any Credible Person)

3288 10th Street Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155 Correction corresp. 1 cp pd rec # 6606

The Church record of birth gives name as Helena Marcella Harris, born May 29, 1912 in St. Anthony, Idaho to William Harris and Cumorah Lowe. Recorded in Yellowstone Stake, St. Anthony Ward Record of births and blessings year 1912 page 858, line 131. Entered on record Sept. 1, 1912.
Viewed by V.S.

Church record of child James McCollum Hillman gives mother's maiden name as Helen Marcella Harris. Record dated April 1929.
Viewed by V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony Registration District No. 9 File No. 6287

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 328

Hospital ____

FULL NAME OF CHILD Clara Cleo Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	____	____	Yes.	May 29. 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. A. Harris	Comona L. Lowe
RESIDENCE	St. Anthony	St. Anthony
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Iowa	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. West

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 10 1912 Ray H. Fisher. M.D.

per M. D.

Registrar

S-Y CO., 16669

JUN 1 2 1974

866 - 204-022-168

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Chester

Registration District No. 9

File No. 6288

No. ....., ... St.

Primary Registration District No. 2039

Registered No. 329

Hospital .....

FULL NAME OF CHILD Sarah Louise Howard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 4, 1912

FATHER		MOTHER	
FULL NAME	Don Carlos Howard	FULL MAIDEN NAME	Annie Marie Johnson
RESIDENCE	Chester,	RESIDENCE	Chester
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10th

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M.D.

(Physician or Midwife)

Address St Anthony

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray H. Fisher Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-208-022-391

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 9

File No. 6289

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 330

Hospital ____

FULL NAME OF CHILD Olive Brower

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	May 8, 1912

FATHER		MOTHER	
FULL NAME	Geo. H. Brower	FULL MAIDEN NAME	Mary E. Crapo
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3-30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray H. Fisher M.D. Registrar

Per N. D.

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-215-022-815

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Registration District No. 9

File No. 6290

Primary Registration District No. 2040

Registered No. 331

Hospital ____

FULL NAME OF CHILD Emma Berneta Burr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 15, 191[illegible]

FATHER		MOTHER	
FULL NAME	Perry A. Burr	FULL MAIDEN NAME	Senna Hansen
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 10:5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Patton M. D.

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

..... 19....

Filed June 16 19 12 Ray H. Fisher Registrar

..... Registrar

per B.D.J.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 18 1 06 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6290

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Burr (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 15, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Emma Berneta Burr

Subscribed and sworn to before me this 15th day of May, 1973

Notary Public, residing at Livingston, Mont.
My commission expires 5-10-75
(Seal)

Signed Hannah Burr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Mont. } ss.
County of Park }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of May, 1973

Notary Public, residing at Livingston, Mont.
My commission expires 5-10-75
(Seal)

Signed Orval A. Williams
(Signature of Any Credible Person)

540 So. 11th East Livingston, Mont.
(Street Address, City, State)

FORM DH 60-155 CL 4-20-73 NM

Certificate of Blessing from LDS Church gives name as Emma Berneta Burr daughter of Perry Alma Burr and Hansena A. Hansen and was born on May 15, 1912. Was Blessed July 7, 1912. Viewed by V. S.

MAY 31 1973

Certificate of Baptism and Confirmation from the LDS Church gives name as Emma Burneta Burr daughre of Perry Alma Burr and Hansena Hansen. Was Born May 15, 1912 Was Baptized July 4,1920. Viewed by V. S.

155-110-022-553

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony Registration District No. 9 File No. 6291

No. ....., ... St. Primary Registration District No. 2038 Registered No. 332

Hospital .....

FULL NAME OF CHILD Arthur Peter Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M.	———	———	Yes	May 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Elmer L. Jensen	FULL MAIDEN NAME	Annie J. Nelson
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray H. Fisher Registrar

Per M. D.

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 10 1942

813 - 216-02-3[illegible]

PLACE OF BIRTH

STA[illegible] IDAHO

Bureau [illegible] Statistics

CERTIFIC[illegible] OF BIRTH

Form V. S. No. 11-[illegible]

County of Fremont

City of Rudy

Registration District No. 4

File No. 6292

No. ____, ____ St.

Primary Registration District No. 1040

Registered No. 338

Hospital ____

FULL NAME OF CHILD Ada Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 16, 1912

FATHER		MOTHER	
FULL NAME	Bert Hall	FULL MAIDEN NAME	Mattie Chase
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:40 A.M. on the date above stated.

(Signature) G. C. Patton M.D.

(Physician or Midwife)

Address Rigby

Filed June 10 19 12 Ray H. Fisher Registrar

per B. D. F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 5/5/41. w.h.

MAR 23 1942

519-224-022-993

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of Parker

Registration District No. 9

File No. 6293

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 334

Hospital ____

FULL NAME OF CHILD Lulu Earl

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	May 24, 1912

	FATHER	MOTHER
FULL NAME	Jed Earl, Jr.	FULL MAIDEN NAME Stella Rice
RESIDENCE	Parker	RESIDENCE Parker
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

....., 19....

Filed June 10 1912 Ray St. Fisher M.D.

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

735- 21-4022-689

PLACE OF BIRTH Amended 11-6-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 6294

Primary Registration District No. 2040 Registered No. 335

FULL NAME OF CHILD MELBA ORPHA GLENN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			yes	4-11-12 (Month) (Day) 192... (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Alexander Glenn	FULL MAIDEN NAME	Maggie Whimpey
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) H. A. Anderson

Physicain
(Physician or midwife)

Address Rigby

Filed June 1, 1912 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S.-16. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby R F D. Registration District No. 9 File No. 6294

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 335

Hospital ____

FULL NAME OF CHILD MELBA ORPHA Glenn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 11, 1912

FATHER		MOTHER	
FULL NAME	Alexander Glenn	FULL MAIDEN NAME	Maggie Whimpey
RESIDENCE	Rigby R F D.	RESIDENCE	Rigby R F D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson MD

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

....., 19.....

Filed June 1 1912 Ray H. Fisher Registrar

per B.D.F.

S-Y CO., 16669 Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Jefferson } ss.

Certificate No. 6294

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death)
for Unnamed Glenn (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1912 (Date of Event)
in Rigby (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Blessing 6-9-1912 - LDS Church prepared on Cert. of Baptism July 1920 (Bible Record, Insurance Policy, Etc.) (Give Date) are:
Viewed by U.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Glenn	Melba Orpha Glenn

Subscribed and sworn to before me this 21st day of September, 1959

Notary Public, residing at Rigby, Idaho
My commission expires September 19, 1959
(Seal)

Signed x Magdalaine Glenn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD #1, Rigby, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of September, 1959

Notary Public, residing at Rigby, Idaho
My commission expires September 19, 1959
(Seal)

Signed Cumorah Miller
(Signature of Any Credible Person)

RFD # 1, Rigby, Idaho
(Street Address, City, State)

FORM DPH 55-155

SEP 26 1956

386-219-022-299

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of St. Anthony Registration District No. 9 File No. 6295

No. Amended 10-2-79 St. Primary Registration District No. 2038 Registered No. 336

Hospital

FULL NAME OF CHILD FERNE Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	May 19, 1912

FATHER		MOTHER	
FULL NAME	Ray Jardine Thompson	FULL MAIDEN NAME	Ruby Lucy Birks
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West.

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 10 1912 Ray H. Fisher M.D.

Registrar

Pert N. D.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 2 4 26 PM '60

State of Idaho
County of Bannock } ss.

Certificate No. 6295

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bertha Isadora Thompson (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1912 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Bertha Isadora Thompson	Ferne Thompson

Subscribed and sworn to before me this 22nd day of August, 1960
Callie A. Caldwell
Notary Public, residing at Pocatello, Idaho
My commission expires Oct. 3, 1963
(Seal)

Signed Mrs Rebecca S. Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
355 Park, Alameda, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1960
Callie A. Caldwell
Notary Public, residing at Pocatello, Idaho
My commission expires Oct. 3, 1963
(Seal)

Signed Vernon T. Thompson
(Signature of Any Credible Person)
343 Jefferson Ave.
Pocatello Idaho
(Street Address, City, State)

FORM DPH - 51117

1 copy paid

Statement regarding family record, gives name as Ferne Thompson born May 19, 1912, to Ray Jardine Thompson and Ruby Lucy Birks. Born in St. Anthony, Idaho. Family record made in October of 1963. Original old.
Viewed by V.S.

High School Diploma issued by the Shelley High School of Shelley, Idaho, gives name as Ferne Thompson. Graduated May 29, 1930. Bert Holland, Chairman of Trustees and Karl Maeseo, Supt.
Viewed by V.S.

Marraige License issued by the State of Utah, County of Salt Lake gives name as Ferne Thompson married to George Yates on September 15, 1932.
Viewed by V.S.

685-101-022-893

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6296

County of Fremont

City of Rigby

No. ....., ... St.

Registration District No. 9

Primary Registration District No. 2040

Registered No. 337

Hospital .....

FULL NAME OF CHILD Keith Wheeler

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	— (To be answered only in event of plural births)			yes	May 1st, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos. E. Wheeler	Emma Hill
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	43
BIRTHPLACE	Utah	Utah
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) H A Anderson

M D

(Physician or Midwife)

Address Rigby

Filed June 10 19 12 Ray H. Fisher Registrar

per B. D. R.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 29 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6296

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wheeler, (Male) who was born on May 1, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Rigby, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... (Give Date) , are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Keith Wheeler

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
November, 19 73

Ben K Smith

Notary Public, residing at Idaho Falls, Id
My commission expires 12:17:75
(Seal)

Signed Harriet Rady
(Signature of Any Credible Person)

959 Cassia, Ida Falls Idaho
(Street Address, City, State)

FORM DH 60-155 cl 10/29/73

Public School Diploma from Jefferson County gives name as Keith Wheeler. dated May 17, 1927. Viewed by V. S.

DEC 20 1973

Honorable Discharge from Army gives name as Keith Wheeler. Born May 1, 1912. date of separation Oct. 9, 1945. Viewed by V. S.

415-226-022-689

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

Registration District No. 9

File No. 6297

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 338

Hospital ____

FULL NAME OF CHILD Annie Geneva Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	May 26 1912

FATHER		MOTHER	
FULL NAME	Maurice Davis	FULL MAIDEN NAME	Omittery White
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St. Anthony

Filed June 10 1912 Ray H. Fisher M.D. Registrar

per M.D.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 28 1942

168-201-022-553

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Registration District No. 9 File No. 6298

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 339

Hospital ____

FULL NAME OF CHILD Alta Johnson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	—	yes	6 — 1 — 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Johnson	FULL MAIDEN NAME	Anna M. Nelson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan

Filed June 10 19 12 Ray H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6298

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on June 1, 1912 (Date of Event)
in Menan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on ~~xBirthxxxxx~~ Nov. 30, 1930 (Give Date), are:
Insurance Policy Nov. 29, 1941 Viewed by V. S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Alta Johnson

Subscribed and sworn to before me this 29th day of March, 1957

Notary Public, residing at Menan, Idaho
My commission expires January 26, 1958
(Seal)

Signed Nettie M. Bybee Att.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, Lorenzo, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1957

E. M. Blaylock

Notary Public, residing at Idaho Falls, Idaho
My commission expires February 29, 1960
(Seal)

Signed Orson L. Davis
(Signature of Any Credible Person)

645 - 10th St.
(Street Address, City, State)

FORM DPH 55.155

NN 3-27-57 1 Copy Sent

APR 2 1957

464-123-022-265

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Haden

Registration District No. 9

File No. 6299

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 340

Hospital ____

FULL NAME OF CHILD William Douglas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	May 23 1912

FATHER		MOTHER	
FULL NAME	Chas. Douglas	FULL MAIDEN NAME	Lena Sweet
RESIDENCE	Haden	RESIDENCE	Haden
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

(Physician or Midwife)

Address Driggs - Idaho M.D.

Given name added from a supplemental report

....., 19.....

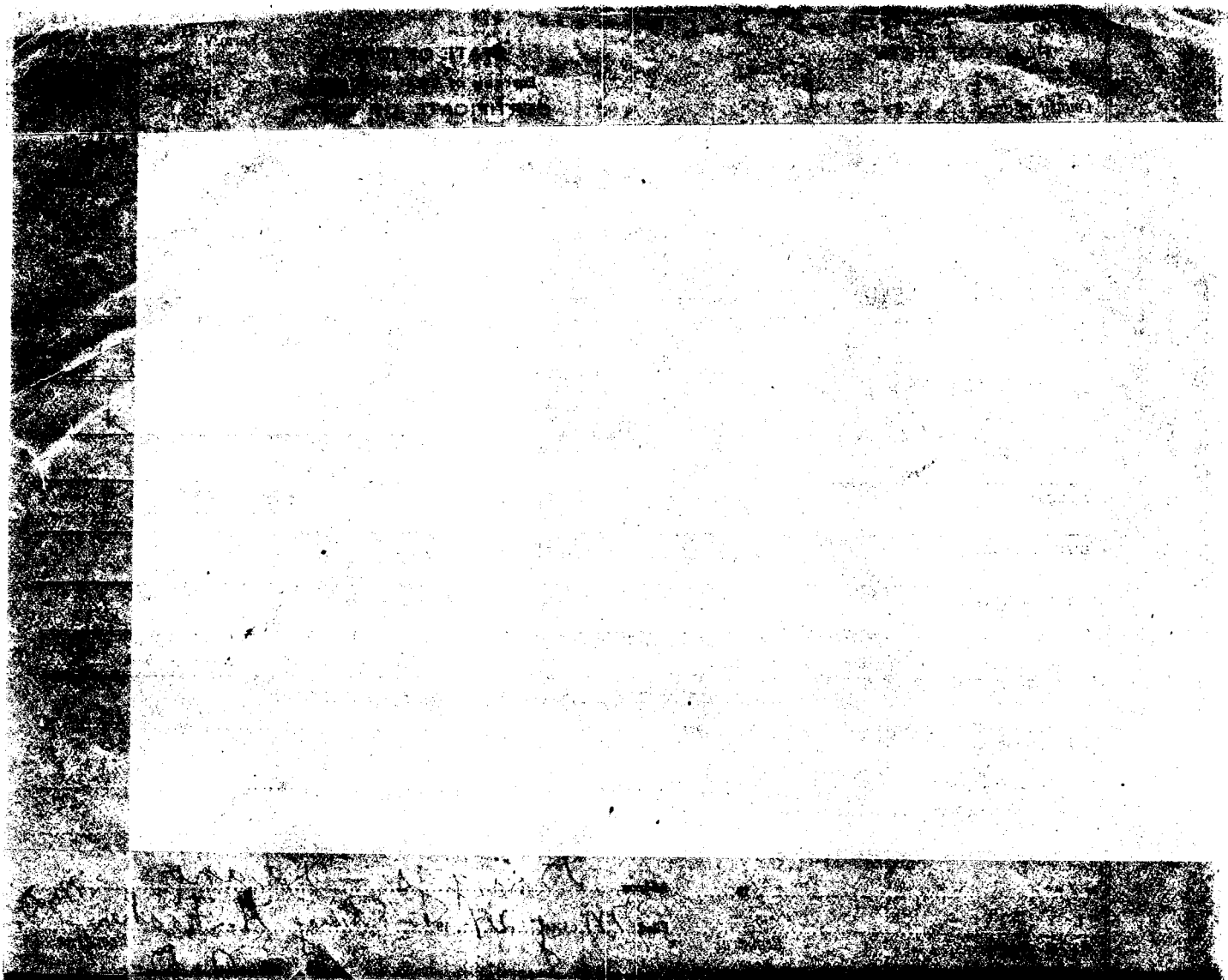
Filed May 29 1912 Ray H. Fisher Registrar per N.D.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



331 - 102-022-331

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan Registration District No. 9 File No. 6300

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 341

Hospital ____

FULL NAME OF CHILD Hollis Alexander Clark

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	yes	6 - 2 - 12

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. A. Clark	FULL MAIDEN NAME	Mary L. Clark
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ohio	BIRTHPLACE	W. Va.
OCCUPATION	Gardener	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton M.D.

(Physician or Midwife)

Address Menan

Filed June 10 1912 Ray H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

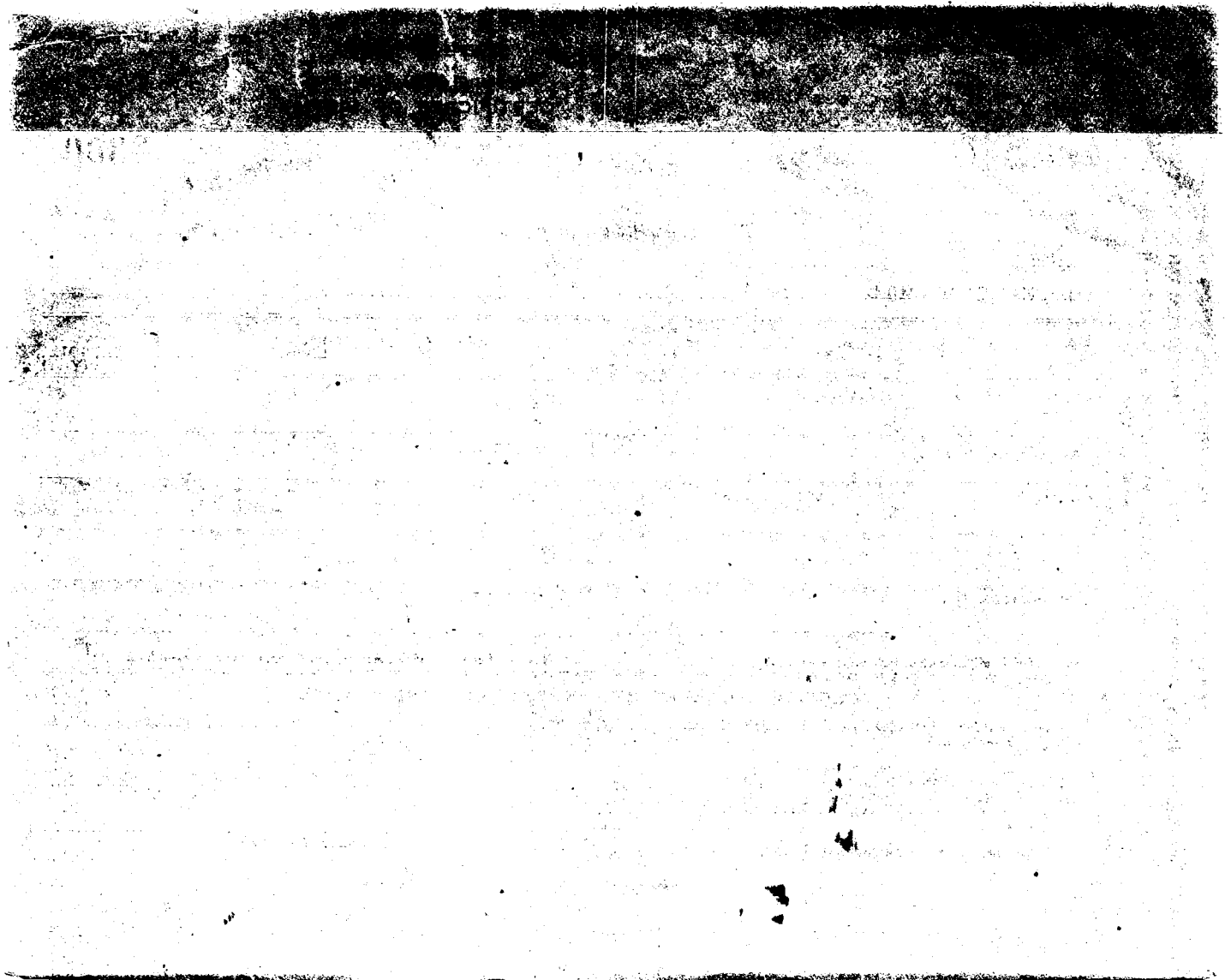
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



213/16-022-525

PLACE OF BIRTH

County of Fremont

City of Chapen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 6301

Primary Registration District No. 2037

Registered No. 342

FULL NAME OF CHILD Bates

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	—	Yes.	May 16 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Hyrum Bates	FULL MAIDEN NAME Mary Elliot
RESIDENCE	Chapen	RESIDENCE Chapen
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE England
OCCUPATION	Farmer - Sheep raiser	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-15 M. on the date above stated.

(Signature) born alive

Mrs. V. B. Curtis (Physician or Midwife)

Address Victor - Idaho

Filed June 10 1912 Ray H. Fisher M.D. Registrar

per N. D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

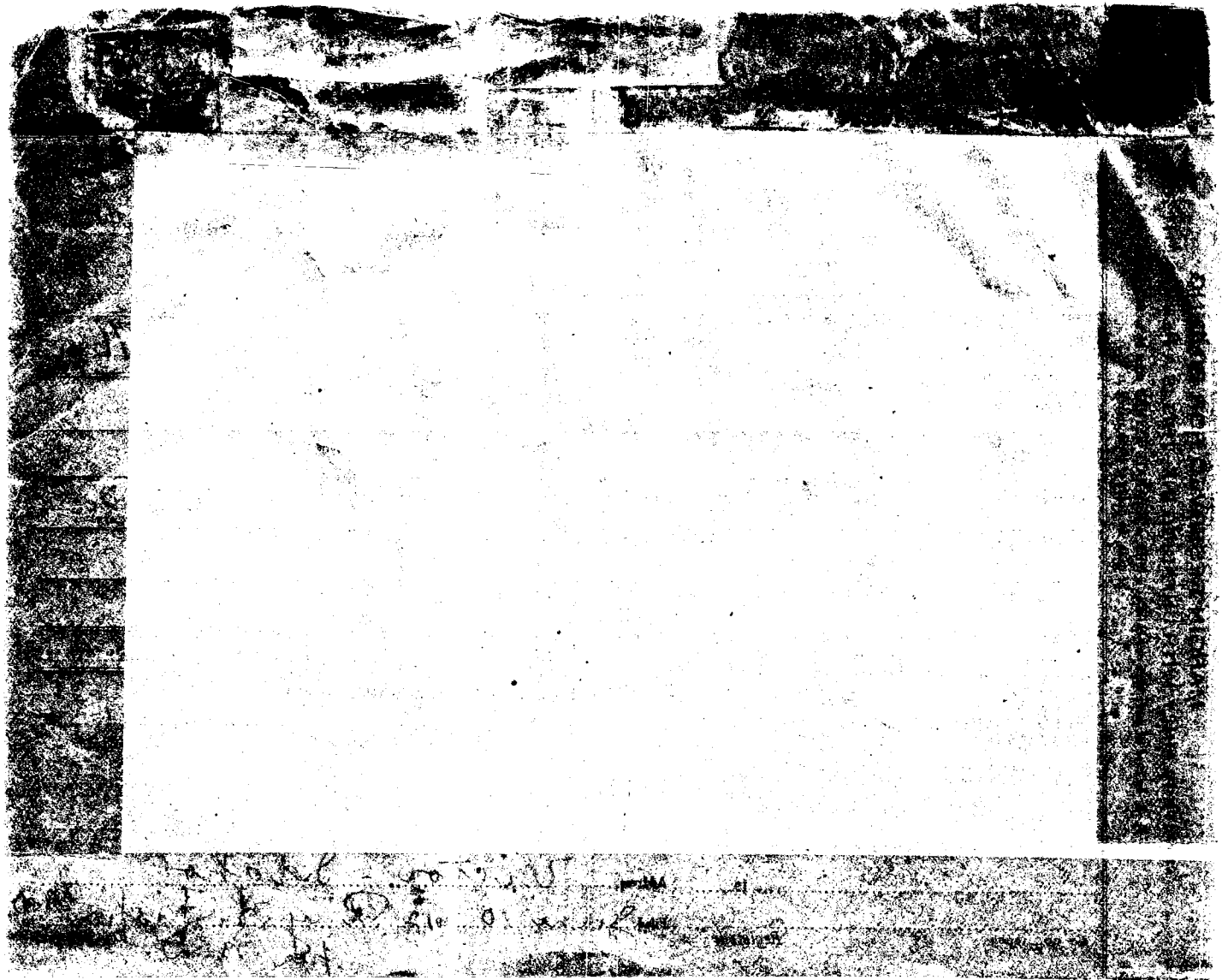
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



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PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Registration District No. 9

File No. 6302

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 343

Hospital ____

FULL NAME OF CHILD ALVIN DENZEL Rainey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 2, 1912

FATHER		MOTHER	
FULL NAME	Geo. D. Rainey	FULL MAIDEN NAME	Elsie T. Merrill
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton M.D.

(Physician or ~~Midwife~~)

Address Menan

Filed June 10 19 12 Raymond Fisher Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

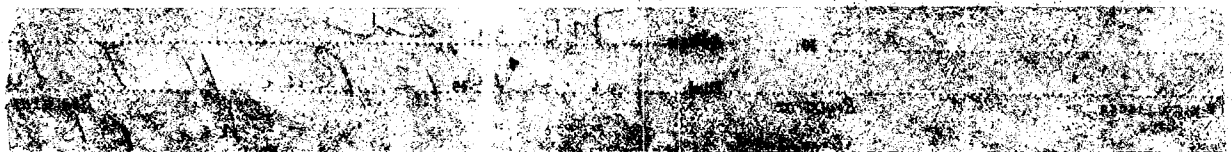
S-Y CO., 16669

Chas B.D.F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAP

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 6302

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Rainey (Name on Original Certificate) who was (Was Born or Died) on May 2, 1912 (Date of Event) in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Date of Christening (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Rainey	~~Alvin Denzil Rainey~~ Alvin Denzel Rainey

Subscribed and sworn to before me this 4th day of March, 19 42.

George M. Larsen

Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943
(Seal)

Signed Mrs Elsie Rainey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo Route #1. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 19 42.

George M. Larsen

Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943
(Seal)

Signed Oscar Ostrom
(Signature of Any Credible Person Other Than Previous Year)

Rigby Idaho
(Street Address, City, State)

MAR 7 1962

NOV 17 1965

555 — 7-022-355

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Darby — Registration District No. 9 — File No. 6383

No. ____, ____ St. — Primary Registration District No. 2037 — Registered No. 344

Hospital ____

FULL NAME OF CHILD Richard Glen Heuser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	May 7 1922

FATHER		MOTHER	
FULL NAME	Richard E. Heuser	FULL MAIDEN NAME	Alice Lee
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Brick-moulder	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

(Signature) Anne Larsen

(Physician or Midwife)

Address Driggs - Idaho M.D.

Filed June 10 19 22 R. Ray N. Fisher Registrar

per N.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-8, 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 6303

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Heuser (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1912 (Date of Event)
in Darby (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Richard Glenn Heuser

Subscribed and sworn to before me this 8th day of December, 1971

Notary Public, residing at Salt Lake City, Utah
My commission expires Jan. 2, 1975
(Seal)

Signed Richard Glenn Heuser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

756 Facil Ave. Salt Lake City, Ut 84104
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of December 1971, 19

Notary Public, residing at Salt Lake City, Utah
My commission expires Jan. 2, 1975
(Seal)

Signed Harold C. Dean
(Signature of Any Credible Person)

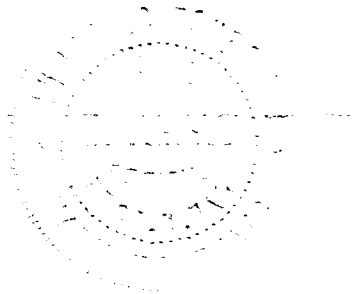
1448 W. Parkway Rd
(Street Address, City, State)
Salt Lake City Utah 84119

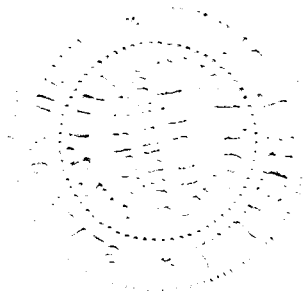
FORM DH 60-155

Insurance Policy issued by Union Pacific Railroad Co. gives name as Richard Glen Heuser born May 7, 1912 in Darby, Idaho. Policy issued Oct. 2, 1942
Viewed by V.S.

NOV 11 1971

Marriage Certificate issued by the County of Salt Lake, Utah gives name of groom as Richard Glen Heuser. Married July 14, 1947.
Viewed by V.S.





864-209-022-346

PLACE OF BIRTH

STATE OF UTAH

Form V. S. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 6304

Primary Registration District No. 2040 Registered No. 345

FULL NAME OF CHILD Ava Young Upadachenga

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	May 9, 1912

	FATHER	MOTHER
FULL NAME	Arthur Young	FULL MAIDEN NAME Dora Lufkins
RESIDENCE	Annis	RESIDENCE Annis
COLOR	W	AGE AT LAST BIRTHDAY 34 (Years)
COLOR	W	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

(Signature) J. E. Meeton M.D.

(Physician or Midwife)

Address Menan

Filed June 10 1912 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

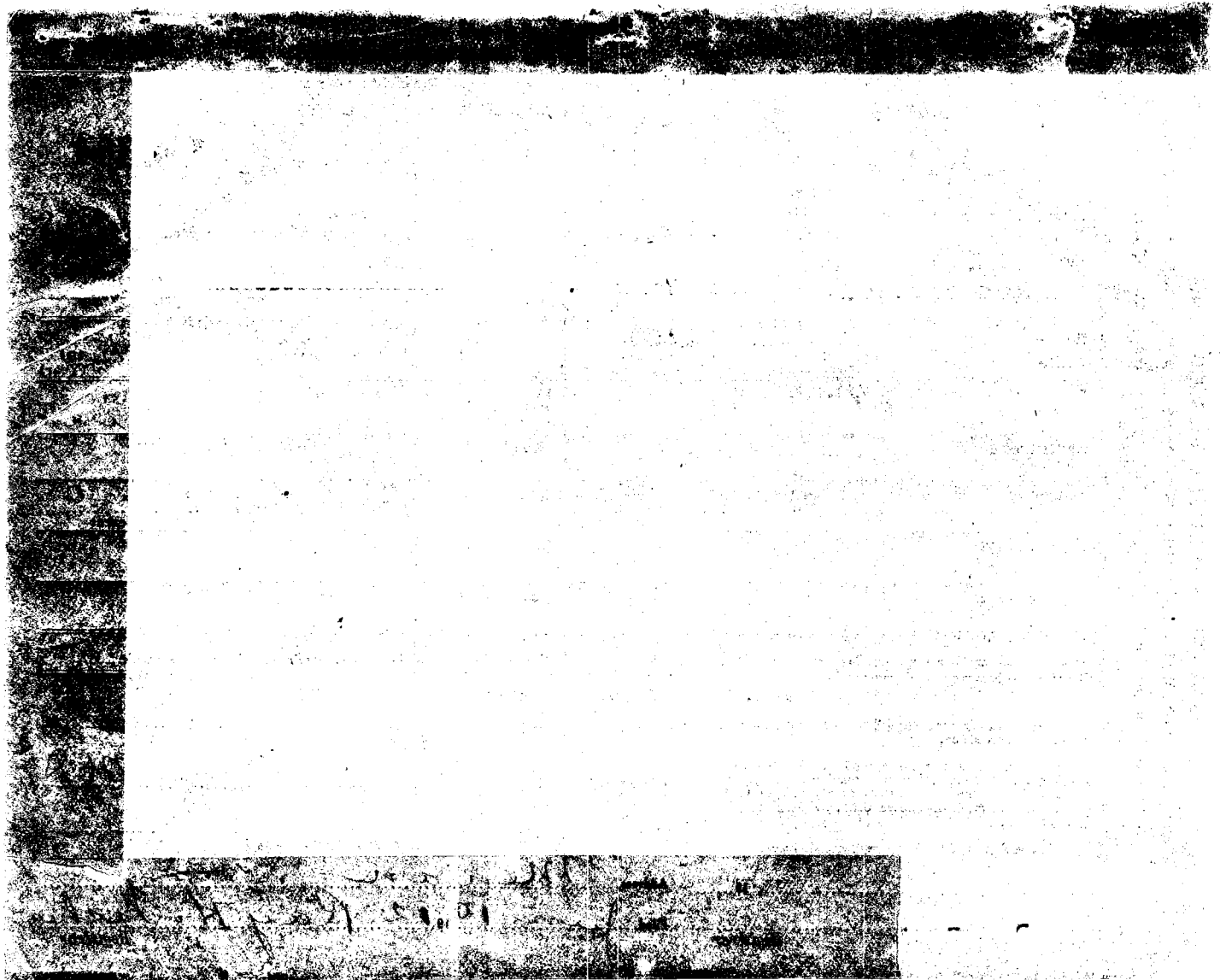
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
NOV 19 1965
Bureau of Vital Statistics

State of California
County of Fresno } ss.

Certificate No. 6304

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Young (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1912 (Date of Event)
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on July 4, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ava Young

FRED HARTMAN
Notary Public
Fresno County, California

Subscribed and sworn to before me this 15th day of November, 1965

Signed Dora Hannah Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Fresno, Calif.
My commission expires MY COMMISSION EXPIRES OCT. 16, 1967
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

FORM DH 60-155

CL 10-29-65. ~~nm~~ one copy pd. rec. #3100.

The Travelers Insurance Co., Application for Life Insurance dated May 21, 1935 at F
Fresno, California gives full name as Ava Young, age 23, born May 9, 1912 in Idaho -
viewed by V.S.

JAN 3 1966

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 7, 1921 gives full name as
Ava Young, daughter of Arthur A. Young and Dora Hanna Lufkin, born May 9, 1912 at
Annis, Idaho - viewed by V.S.

693.204.022-314

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 4-30-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Registration District No. 9

File No. 6305

Primary Registration District No. 2037

Registered No. 346

Hospital ____

FULL NAME OF CHILD Louisa Wilcox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
F.	—		—	Yes	May 4, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. L. Wilcox	FULL MAIDEN NAME	Harriet A. Lamoreaux
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley (Physician or Midwife)

Address Driggs

Given name added from a supplemental report ____, 19____

Filed June 10, 19 12 — Ray H. Fisher, M.D. Registrar

____ Registrar

Fher M.D.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 3 0 1973

818-218-092-386

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-8-25-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Registration District No. 9

File No. 6306

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 347

Hospital ____

FULL NAME OF CHILD Minnie May Hay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	5 — 18 — 1912

FATHER		MOTHER	
FULL NAME	Jas. D. Hay	FULL MAIDEN NAME	Minnie M. Thornton
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 05 A. M. on the date above stated.

(Signature) J. E. Melton

(Physician or ~~Midwife~~)

Address Menan

Filed June 10 19 12 Ray H. Fisher Registrar

Per B.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

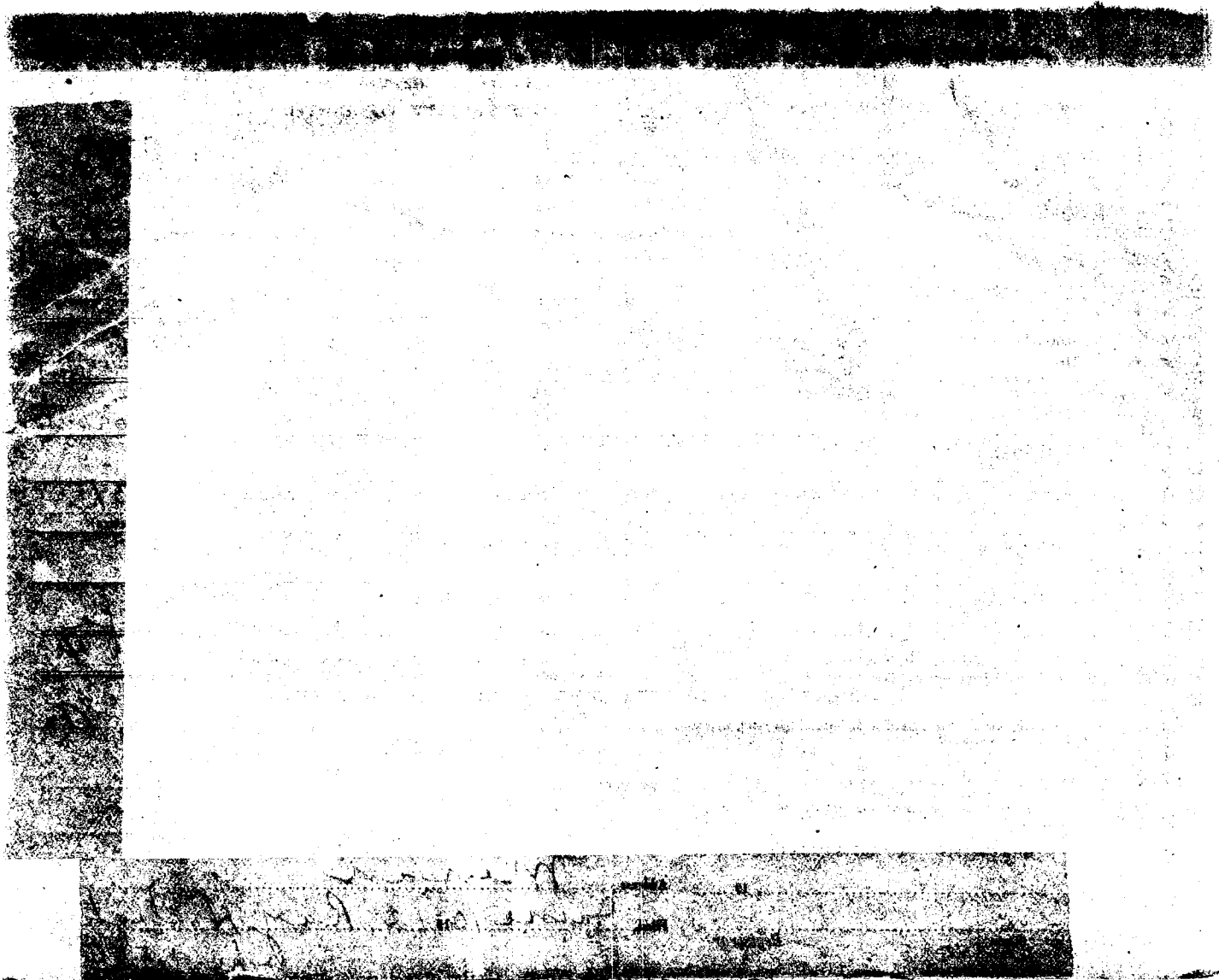
____ Registrar

9-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



249-209-022-285

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 6307

Primary Registration District No. 2037

Registered No. 348

FULL NAME OF CHILD Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.	—	—	Yes	May 3 (Month) (Day) 191.2 (Year)

FATHER		MOTHER	
FULL NAME	B. A. Smith	FULL MAIDEN NAME	Rosie Shepherd
RESIDENCE	Darby	RESIDENCE	Darby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wyo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

(Physician or Midwife)

Address Driggs Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 10 19 42 Ray H. Fisher M.D. Registrar

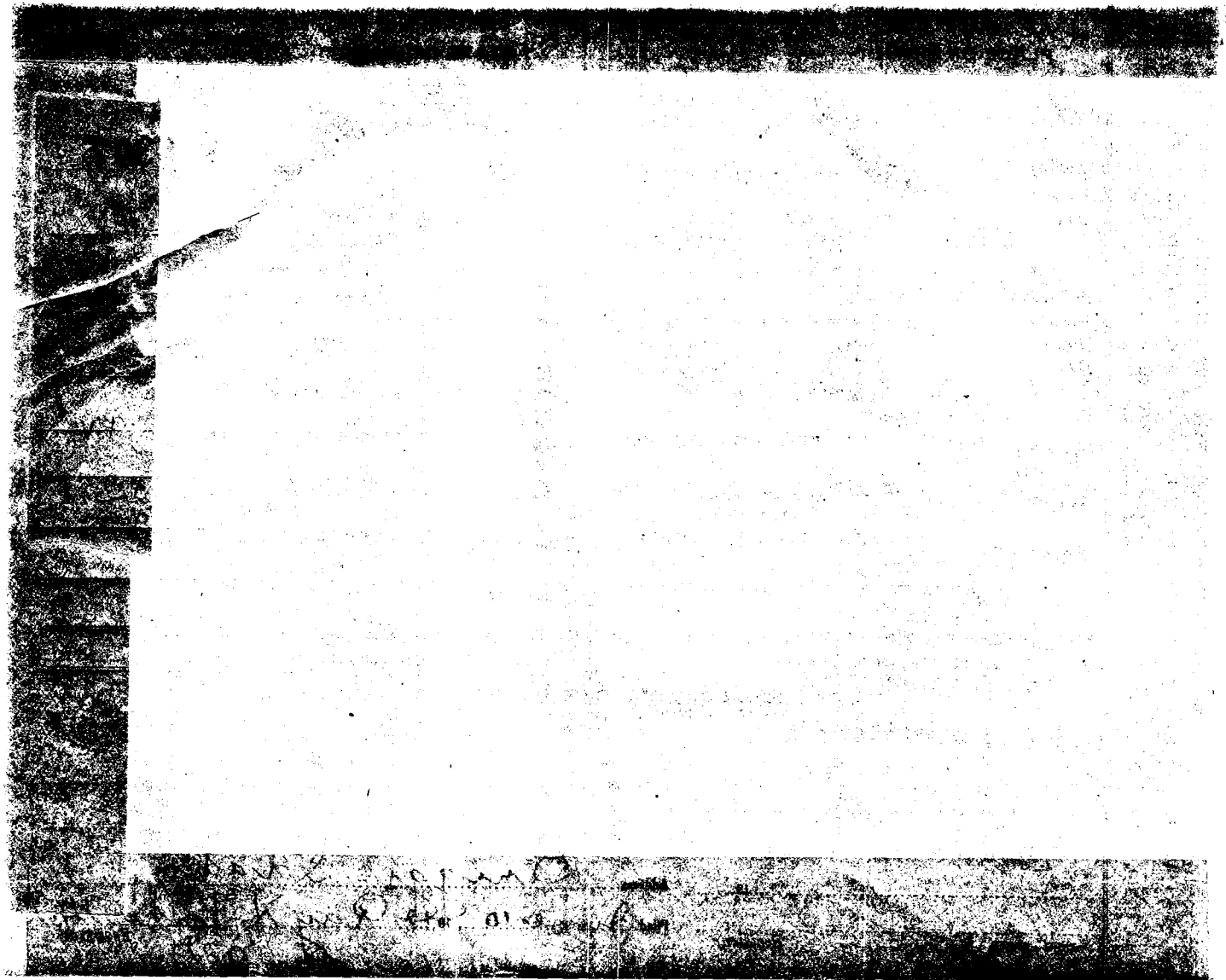
Per N. D.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



315 230 022 816

PLACE OF BIRTH

Form V. S. No. 11—10m-6-29-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan Registration District No. 9 File No. 6308

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 349

Hospital ____

FULL NAME OF CHILD ALTHA IRENE Tanner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	yes	5 — 30 — 1912

FATHER		MOTHER	
FULL NAME	W S Tanner	FULL MAIDEN NAME	Nettie Hawker
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 A M. on the date above stated.

(Signature) J E Melton M D

(Physician or Midwife)

Address Menan

Filed June 10 19 12 Ray H. Fisher Registrar

per B. D. H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

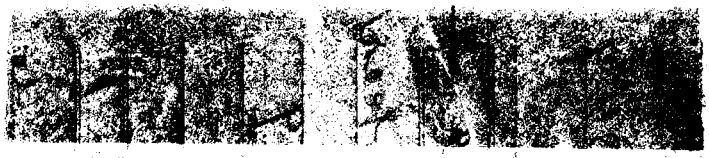
..... Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 6308

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Altha Irene Tanner (Name on Original Certificate) who was born (Was Born or Died) on May 30th, 1912. (Date of Event)
in Rigby, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on June 25th, 1912. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Altha Irene Tanner

Subscribed and sworn to before me this 28
day of October, 19 42

Basil R. Kennett

Notary Public, residing at Rigby, Idaho.

My commission expires Nov. 9th, 1942.
(Seal)

Signed Nettie Tanner.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby—1, Idaho. Mother
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of October, 19 42

Basil R. Kennett

Notary Public, residing at Rigby, Idaho.

My commission expires Nov. 9th, 1942.
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

OCT 29 1942

OCT 31 1942

313-02-0022-514

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6309

County of Fremont

City of Clawson

Registration District No. 9

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 350

Hospital ____

FULL NAME OF CHILD ~~Leeroy~~ LeRoy Calahan Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	May 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LeRoy Calahan Sr.	Lillian M. Vaughn
RESIDENCE	Clawson	Clawson
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Ark.	Miss.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-15 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Clark

(Physician or Midwife)

Address Clawson - Idaho

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray T. Fisher M.D. Registrar

per N.D.

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-343278

993-W2-022-916

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

amended 1/24/80

County of Fremont

City of Menan

No. ____, ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2040

File No. 6310

Registered No. 351

FULL NAME OF CHILD Clawson Clarence Richardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 17, 1912

	FATHER	MOTHER
FULL NAME	Clarence Richardson	FULL MAIDEN NAME Louie N Rawson
RESIDENCE	Menan	Menan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Melton M.D.

(Physician or Midwife)

Address Menan

Filed June 10 1912 Ray H. Fisher Registrar

per B.D.H.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 10660

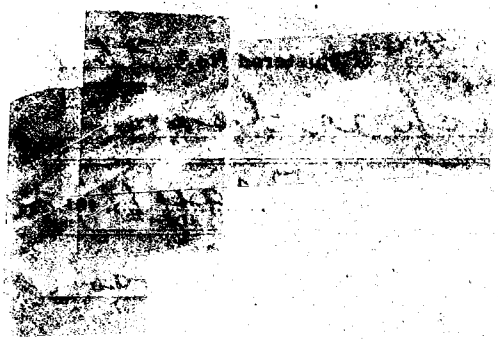
K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 11 1974



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 10 4 02 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 6310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clarence Richardson (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1912 (Date of Event)
in Menan, Idaho (Jefferson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dana Su Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Clarence Richardson	Clawson Clarence Richardson

Subscribed and sworn to before me this 15th day of March, 19 79

Notary Public, residing at Notary Public Residing in Pocatello, Idaho
My commission expires My Commission Expires May 31, 1982
(Seal)

Signed [illegible] & Raymond K (LOUIE M. RICHARDSON)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

178 Fir
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Apr. 19 79

Notary Public, residing at Menan, Idaho
My commission expires June 16, 1982
(Seal)

Signed O. C. Raymond Jr.
(Signature of Any Credible Person)

Rt 4 Box 104 Menan Idaho
(Street Address, City, State)

FORM DH 60-155

CL sent 3/13/78 nm.

Certi of-Baptism from the LDS Churhc gives name as Clawson Clarence Richardson son of Clarence Richardson and Louise M. Rawson. born ~~XX~~ May 17, 1912 at Menan Idaho. Baptized June 6, 19192. viewed by V. S.

JAN 25 1990

413-1/14:022-F&S

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson

Registration District No. 9

File No. 6311

No. ..... , ... St.

Primary Registration District No. 2037

Registered No. 352

Hospital .....

FULL NAME OF CHILD Walter Hovey Dallas

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—		—	Yes.	May 14. 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter C. Dallas	FULL MAIDEN NAME	Amy Hovey
RESIDENCE	Jackson's Hole	RESIDENCE	Jackson's Hole
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Clark

(Physician or Midwife)

Address Clawson Idaho

Given name added from a supplemental report

..... 19.....

Filed June 10 1912 Ray H. Fisher M.D Registrar

per M.D.

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1 8 1942

DEC 7 1971

119-115: 082-795

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville Registration District No. 9 File No. 6312

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 353

Hospital ____

FULL NAME OF CHILD Jardine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 15, 1912

FATHER		MOTHER	
FULL NAME	Joe Jardine	FULL MAIDEN NAME	Luella Green
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton MD

(Physician or Midwife)

Address Menan

Given name added from a supplemental report

....., 19.....

Filed June 10. 1912 Ray H. Fisher Registrar

.....

S-Y CO., 16669 Registrar

by D. H.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

893.227.022-386

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Haden

No. ____, ____ St.

Registration District No. 9

File No. 6313

Primary Registration District No. 2037

Registered No. 354

Hospital ____

FULL NAME OF CHILD Sarah Hill

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	Apr. 27, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hyrum Hill	FULL MAIDEN NAME	Sarah E. Thompson
RESIDENCE	Haden	RESIDENCE	Haden
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

(Physician or Midwife)

Address Haden

Given name added from a supplemental report

....., 19.....

.....
Registrar

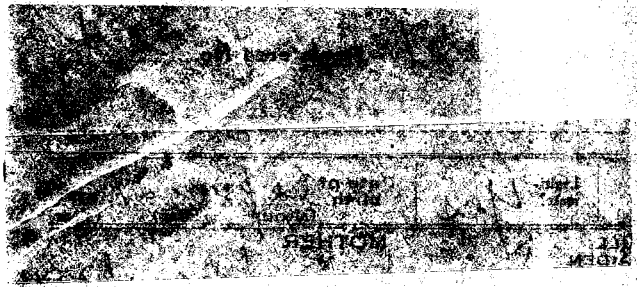
Filed June 10 1912 W. P. Ray H. Fisher M.D.
Registrar
per H. D.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



769-128-022-389

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 6314

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 355

Hospital ____

FULL NAME OF CHILD John Child Porter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Porter	Nell Child
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	New Zealand	Utah
OCCUPATION	Editor	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I C Ormsby M.D.
(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

..... 19....

Filed June 10 19 12 Ray H. Fisher Registrar
per B.D.H.

..... Registrar

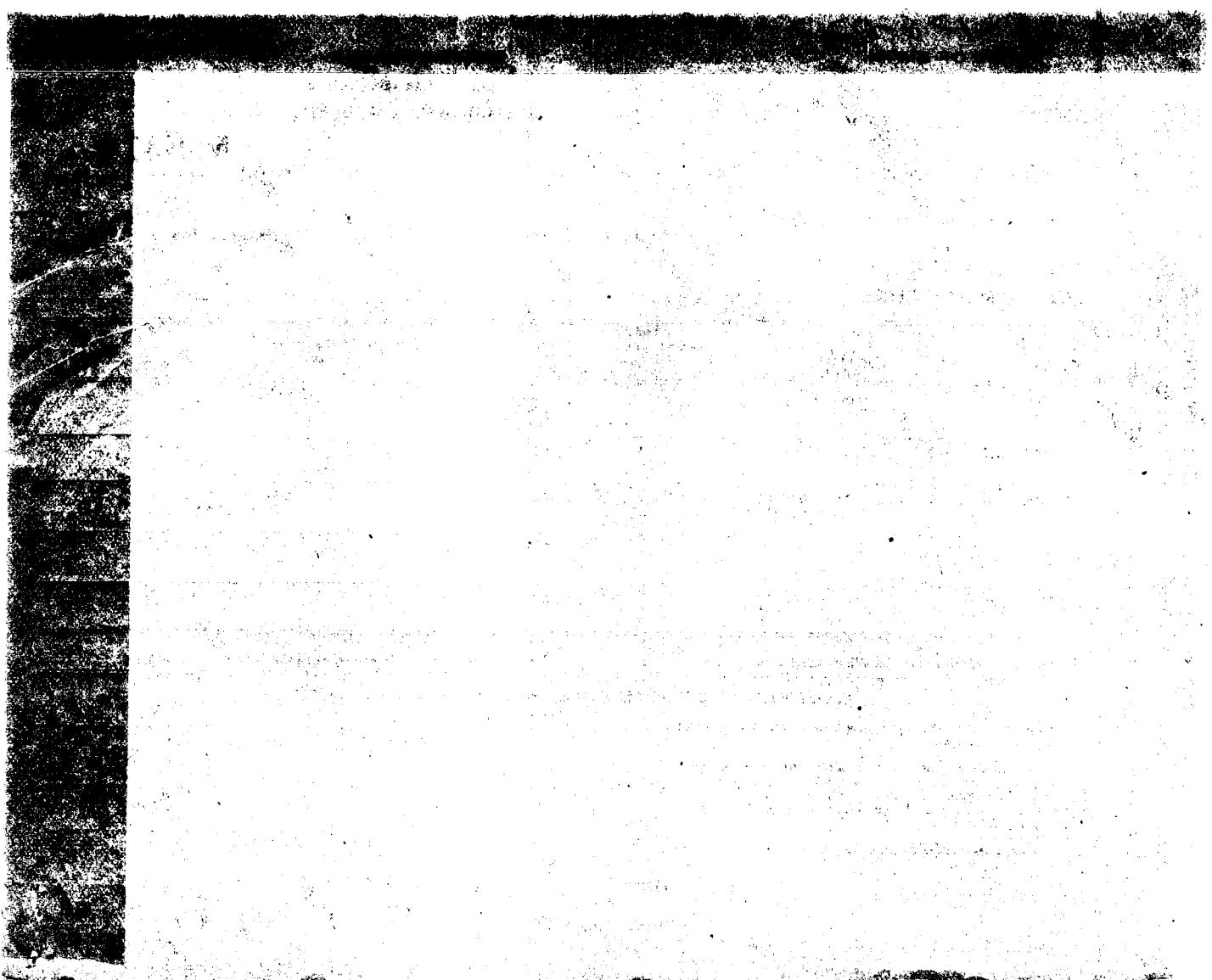
S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K



VIS V29 1002-643

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Haden

Registration District No. 9

File No. 6315

No. ..... St.

Primary Registration District No. 2037

Registered No. 356

Hospital .....

FULL NAME OF CHILD Jessie Lee Daniels

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	April 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Aaron Daniels	Pearl Fullmer
RESIDENCE	Haden	Haden
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

(Physician or Midwife)

Address Haden

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray W. Fisher M.D. Registrar

..... Registrar

Hen M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

213-19-002-213

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-10-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard Registration District No. 9 File No. 6316

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 357

Hospital ____

FULL NAME OF CHILD George Katsurada

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	— (To be answered only in event of plural births)	—	yes	Apr 19, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Tokujiro Katsurada	FULL MAIDEN NAME: Sato Katsurada
RESIDENCE	Hibbard	Hibbard
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY	28 (Years)	19 (Years)
BIRTHPLACE	Japan	Japan
OCCUPATION	Beet Grower	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

____, 19____

Filed June 10, 19 12 Ray H. Fisher Registrar

____ Registrar

per B. D. J.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

568-01-022-466

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Beaver Canon Registration District No. 9 File No. 6317

No. ____, ____ St. Primary Registration District No. 2080 Registered No. 358

Hospital ____

FULL NAME OF CHILD Dan Little Hoyt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	and	Yes	May 1, 1912

FATHER		MOTHER	
FULL NAME	Chas. A. Hoyt	FULL MAIDEN NAME	Nora F. Mooso
RESIDENCE	Beaver Canon	RESIDENCE	Beaver Canon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. J. Milson

(Physician or Midwife)

Address Spencer Idaho

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray H. Fisher M.D. Registrar

per N. D.

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 5-7-71

253-21-3522-271

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6318
Local Reg. No. 359
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burton

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burton

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mildred b. (Middle): c. (Last): Belnap

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 19 (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Austin b. (Middle): c. (Last): Belnap

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: School Teacher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Effie b. (Middle): c. (Last): Spaulding

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. A. Watts

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Rexburg, Idaho

20. DATE SIGNED: June 10, 1912

21. DATE REC'D BY LOCAL REG.: June 19, 1912

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY: 5-7-71 Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

3-24-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 7 - 1971
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 6318

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Belnap (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1912 (Date of Event)
in Burton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Mildeed Belnap
Mother's first name	Ethel	Effie
Date of birth	April 18, 1912	April 19, 1912

Subscri ..... a birth rec-
..... Subscribed and sworn to before me this 1st day of f correcting
No
My ..... May ....., 1971 Signed Ruth Glen Beattie
(S credible person

State o ..... Street address, City, State
County ..... Ruth S. Anderson
Th ..... residing at Glendale, Utah ..... that they
are tru
Subscr ..... commission expires Nov 29, 1972 .....
.....
N .....
M .....

(Seal)

RUTH S. ANDERSON — NOTARY PUBLIC — STATE OF UTAH

FORM DH 60...

Church Record gives name of child as Mildred Belnap born April 19, 1912 in Burton, Idaho. Parents John Austin Belnap and Effie Spaulding. Original record obviously old.
Viewed by V.S.

Family Record gives name as Mildred Belnap born April 19, 1912 inBurton, Idaho Parents John Austin Belnap and Effie Spaulding Belnap. Notorized copy issued April 20, 1971. Original obviously old.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Burton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 6318

Primary Registration District No. 2039 Registered No. 359

FULL NAME OF CHILD Belnap

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 18 1912

FATHER		MOTHER	
FULL NAME	Austin Belnap	FULL MAIDEN NAME	Ethel Spaulding
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10'5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(Physician or Midwife)

Address Rexburg Idaho

Given name added from a supplemental report

....., 19.....

Filed June 10 19 12 Ray N. Fisher Registrar

Registrar

S-Y CO., 16669

Ren B.D. ft.

AUG 2 8 1970

MAY 7 1971

468-125-22-993

PLACE OF BIRTH

amended 9-3-81

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard

Registration District No. 9

File No. 6319

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 360

Hospital ____

FULL NAME OF CHILD Don Mortimer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	Apr. 25 1912

FATHER		MOTHER	
FULL NAME	Geo. Mortemer	FULL MAIDEN NAME	Edith Ricks
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-20 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Suga City

Given name added from a supplemental report

..... 19....

Filed June 10 1912 Ray H. Fisher M.D
Registrar

..... Registrar

Per M.D.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RECEIVED
JUL 30 1981
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Madison } ss.

Certificate No. 6319
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Mortimer (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 25, 1912 (Date of Event)
in Hibbard, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Don Mortimer

Subscribed and sworn to before me this 27 day of July, 1981.
Notary Public, Darrin K. Widdison
Residing at Rexburg, Idaho
My commission expires 12-18-82
(Seal)

Don D Mortimer
Signature of Applicant
250 Ida Ave Rigby Idaho 83442
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of July, 1981.
Notary Public, Darrin K. Widdison
Residing at Rexburg, Idaho
My commission expires 12-18-82
(Seal)

Reba R Widdison
Supporting Signature
558 Park St Rexburg, Idaho
Street Address, City, State

CL 4/19/79 1cc & 1bc pd. rec. #10669 (1cc sent as is)

83440
Retd. cred. to acc

SEP 3 1981

LDS church record certifies that Don Mortimer was ordained a Seventy on 3-15-56 by S. Dilworth Young. Viewed by V.S.

LDS Church Baptism record Gives Don Mortimer born 4-25-12 at Hibbard to George Mortimer and Edith Ricks baptised 6-5-20 Viewed by V.S.

413-206-022-034

PLACE OF BIRTH

FOR USE OF STATE DEPARTMENT OF V. S. No. E-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Burton — Registration District No. 9 — File No. 6320

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 361

Hospital ____

FULL NAME OF CHILD Machen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 6, 1912

FATHER

FULL NAME: Harry Machen

RESIDENCE: Burton

COLOR: W — AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Evelyn McMillan

RESIDENCE: Burton

COLOR: W — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5th

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Replumo

Given name added from a supplemental report

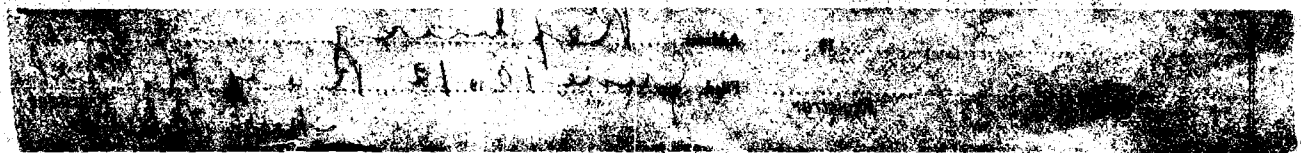
....., 19.....

Filed June 10, 1912 Ray H. Fisher Registrar

.....
Registrar

S-Y CO., 16669

K



244-105-922-275

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar City

No. ____, ____ St.

Registration District No. 9

File No. 6321

Primary Registration District No. 2039

Registered No. 362

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	——	——	Yes	May 5, 1912

FATHER

FULL NAME: J. L. Kid

RESIDENCE: Sugar City

COLOR: W. AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Ky.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Steal

RESIDENCE: Sugar City

COLOR: W. AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Ky.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed June 10, 1912 Ray H. Fisher M.D per N.D.
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

85-117-022-38

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 6323

Primary Registration District No. 2039 Registered No. 364

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	May 17, 1912

FATHER		MOTHER	
FULL NAME	Fred. J. Heath	FULL MAIDEN NAME	Emma Cahoon
RESIDENCE	Sugar City	RESIDENCE	Sugar
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Shupe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 10, 1912 Ray H. Fisher M.D. Registrar

for N. D.

S-Y CO., 16669

863-118-022-994

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 9

File No. 6325

Primary Registration District No. 2039

Registered No. 366

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	———	———	Yes	May 18, 1912

FATHER		MOTHER	
FULL NAME	Albert Holman	FULL MAIDEN NAME	Mary Rider
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Eng.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr R. Shupe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray H. Fisher M.D Ph.D.

Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

185-223-022-113

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-4-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar City Registration District No. 9 File No. 6327

No. ..... St. Primary Registration District No. 2039 Registered No. 368

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	May 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Jensen	Maud Jacobs
RESIDENCE	Sugar	Sugar
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When the mother was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Filed June 10 1912 Ray H. Fisher M.D.
Registrar

Given name added from a supplemental report

....., 19.....

.....
Registrar

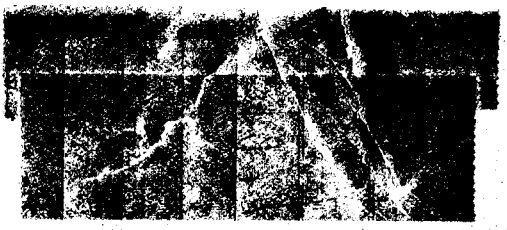
S-Y CO., 16669

ltd N.D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



33K-218-022-857

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton Sugar — Registration District No. 9 — File No. 6329

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 370

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	5-18-12

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Cluff	Martha Heaton
RESIDENCE	Sugar	Suga City
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1912 Ray H. Fisher M.D. Registrar

per M. D.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] of Burnett

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of ____ No. R 7 D #5 St.

Registration District No. 7 File No. 330

Primary Registration District No. 207 Registered No. 124

Hospital ____

FULL NAME OF CHILD Not named John Christian

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred John Teuscher	Cora Gordon
RESIDENCE	R. 7. D #5	R 7 D #5 Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Germany	Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Olly Clair

Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 7 1912 John Linnard

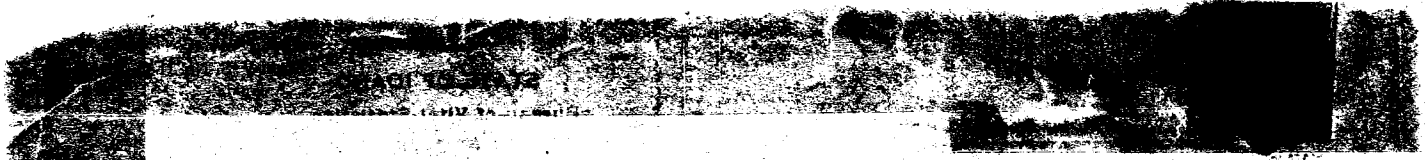
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



613-22-2-010-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6332

County of Bonneville

City of Pleasant View

Registration District No. 7 File No.

No. ..... St.

Primary Registration District No. 2027 Registered No. 130

Hospital

FULL NAME OF CHILD Cecelia waltzer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	May 22 1912

FATHER	MOTHER
FULL NAME Delbert waltzer	FULL MAIDEN NAME Cecelia A Robbins
RESIDENCE Pleasant view Ida	RESIDENCE Pleasant view Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Cedar Co Utah	BIRTHPLACE Benjamin Utah
OCCUPATION Farmer	OCCUPATION housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive May 29, at 7 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rawlings

abstraction

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Dora Bonneville Co, Idaho

Filed 6/12 1912 D Hammond

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

Registrar

MAY 29 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S.L.S. 206 5/0-466

STATE OF IDAHO — Form V. S. No. 3-C

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6333

County of Bonneville

City of Idaho Falls — Registration District No. 7

No. ✓, ✓ St. — Primary Registration District No. 2027 — Registered No. 131

Hospital ✓

FULL NAME OF CHILD Sadie Pearl Emery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 6, 1912

FATHER		MOTHER	
FULL NAME	James Emery	FULL MAIDEN NAME	Mabel May Fawcett
RESIDENCE	Idaho Falls. R#2	RESIDENCE	Idaho Falls. R # 2.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30
COLOR	white	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Ogden, Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Coulthard

Physician (Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 13, 1912 [illegible]
Registrar

S-Y CO., 16670

MAR 25 19
APR 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6334

Registration District No. 7

Primary Registration District No. 2027

Registered No. 132

FULL NAME OF CHILD Margaret Tyler Ballantyne

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 13, 1912

FATHER

FULL NAME Heber J. Ballantyne

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ogden Utah

OCCUPATION Barber

Number of child of this mother, including present birth 1

MOTHER

FULL MAIDEN NAME Minnie Tyler

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Junction, Idaho

OCCUPATION Home maker

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Summers, M.D.

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 13 1912 W. L. Summers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

No. 7th & Hughes St.

Hospital

Registration District No. 7

File No. 6385

Primary Registration District No. 2027

Registered No. 133

FULL NAME OF CHILD Ralph Earl Powell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 10 1912

FATHER		MOTHER	
FULL NAME	Guy Powell	FULL MAIDEN NAME	Elma Hall
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Employe Cook & Lee Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Guy Powell

P Lyman (Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 15 1912 Guy Powell Registrar

S-Y CO., 16670

JAN 4

245-216-010-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6336

County of Bonneville

City of _____

No _____, _____ St.

Registration District No 7 File No _____

Primary Registration District No 2027 Registered No. 134

Hospital _____

FULL NAME OF CHILD Drusilla Nancy Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 16, 1912

	FATHER	MOTHER
FULL NAME	Cary Reese	FULL MAIDEN NAME Pearl Boda
RESIDENCE	Idaho Falls R # 2	RESIDENCE Idaho Falls R # 2
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	36 (Years)
BIRTHPLACE	Missouri	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Guy Lyman

G. P. Lyman

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Idaho Falls Idaho

Filed June 16 19 12

_____ Registrar

Guy Lyman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash. } ss.
County of Kitsap }

Certificate No. 6336

JUN 15

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Drusilla Nancy Breese (Name on Original Certificate) who Born (Was Born or Died) on June 16, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Drusilla Nancy Breese
Surname	BREEZE	Breese

Subscribed and sworn to before me this 7 day of June, 1945

Notary Public, residing at Bremerton
My commission expires Nov 13-'48
(Seal)

Signed × Mrs Mary a Rosenbaum.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3326 Walnut. Bremerton Wash. Box 516.
Shelton
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Kitsap }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1945

Notary Public, residing at Bremerton
My commission expires Nov 13-'48
(Seal)

Signed × Kathryn Black
(Signature of Any Credible Person)
3326 Walnut - Shelton
(Street Address, City, State)
Bremerton, Wash. 3326

795 y 39-010-355

PLACE OF BIRTH

County of Bonneville

City of Lincoln Registration District No. 7 File No. 6337

No. ____, ____ St. Primary Registration District No. 2027 Registered No. 131

Hospital ____

FULL NAME OF CHILD Orville Ernest Prestwich

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child: Male	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: May 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Prestwich	FULL MAIDEN NAME	Florence Lee
RESIDENCE	Lincoln Ida	RESIDENCE	Lincoln Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 9:40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John O. Mellor MD
(Physician or Midwife)

Address Idaho Falls, Ida

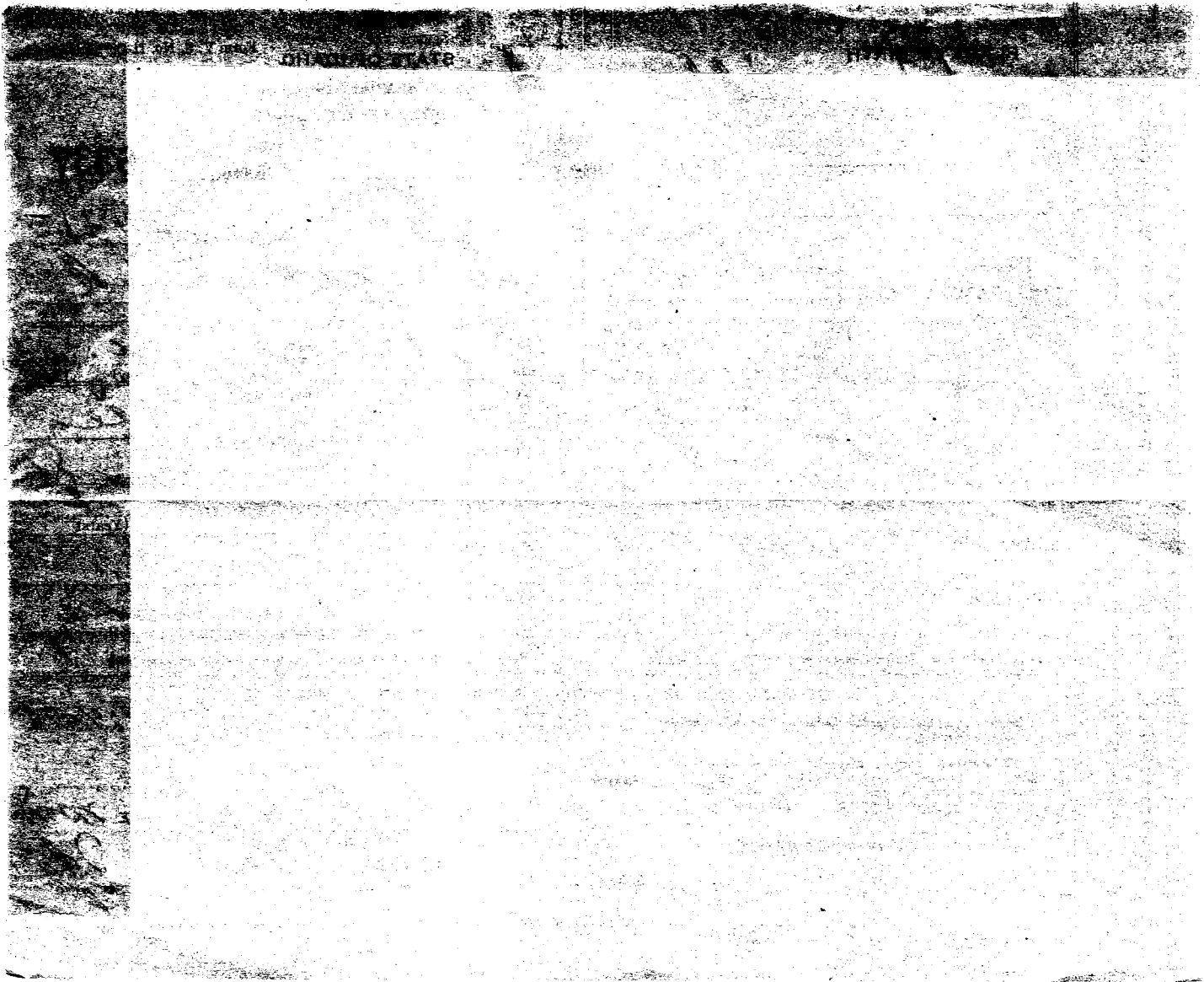
Filed 6/1/12 19.. O. Hinman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



319-209-010-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon Registration District No. 7 File No. 6338

No. ....., ... St. Primary Registration District No. 2027 Registered No. 134

Hospital .....

FULL NAME OF CHILD Geneva May Larson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lawrence B. Larson	Lettie Roberts
RESIDENCE	Ammon Ida.	Ammon Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Nebraska	Alabama
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellon M.D.
(Physician or Midwife)

Address Idaho Falls - R. 1

Given names added from a supplemental report

....., 19.....

Filed 6/18 1912 W. Hammond
Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 16 1942

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493-113-OD-669

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls. Ida. Registration District No. 7 File No. 6339

No. ....., ... St. Primary Registration District No. 2027 Registered No. 137

Hospital Ida. Falls Gen. Hosp.

FULL NAME OF CHILD Earl Miller Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 13, 1912

FATHER		MOTHER	
FULL NAME	Earl Miller	FULL MAIDEN NAME	Lana Farnon
RESIDENCE	Ida Falls Ida.	RESIDENCE	Ida. Falls Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	19
COLOR	white	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Oklahoma City Okla.	BIRTHPLACE	Shilloth Mo.
OCCUPATION	Grocery Clerk.	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 13-1912, at 12:15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Bodenquist M.D.

(Physician or Midwife)

Address Idaho Falls. Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 19 1912 [signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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591 - 105 - 010 - 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 15-Rev. 1921

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2027

File No. 6340

Registered No. 134

FULL NAME OF CHILD Milford Lehrsteper Frandsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	June 5 1912

FATHER

FULL NAME Martin C. Frandsen

RESIDENCE Ucon Dry Farm

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Denmark

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary C Jensen

RESIDENCE Ucon Dry Farm

COLOR white AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Denmark

OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 5, at 3 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rawlings

Assistant

(Physician or midwife)

Address Ucon Bonneville Co., Idaho

Filed 6/21 1912 H. Emmons Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

168-213-010-862

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Pleasant view Registration District No. 7 File No. 6341

No. ____ St. Primary Registration District No. 2027 Registered No. 139

Hospital ____

FULL NAME OF CHILD Ila Bernice Jahn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	June 13 1912

FATHER	MOTHER
FULL NAME Benjamin Ry Jahn	FULL MAIDEN NAME Gina Hendricks
RESIDENCE Idaho - Pleasant view Ida	RESIDENCE Idaho - Pleasant view Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE west Portage utah	BIRTHPLACE west Portage utah
OCCUPATION Laborer	OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive June 13, at 5.30 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Bunderson

obstetrician (Physician or midwife)

Address Idaho Bonneville Co Pleasant view

Given names added from a supplemental report

....19....

....Registrar

Filed 6/21 19 12 D. H. Hammond Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1973

154 - 111 - 010 - 216

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 7 File No. 6342

No. ..... St.

Primary Registration District No. 2029 Registered No. 140

Hospital .....

FULL NAME OF CHILD Thomas Edgar Andrus

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 11 1912

FATHER		MOTHER	
FULL NAME	Robert Andrus	FULL MAIDEN NAME	Lovenia Barker
RESIDENCE	Ucon Ida	RESIDENCE	Ucon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12:30 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
(Physician ~~or~~ midwife)

Address Ucon, Bonneville Co. Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6/21 19 12 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1967

753-215-010-369

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Taylor

No. ..... St.

Hospital .....

Registration District No. 7 File No. 6343

Primary Registration District No. 202 Registered No. 141

FULL NAME OF CHILD Wanda Merriel Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	June 15 1912

FATHER		MOTHER	
FULL NAME	Ray Peterson	FULL MAIDEN NAME	Ida Lords
RESIDENCE	Taylor Ida	RESIDENCE	Taylor Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Blue Valley Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 15, at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Parkerry

A.B. Preston
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Bonneville Co, Idaho

Filed 6/21 1912 J.S. Cummard
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

759-218-010-252

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

Form V. S. No. 11-C (Modified)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 6344

Primary Registration District No. 2129 Registered No. 142

FULL NAME OF CHILD .....

Sex of Child Female

Twin / Triplet / or other? } and { Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June (Month) 18 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Emery Perkins	FULL MAIDEN NAME Lula Bess
RESIDENCE Coltman Ida	RESIDENCE Coltman Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or ~~stillborn~~), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Josephine Stoneman

~~(Physician~~ or midwife)

Address Coltman Bonneville Co.

Filed 4/21 19 12 J. H. Armand Registrar

S-Y CO. 20174

MAY 9 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

336-123-010-363

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 6345

Primary Registration District No. 2027 Registered No. 143

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 23, 1912

FATHER		MOTHER	
FULL NAME	Lee D Lyman	FULL MAIDEN NAME	Mary Golan
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho Falls Ida	BIRTHPLACE	Idaho Falls Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Lyman

P Lyman (Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address Idaho Falls Idaho

..... Registrar Filed June 24 1912 W Lyman Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

AUG 6 1974

199-121-010-5556

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-1[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls Ida. Registration District No. 7 File No. 6346

No. ....., ... St. Primary Registration District No. 207 Registered No. 144

Hospital .....

FULL NAME OF CHILD — Leslie Charles Jirsa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	6/21/12

FATHER		MOTHER	
FULL NAME	Jerry J. Jirsa	FULL MAIDEN NAME	Nellie Newman
RESIDENCE	Idaho Falls. Ida.	RESIDENCE	Idaho Falls. Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	35
COLOR	white	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Czechia	BIRTHPLACE	Newman's Grove Neb.
OCCUPATION	Painter	OCCUPATION	Housework.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6/21/1912 (Born alive or stillborn) at 4:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) A. P. Sodergren M. D.

(Physician or Midwife)

Address Idaho Falls Ida.

Filed 6/25 19 12 [illegible]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 3 1954

413 - 208-0-0-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C (Rev. 6-30-41)

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 6347

Primary Registration District No. 2027 Registered No. 146

FULL NAME OF CHILD VIRGINIA VELLE JACKSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	6 - 8 - 191

	FATHER	MOTHER
FULL NAME	Claude Jackson	Ida Belle Jaggers
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	Clerk	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella Elvin

Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed 6/25 19 12 [illegible]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-26-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls Ida. Registration District No. 7 File No. 6348

No. ____, ____ St. Primary Registration District No. 2-27 Registered No. 144

Hospital Id. Falls. Gen. Hosp.

FULL NAME OF CHILD Florence Alameda Baxter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 17, 1912

FATHER		MOTHER	
FULL NAME	John B Baxter	FULL MAIDEN NAME	Bessie Stewart
RESIDENCE	Butte Mont.	RESIDENCE	Ida Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Denver Colo.	BIRTHPLACE	Ida. Falls. Ida.
OCCUPATION	Miner	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 11-12 (Born alive or stillborn) at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sederquist M.D.

(Physician or Midwife)

Address Ida. Falls Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed June 26 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of _____ Registration District No. 7 File No. 6349

No. _____ St. Primary Registration District No. 2027 Registered No. 147

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD August Richard Oswald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 1 1912

FATHER		MOTHER	
FULL NAME	August F. Oswald	FULL MAIDEN NAME	Zoe Mill
RESIDENCE	Idaho Falls R.F.D.	RESIDENCE	Idaho Falls R.F.D.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Payson, Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Jefferson, Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 1 1912 [signature]
Registrar

8-Y CO. 20174

243-204-001-254

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Boise — Registration District No. 2 — File No. 6350

No. 510 - N. 2nd St. — Primary Registration District No. 1004 — Registered No. 191

Hospital

FULL NAME OF CHILD Florence Leone Buckley

Sex of Child	Twin, Triplet, or Other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1st	Yes	June 4, 1912

FATHER		MOTHER	
FULL NAME	Timothy John Buckley	FULL MAIDEN NAME	Jeannette Lemp
RESIDENCE	Boise Idaho	RESIDENCE	Boise - Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Chicago -
OCCUPATION	Telephone Employee	OCCUPATION	H. W.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed 6-12-12 19.. C. M. McConnell
Registrar

S-Y CO., 16670

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

243-204-001-254

CE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

of Boise

Registration District No. 2

File No. 6351

No. 510 N. 2nd St.

Primary Registration District No. 1004

Registered No. 192

Hospital

FULL NAME OF CHILD Francis Buckley

Sex of Child	Twin, Triplet, or Other?	and Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
female	(To be answered only in event of plural births)	2nd	yes	June 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Timothy John Buckley	Jeannett Kemp
RESIDENCE	Boise Ida.	Boise Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Utah	Chicago.
OCCUPATION	Telephone Employee.	H W.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl Kiefer, (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-12-12 19..... C S McConnell Registrar

S-Y CO., 16670

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the n of each, in order of birth stated

[redacted]

147-228-001-342

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St. Alphonsus

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2

File No. 6352

Primary Registration District No. 1084

Registered No. 181

FULL NAME OF CHILD Helena Evelyne Austin.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	yes	May 28, 1912

FATHER

FULL NAME: Geo. Lee Austin

RESIDENCE: Boise Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Mang. Falk's Shoe Dept.

MOTHER

FULL MAIDEN NAME: Lulu Lubken

RESIDENCE: Boise Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Boise Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive by Caesarean Section, 10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCabe

(Physician or Midwife)

Address Boise Idaho

June 3, 1912

Registrar

Filed 6/3/12 19 M. E. Hopkins.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

2 6 1942

Form V. S. No. 11-C—15m-6-09-11

PLACE OF BIRTH
495-126-001-562

County of Ada

City of Boise

No. 1372 N 6th St.

Hospital

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 2

File No. 6353

Primary Registration District No. 1004

Registered No. 180

FULL NAME OF CHILD Leon Ross Miner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	May 26, 1912

FATHER	MOTHER
FULL NAME Albert L. Miner	FULL MAIDEN NAME Lottie Noble
RESIDENCE 1512 N. 6th St	RESIDENCE Boise Ida.
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housekpr.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 11.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Troon

(Physician or Midwife)

Given names added from a supplemental report

JUL 1 - 1912 19

Address

Filed 6/3 19 12

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 411 Myrtle St.

Registration District No. 2 File No. 6354

Primary Registration District No. 1064 Registered No. 203

Hospital

FULL NAME OF CHILD JOHN ROBERT Walker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 13, 1912

	FATHER	MOTHER
FULL NAME	Charles Cleveland Walker	Grace Hoag
RESIDENCE	411 Myrtle St. Boise	411 Myrtle St. Boise
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	25 (Years)
BIRTHPLACE	Virginia	Utah
OCCUPATION	Bookkeeper	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J Bower MD

Physician (Physician or Midwife)

Address 208 Idaho Bldg Boise

Given names added from a supplemental report

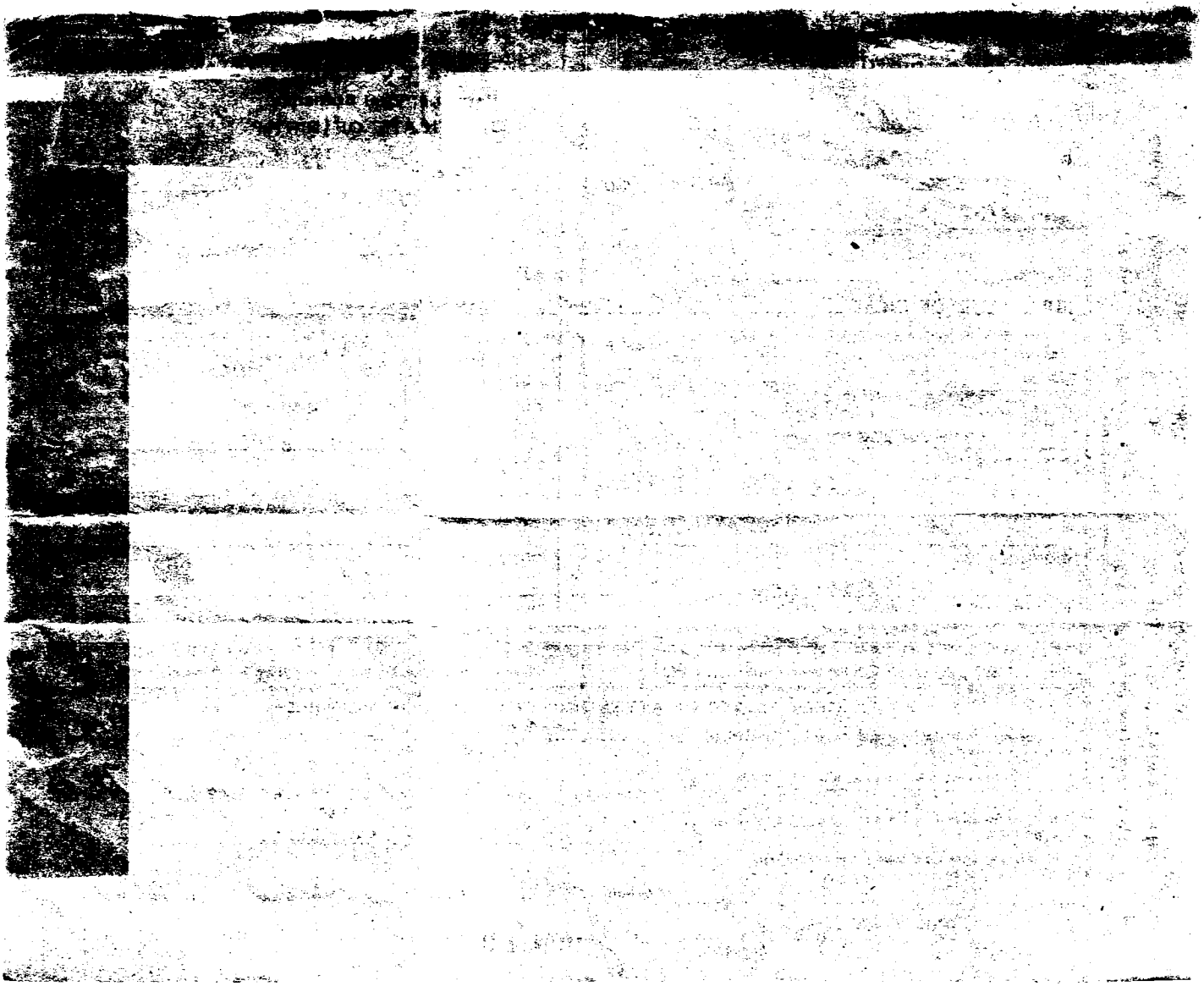
JUL 2 - 1912, 19

Fay McConnel D. Registrar

Filed June 19, 1912 JUN 19 1912

Fay McConnel D. Registrar

S-Y CO., 16670



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Francisco }

Certificate No. 6354

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Robert Walker (Name on Original Certificate) who (Was Born or Died) on June 13, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal record (Bible Record, Insurance Policy, Etc.) prepared on October 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Thomas C. Clark Walker	John Robert Walker
Father's name	Thomas	Charles Cleveland Walker

Subscribed and sworn to before me this 30th
day of April, 1943
Bernice McCall
Notary Public, residing at San Francisco
My commission expires July 22, 1943
(Seal)

Signed Grace Walker (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
488½ Grove St S. F.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Francisco }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 30th
day of April, 1943
Bernice McCall
Notary Public, residing at San Francisco
My commission expires July 22, 1943
(Seal)

Signed Evelyn Olson
(Signature of Any Credible Person Other Than Previous Year)
444 Fell - S.F.
(Street Address, City, State)

MAY 12 1943

MAY 17 1943

256-108-001-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 6355

No. ____, ____ St. — Primary Registration District No. 1064 — Registered No. 188

Hospital ____

FULL NAME OF CHILD Frank Arthur Bewley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 8 1912

FATHER

FULL NAME	Frank W. Bewley
RESIDENCE	1107 State St.
COLOR	W
AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Oregon
OCCUPATION	Lawyer

MOTHER

FULL MAIDEN NAME	Sadie Harvey
RESIDENCE	1107 State St
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa
OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. S. Allen M.D.

(Physician or Midwife)

Address 301-3 McCarty Bldg

Given names added from a supplemental report

....., 19.....

Filed 6/10 19 12 C. L. McConnel

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/14/41/ EA

DEC 6 1951

238-130-001-434

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

Primary Registration District No. 1004

File No. 6356

Registered No. 211

FULL NAME OF CHILD Schreiber, Adolph Francis (died)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	May 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolph Schreiber	FULL MAIDEN NAME	Josephine McMahon
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed JUN 26 1912 19.....

..... Registrar

Fay McConnell Dep. Registrar

S-Y CO. 20175

318-109-001-742

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 235 W. S. St.

Hospital

Registration District No. 2

File No. 6357

Primary Registration District No. 1004

Registered No. 207

FULL NAME OF CHILD Chas Alto Cayle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	yes	6 — 9 — 1912

FATHER	MOTHER
FULL NAME: Willis Cayle	FULL MAIDEN NAME: Lena Gutelbert
RESIDENCE: 235 W. S Ave.	RESIDENCE: 235 W. S. Ave.
COLOR:	COLOR:
AGE AT LAST BIRTHDAY: 53 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Ohio
OCCUPATION: Solicitor	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician

(Physician or Midwife)

Address 820½ Idaho Boise Ida

Given names added from a supplemental report

....., 19.....

Filed JUN 22 1912 19..... Jay McConnell Dep. Reg. Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-145825

339-114-001-366

Form V. S. No. 11.C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

Registration District No. 2

Primary Registration District No. 1009

File No. 6358

Registered No. 205

FULL NAME OF CHILD Frank Coffin Clinton

Sex of Child Male

Twin, Triplet, or other? One (To be answered only in event of plural births) and Number in order of birth 4th

Legitimate? Yes

Date of birth 6-14-12 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME James Edwin Clinton	FULL MAIDEN NAME Elma Coffin
RESIDENCE Cor. Warm Spg & Walnut	RESIDENCE Warm Spg & Walnut
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Boise Ida
OCCUPATION banker.	OCCUPATION housewife.

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Smith, M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed JUN 21 1912, 19.....

Jay McConnell
Dep. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 1 1992

391-118-001-289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 6359

No. 1010, Hayes St. — Primary Registration District No. 1004 — Registered No. 204

Hospital — FULL NAME OF CHILD Charles Edward Crawford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 18, 1912

FATHER		MOTHER	
FULL NAME	Claude C. Crawford	FULL MAIDEN NAME	Carrie L. Briggs
RESIDENCE	1010 Hayes St. Boise	RESIDENCE	1010 Hayes St. Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Oregon
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) on the date above stated. June 18th, at 3 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Nuckles

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed JUN 20 1912 19.....

Fay M. O'Connell
Deputy Registrar

S-Y CO., 16670

JAN 20 1959

City Health Department

Certified copy issued Nov. 26, 1940. E.W.

434-115-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 6360

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 201

Hospital St. Lukes

FULL NAME OF CHILD Harold Cecil Ulmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	June 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Torrence Cecil Ulmer	Winifred Rose Carter
RESIDENCE	Shaffer Creek	Shaffer Creek
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	~~Utah~~ Pa	Wyo.
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasse

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed JUN 18 1912. 19..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 15 1949

853-119-001-359

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. H-C-15m-4-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 6361

No. 921 E. Wash St.

Primary Registration District No. 1004

Registered No. 199

Hospital

FULL NAME OF CHILD Henry Clay Helm

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	June 18 19[illegible]

	FATHER	MOTHER
FULL NAME	Egbert Helm	FULL MAIDEN NAME Alice Jennigen
RESIDENCE	Boise Idaho	RESIDENCE Boise
COLOR	W.	COLOR Wh
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years) 26
BIRTHPLACE	Minnesota	BIRTHPLACE Iowa
OCCUPATION	Salesman	OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Peters

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6/17/12

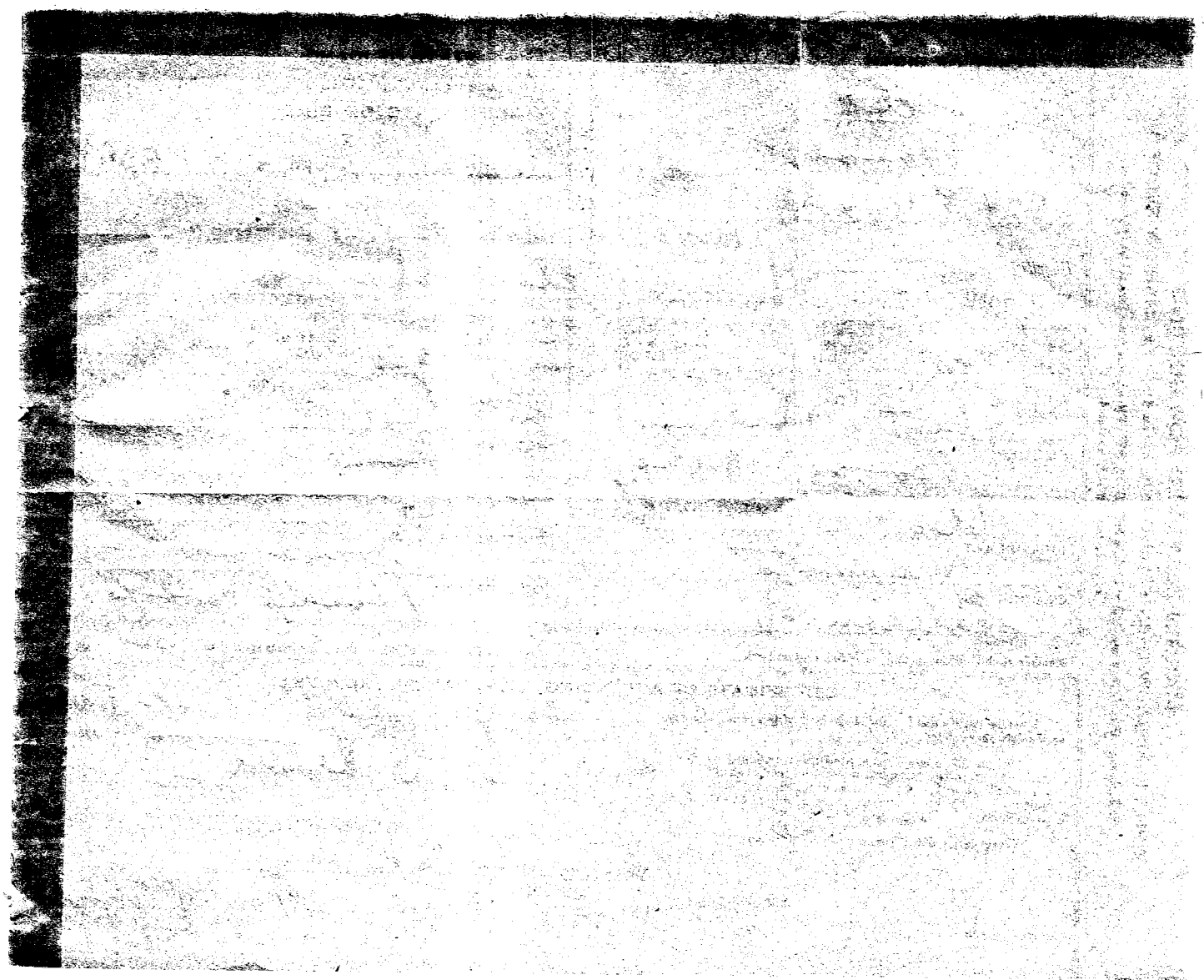
Fay McConnell
Dep. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



859-110-001-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No —, —— St.

Registration District No. 2 File No. 6362

Hospital —

Primary Registration District No. 1004 Registered No. 196

FULL NAME OF CHILD Fred N. Hayburn Jr

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	June 10, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred N. Hayburn	Myrtle M. Johnson
RESIDENCE	Boise	Boise
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Washington	Iowa
OCCUPATION	Lineman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:57 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

....., 19.....

Filed 6/14/12

Registrar

Deputy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 20 1945

257-101-001-879

PLACE OF BIRTH — STATE OF IDAHO — Form V. S. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1309 N. 21st St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 6363

Registered No. 195

FULL NAME OF CHILD Robert Lee Bear

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	yes	June 1st, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: F. A. Bear	FULL MAIDEN NAME: Nettie Harrington
RESIDENCE: 1309 N. 21st	RESIDENCE: 1309 North 21st
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Wyoming
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6th

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at Noon M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D. (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/12 1912 C. S. McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended Jan. 13, 1953

PLACE OF BIRTH

917-124-001-419

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 315 s. 2nd St. Registration District No. 2 File No. 6364

Hospital Primary Registration District No. 1004 Registered No. 184

FULL NAME OF CHILD VERNON WILLIAM RAPPLE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			YES	MAY 24 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Venzel William Rapple	FULL MAIDEN NAME	Alma I. Marshall
RESIDENCE	Kemerer, Wyo.	RESIDENCE	Kemerer, Wyo.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	California
OCCUPATION	R. R. Hostler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Hoherson, M.D.
(Physician or midwife)

Address 210 Overland Bldg.

Give names added from a supplemental report.

....., 192.....

Filed 6/6 1912 C. S. McConnel
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 315, S. 2nd St.

Registration District No. 2

File No. 6364

Primary Registration District No. 1004

Registered No. 184

Hospital

FULL NAME OF CHILD Vernon William Rapple

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M.	1	1	yes	May 24, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vergel William Rapple	FULL MAIDEN NAME	Elma I Marshall
RESIDENCE	Kemmerer, Wyo.	RESIDENCE	Kemmerer Wyo.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	California
OCCUPATION	R. R. Hostler	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) N. M. Hoberson M. D.

(Physician or Midwife)

Address 210 Overland Bldg

Filed 6/6/1912 19..... C. S. McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 14 1953

SEP 5 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6364

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vernon Wm. Rapple (Name on Original Certificate) who was born (Was Born or Died) on May 24, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's First Name	Elma	Alma

Subscribed and sworn to before me this 13 day of January, 1953

Notary Public, residing at Boise
My commission expires May 7, 1953
(Seal)

Signed Mrs Alma Rapple
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

957-105-001-45-9

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 6365

No. 1009 Warm Spgs — Primary Registration District No. 1004 — Registered No. 187

Hospital

FULL NAME OF CHILD Wm. Valentine Regan Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	yes	June 2, 1912

FATHER		MOTHER	
FULL NAME	William V. Regan	FULL MAIDEN NAME	Mollie Merle
RESIDENCE	1009 Warm Spgs. Ave	RESIDENCE	1009 Warm Spgs. Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	San Francisco - Calif
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 8-P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm F. Smith

(Physician or Midwife)

Address 410 Overland Bldg.

Given names added from a supplemental report

May - 6 -, 1912

Registrar

Filed 6/7 1912 C S McConnel

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 26 1941

255-129-001-789

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 10-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 6366

No. 1219, N 8th St.

Primary Registration District No. 1004

Registered No. 177

Hospital

FULL NAME OF CHILD GEORGE William Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	may 29, 1912

FATHER		MOTHER	
FULL NAME	William M. Bennett	FULL MAIDEN NAME	Ada J. Phillips
RESIDENCE	1219 N 8th St	RESIDENCE	1219 N 8th St
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Missouri	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St

Given names added from a supplemental report

....., 19.....

Filed 5/31/12 19... W. E. Hopkins
Registrar

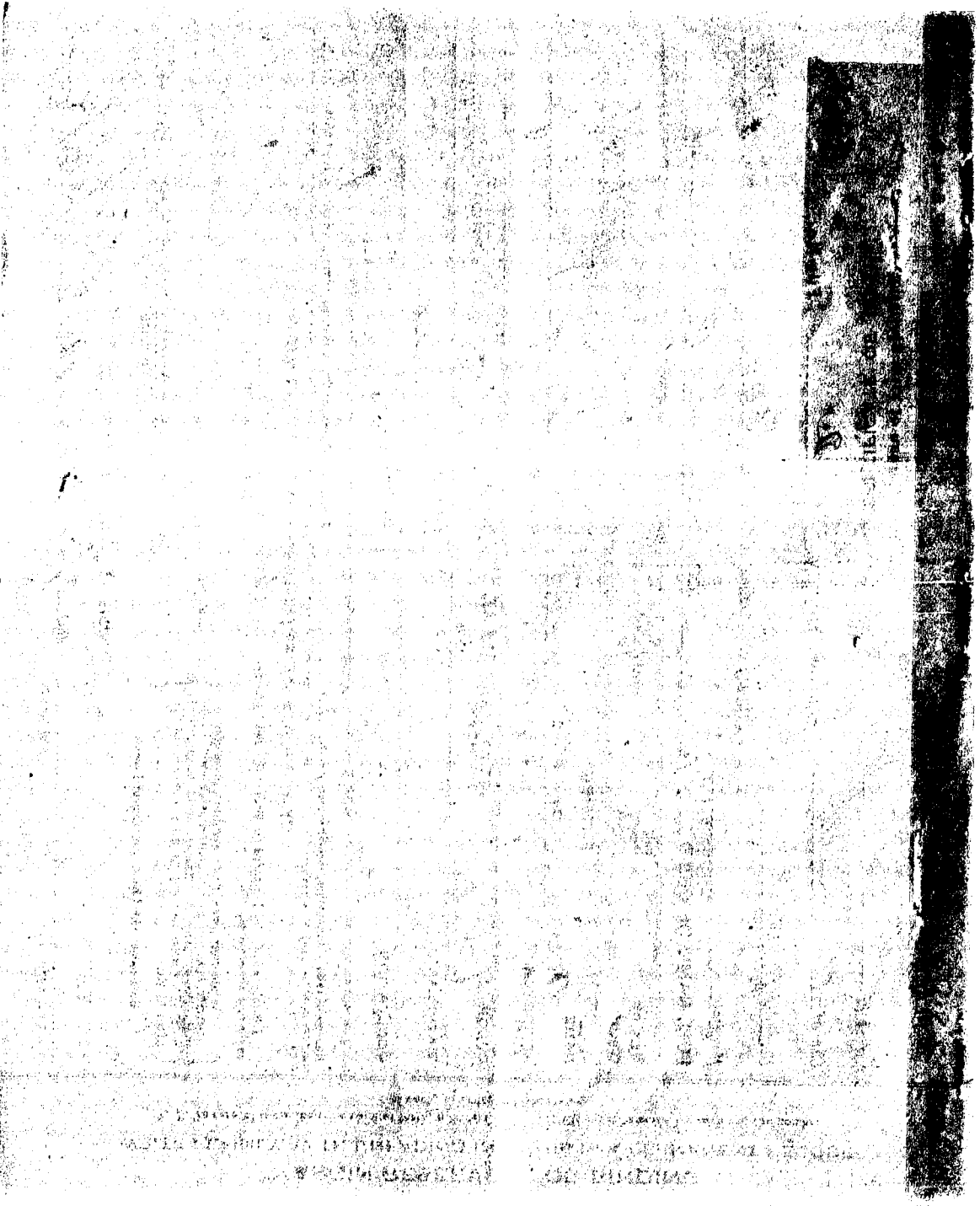
.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 6366

FEB [illegible] 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of George William Bennett for William Mortimer Bennett who May 29 1912 in Boise Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by prepared on , are:

(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	William Mortimer Bennett	George William Bennett

Subscribed and sworn to before me this 9 day of Feby 1942

Signed Ada J. Bennett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Los Angeles Co

My commission expires March 25 1945
(Seal)

214 W 88 pl Los Angeles Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

FEB 13 1942

712-215-001-127

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 8th & Grove St.

Hospital

Registration District No 2 File No. 6367

Primary Registration District No. 1004 Registered No. 198

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5 15 1912

FATHER		MOTHER	
FULL NAME	Manuel Gabriola	FULL MAIDEN NAME	Dolores Aspiola
RESIDENCE	8th & Grove	RESIDENCE	8th & Grove
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Fred A. Fulweiler

(Physician or Midwife)

Address Falk Bldg.

Filed 6/17/12 Guy McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-D52-3202.

231-224-001-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 3-15-N. 13th *St.*

Hospital

Registration District No. 2 **File No.** 6368

Primary Registration District No. 1004 **Registered No.** 212

FULL NAME OF CHILD Dorothy Jean Stacey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Two	yes	6-24-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eugene Stacey	Francis Gibson
RESIDENCE	3-15-N. 13-th St	3-15-N. 13-th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Kansas	Ohio
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith S.H.

(Physician or Midwife)

Address 410 Overland

Given names added from a supplemental report

6-27-1912

Filed JUN 27 1912

Gay McConnell Dep. Registrar

Registrar

S-Y CO., 16670

JUN 15 1943

JUN 12 1948

492-213-001-249

PLACE OF BIRTH

County of Ada

City of Boise

No. 204 Broadway St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

Registration District No. 2 File No. 6369

Primary Registration District No. 1004 Registered No. 210

FULL NAME OF CHILD Shirley May Sisler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	yes	June 13, 1912

FATHER		MOTHER	
FULL NAME	Orla A Sisler	FULL MAIDEN NAME	Julia Smith
RESIDENCE	204 Broadway,	RESIDENCE	204 Broadway - Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Carpenter	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Sisler

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed JUN 25 1912 19..... Fay McConnell Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-22-01-31-4

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 615, So 13½ St.

Registration District No. 2

File No. 6370

Primary Registration District No. 1009

Registered No. 209

Hospital

FULL NAME OF CHILD Vernonia Darling

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	June 23rd 1912

FATHER		MOTHER	
FULL NAME	Frank N. Darling	FULL MAIDEN NAME	Vernonia Campbell
RESIDENCE	615 So. 13th St	RESIDENCE	615 So. 13½ St.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Indiana	BIRTHPLACE	Wyoming
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12.20 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed JUN 24 1912

Ray McConnel
Registrar

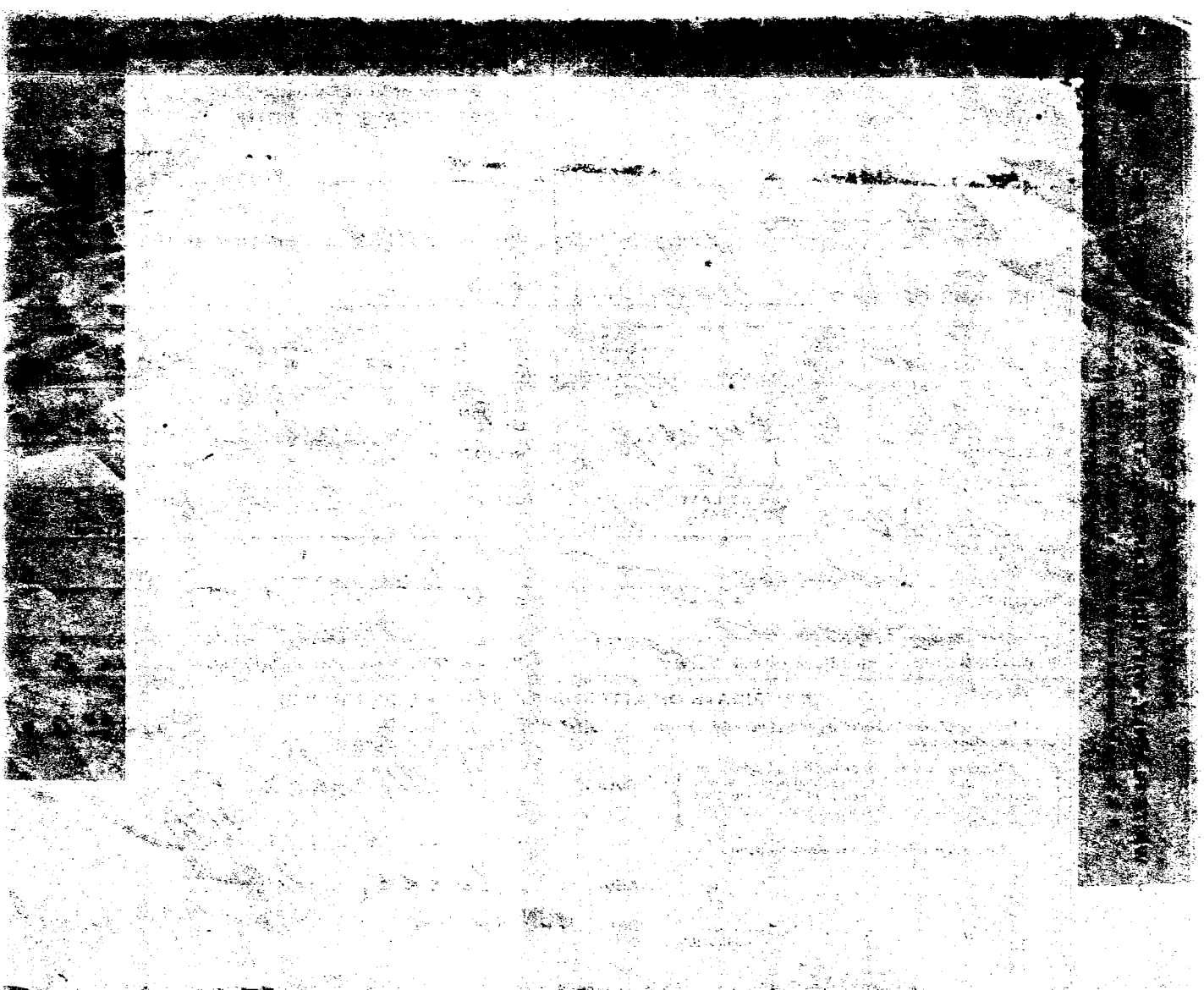
.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



255 - 220-001-255

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 6371

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 208

Hospital St. Alphonsus

FULL NAME OF CHILD Ellen Margaret Keenan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		yes	June 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. E. Keenan	Ellen Kennedy
RESIDENCE	East State St. Boise	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Electrician	House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. McCalla

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

June 23, 1912

Filed JUN 24 1912 19

Mary McConnell Dep. Registrar

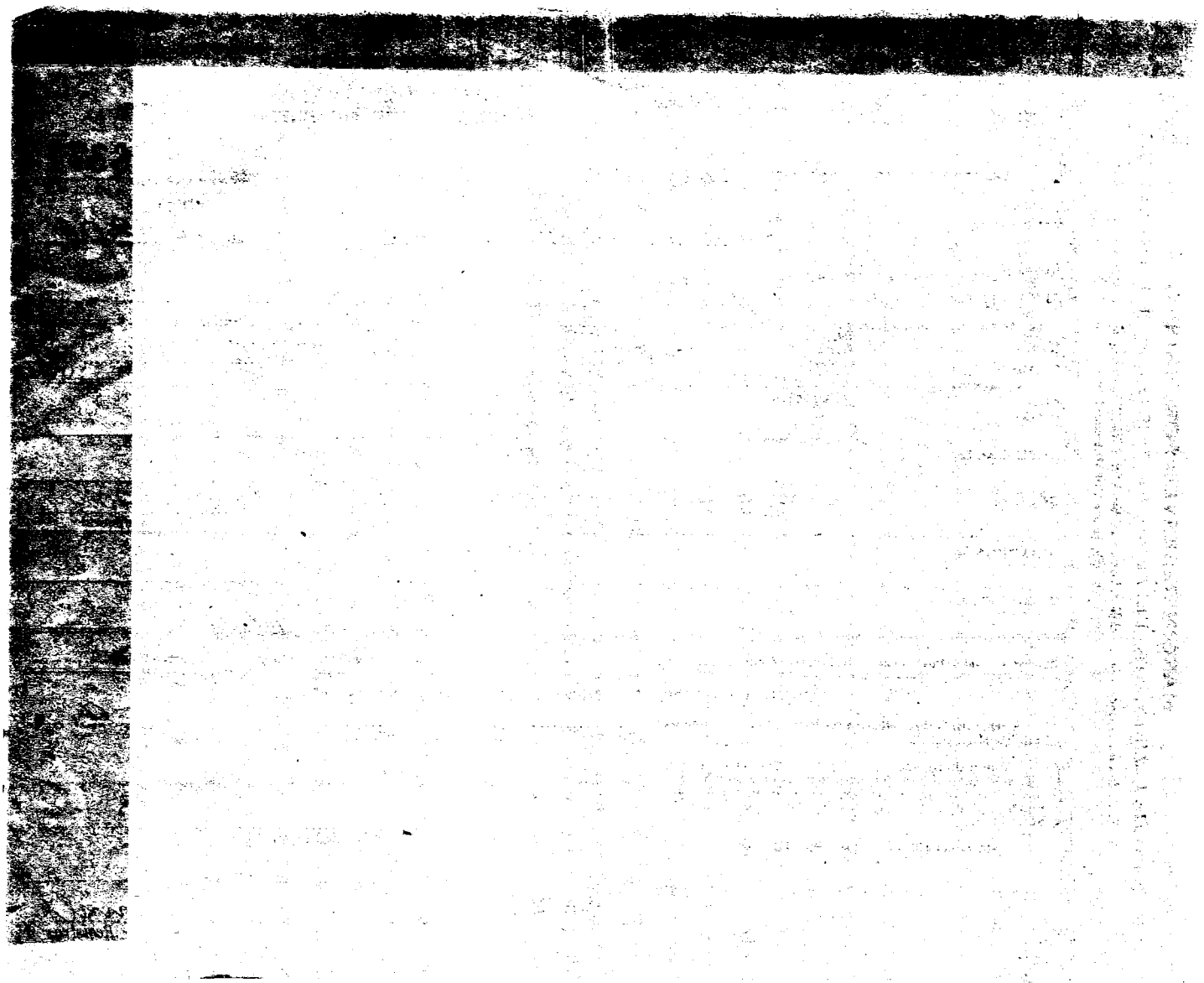
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



413 - 216-001-851

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 6372

No. 1302, No. 13th St.

Primary Registration District No. 1004 Registered No. 206

Hospital

FULL NAME OF CHILD Mary Marliss Mallison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	June 16th, 1912

FATHER	MOTHER
FULL NAME: Saml Neal Mallison	FULL MAIDEN NAME: Dorothy Alice Heaston
RESIDENCE: 1302 No. 13th St.	RESIDENCE: 1302 No 13th St.
COLOR: white — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Iowa
OCCUPATION: Physician	OCCUPATION: House wife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed JUN 21 1912 19..... Fay McConnel Dep. Registrar

S-Y CO., 16670 Registrar

JAN 11 1951

249-209-001-466

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 6373

No. ____, ____ St.

Primary Registration District No. 1004 Registered No. 200

Hospital St. Lukes

FULL NAME OF CHILD Jane Burkholder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	June 9, 1912

FATHER	MOTHER
FULL NAME Joseph L. Burkholder	FULL MAIDEN NAME Rebecca Moody
RESIDENCE Boise	RESIDENCE Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ill	BIRTHPLACE Kan
OCCUPATION Civil Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasscock

✓ (Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed JUN 18 1912 19..... Fay McGrew D 1/2 Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

964-205-001-693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 511 No 5th St.

Registration District No 2 File No. 6374

Hospital St Alphonsus

Primary Registration District No. 1004 Registered No. 197

FULL NAME OF CHILD Hans Louis Rouse

Sex of Child: F	Twin, Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: June 6 (Month) (Day) 191 (Year)

FATHER	MOTHER
FULL NAME: Walter S Rouse	FULL MAIDEN NAME: Leona D. Williams
RESIDENCE: 511 No 5th St	RESIDENCE: 511 No 5th St.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Iowa
OCCUPATION: Salesman (Traveling)	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or Stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Yerkey M.D.

Physician

(Physician or Midwife)

Address Boise Ada

Given names added from a supplemental report

....., 19.....

Filed 6/14 19 12 Fay McConnell Dep Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 24 1943

JUN 26 1943

MAY 11 1956

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 6375

No. 406, O'Farrell St.

Primary Registration District No. 1004

Registered No. 194

Hospital

FULL NAME OF CHILD Martha Ashby Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	June 11, 1912

FATHER	MOTHER
FULL NAME: Donald H. Davis	FULL MAIDEN NAME: Martha Shepard
RESIDENCE: 406 O.Farrell	RESIDENCE: 406 O.Farrell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Missouri
OCCUPATION: Civil Engineer	OCCUPATION: Home wife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12.10 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor. M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 6/12 19.12 C. S. McConnell Registrar

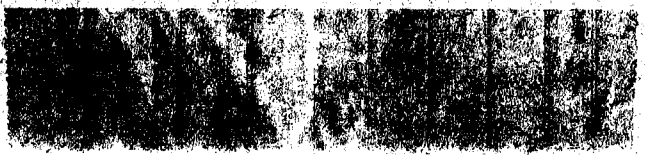
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 4/25/41. w.h.



992-211-001-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 707, N 20½ St.

Hospital

Registration District No. 2 File No. 6376

Primary Registration District No. 1004 Registered No. 193

FULL NAME OF CHILD Josephine Mitchell Risser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	June 11 1912

FATHER	MOTHER
FULL NAME: Oswald S. Risser	FULL MAIDEN NAME: Minnie Mitchell
RESIDENCE: 707 No. 20½	RESIDENCE: 707 No. 20½ St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Illinois
OCCUPATION: Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9.20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 6/12 1912 C S McConnell 7mc

Registrar

S-Y CO., 16670

Registrar

NOV 5 1942

841-205-001-268

PLACE OF BIRTH

amended 7/11/79

Form T. S. No. H-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1616, W. 10th St.

Registration District No. * 2

File No. 6377

Primary Registration District No. 1004

Registered No. 190

Hospital

FULL NAME OF CHILD Doris B. Imaells

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	June 3rd, 1912

FATHER		MOTHER	
FULL NAME	Frank Imaells	FULL MAIDEN NAME	Minnie Bohner
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ark Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. L. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St.

Filed 6/11 1912 C. A. McConnell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 11 1 52 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 6377
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Edith Bohna Qualls (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 5, 1912 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Edith Bohna Qualls	Doris Bonney Qualls

Subscribed and sworn to before me this 9th day of July, 1979.

Notary Public, Margaret N. Behe

Residing at Portland, Or. 97232

My commission expires 2-1-83

(Seal)

Now - Doris B. Suptill

Doris Bonney Qualls
Signature of Applicant

2211 S.W. 1st Ave #904 Portland Oregon 97201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 7-2-79 nm RUSH

letter from Social Secuirty Board, Washington, D. C. 4-5 =39 gives name as Doris Bonney Qualls. No. 539-03-9948. viewed by V. S.

JUN 11 1979

Certif of Marriage from the state of Wasington gives name as Milton D. Guptill and Doris. Qualls. d ted Jan 5, 1946. vieed by V. S.

469-203-001-854

PLACE OF BIRTH

STATE [redacted]

Form V. S. No. 11-C—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ader

City of Boise

No. 814½ Franklin St.

Registration District No. 2

File No. 6378

Primary Registration District No. 1004

Registered No. 189

Hospital

FULL NAME OF CHILD Amelia Real Dorsaz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 3, 1912

FATHER		MOTHER	
FULL NAME	Lence Dorsaz	FULL MAIDEN NAME	Mary Real
RESIDENCE	814½ Franklin St	RESIDENCE	814½ Franklin St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Switzerland	COLOR	White
OCCUPATION	Cook	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Switzerland
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 4

Number of children, of this mother, now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. H. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St.

Filed 6/11/19 12 C. S. McConnell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

202-001-819

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Emmett St.

Hospital St. Luke's

Registration District No. 2

File No. 6379

Primary Registration District No. 1004

Registered No. 186

FULL NAME OF CHILD Mary Virginia Arnold

Sex of Child: Female | Twin, Triplet, or other? | and Number in order of birth: One | Legitimate? Yes | Date of birth: June May 2, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Harry W. Arnold	FULL MAIDEN NAME: Harriet Harridt
RESIDENCE: Emmett	RESIDENCE: Emmett
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Foreman Utah Construc Co.	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) .....

Dr. Wm. F. Smith
(Physician or Midwife) S.H.

Address 410 Overland

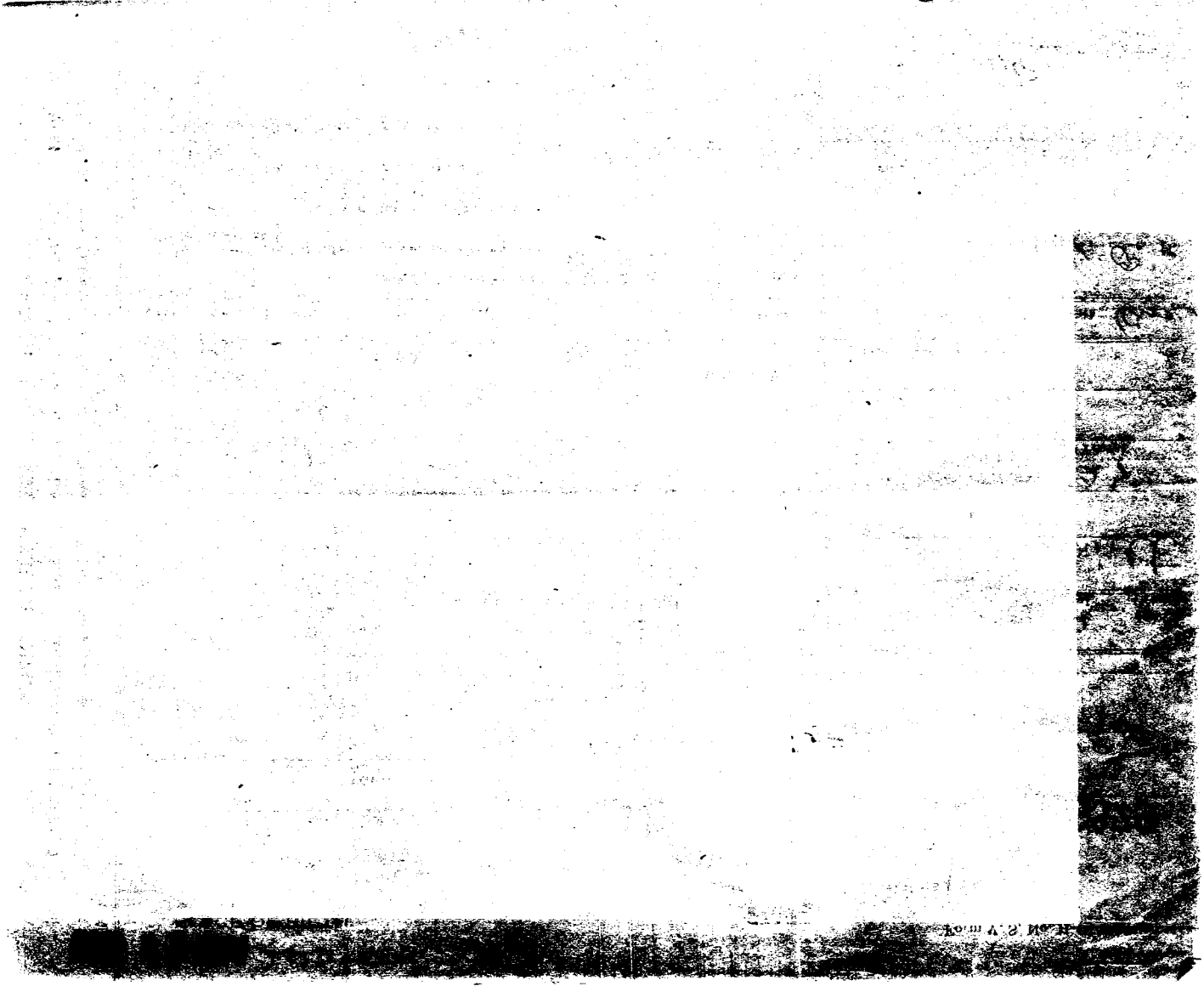
Filed 6-6 1912 C. S. McConnel
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



369-230-001-294

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 6380

No. ____, ____ St.

Primary Registration District No. 100 7 Registered No. 185

Hospital St Lukes.

FULL NAME OF CHILD Dorothy Ilene Cost

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	2	Yes.	May 30, 1912

FATHER	MOTHER
FULL NAME Ralph H. Cost	FULL MAIDEN NAME Grace Simons
RESIDENCE 1709 Washington, Boise	RESIDENCE 1709 Washington St.
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Grocer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2: Q. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Halverson M. D.

(Physician or Midwife)

Address 210 Overland Bldg.

Given names added from a supplemental report

....., 19.....

Filed 6/6 19 12 C. S. McConnel

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 1973

235-224-001-719

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Dm-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 6381

No. 1104 E. Jefferson St. — Primary Registration District No. 1804 — Registered No. 182

Hospital

FULL NAME OF CHILD MAE Bertha Mary Stephan.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	May 24, 1912

FATHER		MOTHER	
FULL NAME	August Jacob Stephan	FULL MAIDEN NAME	Mamie L. Carpart
RESIDENCE	Boise Idaho.	RESIDENCE	Boise Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Ohio
OCCUPATION	Baker	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill. (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/3/12 19 M. E. Hopkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1942

APR 3

JUN 23 1972

993-230-001-166

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 716 Fort St.

Registration District No. 2 File No. 6382

Primary Registration District No. 1004 Registered No. 179

Hospital

FULL NAME OF CHILD Geraldine Elaine Richardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	May 30th 191

	FATHER	MOTHER
FULL NAME	Frank Richardson	Hedie Jo Lin
RESIDENCE	716 Fort - Boise	716 Fort. Boise
COLOR	W.	Wh.
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Iowa	Idaho.
OCCUPATION	Bookkeeper.	Home wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn), at 7 a M. on the date above stated.

(Signature) W S Letts

(Physician or Midwife)

Address Boise Idaho

Filed 6/1/12 19.. J. McC. Hopkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

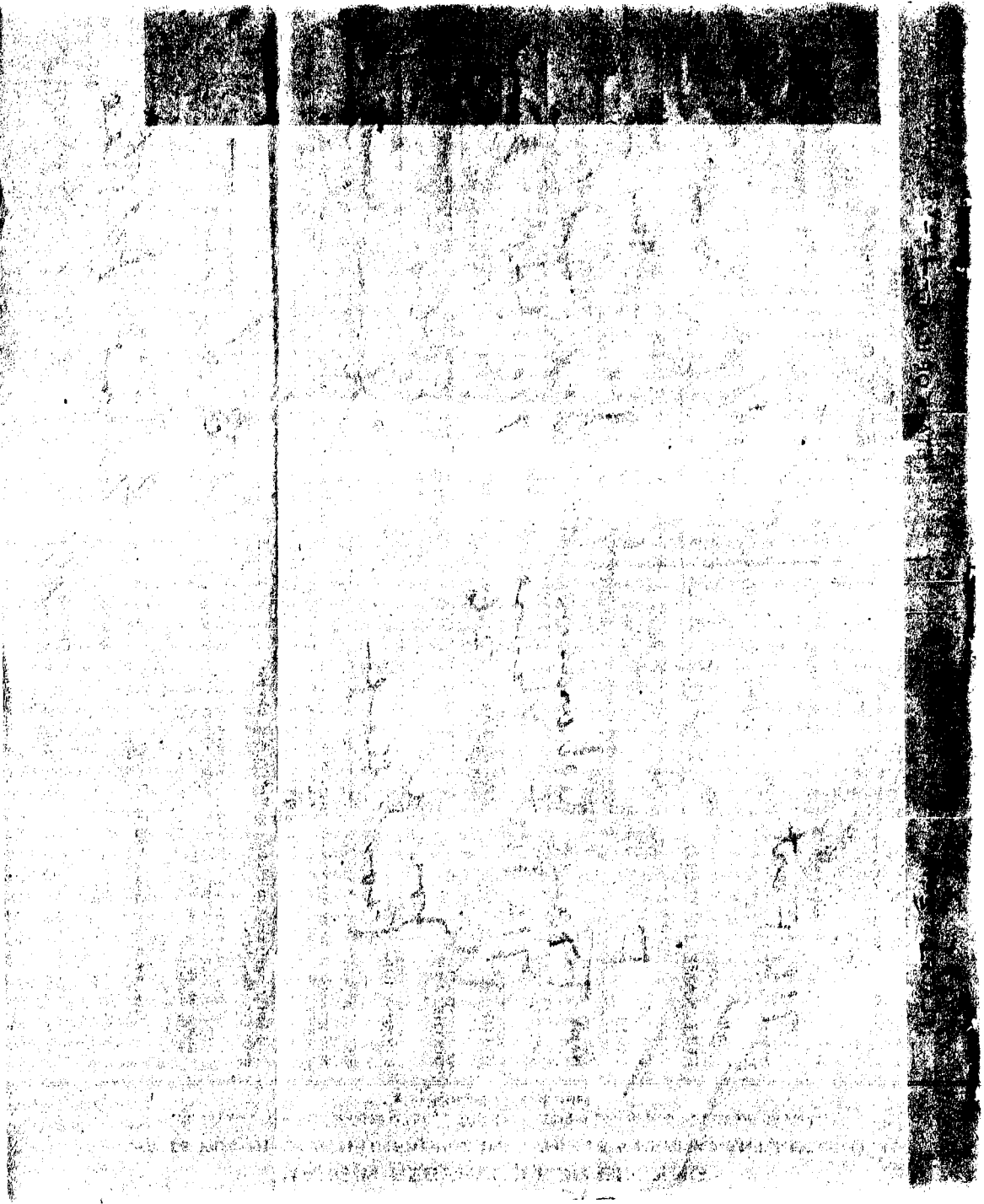
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 6382

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Jeraldine Richardson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 30th., 1912. (DATE OF EVENT) in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 30th., 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Jeraldine Richardson	Jeraldine Elaine Richardson
birth date	May 29, 1912	May 30, 1912

Subscribed and sworn to before me this twenty-sixth day of January, 1942.

Signed Goldie Joplin Chapin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Myrtle M. Chamberlain
Notary Public, residing at Idaho Falls, Idaho

Hotel Rogers, Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

My commission expires June 26th., 1943.
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this twenty-sixth day of January, 1942.

Signed Mrs. Jane Hudson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Myrtle M. Chamberlain
Notary Public, residing at Idaho Falls, Idaho.

519-13 A
(STREET ADDRESS, CITY, STATE)

My commission expires June 26th., 1943.
(SEAL)

Received for filing on [illegible] 1942 By
(REGISTRAR'S SIGNATURE)

FEB 2 9A?

218-221-001-246

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 4-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 216 Thatcher St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 6383

Registered No. 178

FULL NAME OF CHILD Margret Bay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 21, 1912

FATHER		MOTHER	
FULL NAME	George Bay	FULL MAIDEN NAME	Anna Buffington
RESIDENCE	216 Thatcher	RESIDENCE	216 Thatcher
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St. Boise Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 5/21/12 19.... M. E. Hopkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 10 1955

514-124-001-23

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6384

County of Ada

City of Boise -

No. 707 Brumbach St.

Registration District No. 2

Primary Registration District No. 1004

Registered No. 214

Hospital

FULL NAME OF CHILD Harold Ivan Lamoreaux

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Lamoreaux	Pearl Sullivan
RESIDENCE	Boise - Idaho	Boise -
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	28 yrs	18 yrs
BIRTHPLACE	Mich.	Neb.
OCCUPATION	Laborer	H W.

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed JUN 2 1912 19..... Fay McConnell Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 1973

819-125-001873

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise -

No. 1708 - N. 14th St.

Registration District No. 2 File No. 6365

Primary Registration District No. 1004 Registered No. 213

Hospital

FULL NAME OF CHILD John Worrell Harmon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 25, 191

FATHER	MOTHER
FULL NAME John Harmon	FULL MAIDEN NAME Inez Hallford
RESIDENCE Boise -	RESIDENCE Boise -
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Boise - Ida.	BIRTHPLACE Ill.
OCCUPATION Clerk -	OCCUPATION H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Kiep

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed JUN 2 1912 19.....

Gay McConnel D/C Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367-107-00[illegible]-65

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 2502, Ada St.

Registration District No 2 File No. 6386

Primary Registration District No. 1004 Registered No. 217

Hospital

FULL NAME OF CHILD Francis Eaton Cole

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 7, (Year) 1912
male		Yes	

FATHER	MOTHER
FULL NAME Charles Bloomfield Cole	FULL MAIDEN NAME Francis Ewing
RESIDENCE Boise, Ida.	RESIDENCE Boise, Ida
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Chicago, Ill.	BIRTHPLACE Evansville, Ind.
OCCUPATION Lawyer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan, Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

Filed JUN 28 1912 Fay McConnel Dep. Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 7 1974

462-225-001-359

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. H-C-16m-6-25-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 6387

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 215

Hospital ____

FULL NAME OF CHILD JEWELL CLAUDIA Claudia Maxine Roberts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.			yes	May 25 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Dayde Hershal Roberts	FULL MAIDEN NAME Georgia Eaton Leighton
RESIDENCE	Boise	RESIDENCE Boise
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE Idaho
OCCUPATION	Bookkeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Zangle M.D.

(Physician or Midwife)

Address Star, Ida.

Given names added from a supplemental report JUL 1 - 1912, 19....

Fay McConnel Registrar

Filed June 10 JUN 28 1912 19 12 L. E. Strawhun Registrar

Fay McConnel

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 6387

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Claudia Madeline Roberts (Name on Original Certificate) who born (Was Born ~~Died~~) on May 25, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous ~~or incomplete~~; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on May 25th, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Claudia Madeline Roberts	Jewell Claudia Roberts

Subscribed and sworn to before me this 14th
day of July 1942
C. Lawson Lee
Notary Public, residing at Salt Lake City, Utah
My commission expires 8-5-45
(Seal)

Signed Georgia M. Leighton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
130--2nd Ave., Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

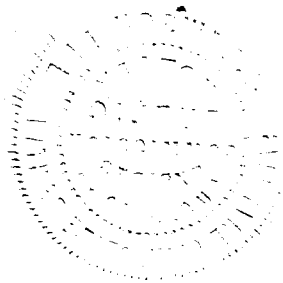
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of July 1942
[illegible]
Notary Public, residing at Vale, Oregon
My commission expires June 27th, 1943
(Seal)

Signed Mrs. F. G. Bennett
(Signature of Any Credible Person Other Than Previous Year)
R. F. D. # 2, Vale, Oregon
(Street Address, City, State)

AUG 24 1942

AUG 25 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada 816-203 001-154

City of Boise

No 1415, N. 5th St. Registration District No 2 File No. 6388

Hospital — Primary Registration District No. 1004 Registered No. 216

FULL NAME OF CHILD Katherine Dean Hawkins

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	June 3, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Dean Hawkins	FULL MAIDEN NAME	Alma Nora Andregg
RESIDENCE	Boise, Ida.	RESIDENCE	Boise, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ada Co., Ida.	BIRTHPLACE	Kansas City, Kas.
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

.....

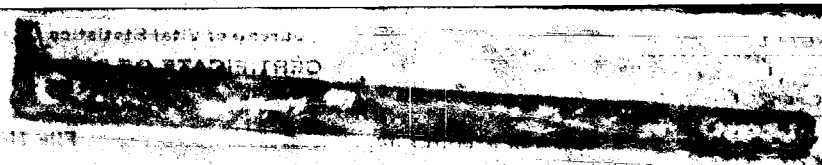
Registrar

Filed JUN 28 1912

Fay McConnell

Dep Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



MAY 2 1973

379-2 -001-69

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 2-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Belfry School District — Registration District No. 2 — File No. 6389

No. ____, ____ St. — Primary Registration District No. 1004 — Registered No. 183

Hospital ____

FULL NAME OF CHILD Spicer, MARY ELLEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. Clay Spicer	Effie Warne.
RESIDENCE	Ioneville Ida	Ioneville Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	2 (Years)
BIRTHPLACE	S Carolina	Kansas
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Lewis M.D.

Physician (Physician or Midwife)

Address 208 Sonna Bldg Boise

Given names added from a supplemental report

....., 19.....

Registrar

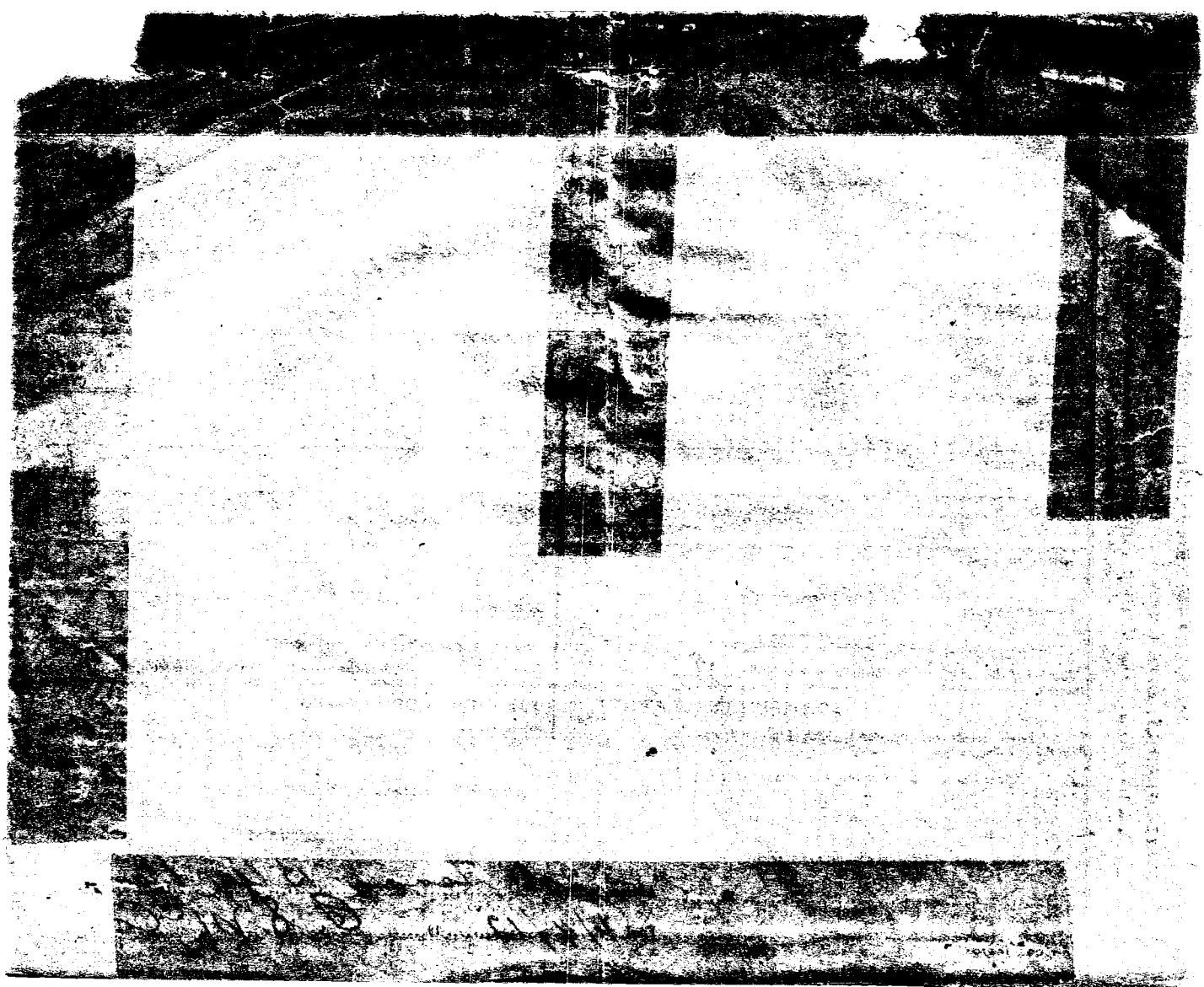
Filed 6/4/12 19..... C. S. McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada } OCT 6 1941

Certificate No. 6389
Date Filed 5-25-1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Ethel Spicer (Name on original certificate) who ~~was born~~ Boise Ada (Was born or died) on May 25 1912 (Date of event)
in Boise Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by State record no. 6389 (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Ethel	Mary Ellen Spicer
From Ethel Spicer		
to Mary Ellen Spicer		

Subscribed and sworn to before me this 10th day of Sept. 41

Notary Public residing at Anchorage, Alaska
My commission expires Sept 15th, 1944.
[SEAL]

Signed Clay Spicer (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Box 1326, Anchorage, Alaska.
(Street Address, City, State)

UNITED STATES OF AMERICA

Supporting Affidavit of a Second Person

State of TERRITORY OF ALASKA } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Sept. 44

Notary Public, residing at Anchorage, Alaska.
My commission expires Sept. 15th 1944.
[SEAL]

Signed Ethel Spicer Rogers
(Signature of any credible person other than the previous affiant)

Box 1326, Anchorage, Alaska.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

533-110-001-237

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 9th St. Lot Boise

Registration District No. 2

File No. 6390

Primary Registration District No. 1004

Registered No. 202

Hospital —

FULL NAME OF CHILD Ernest Vance Ellsworth

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	7	Yes	6/10 19[illegible]

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Jayne. Ellsworth	Anna Mary Klingen
RESIDENCE	No 9th St Boise	Same
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	43	33
BIRTHPLACE	Utah	Germany
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Toomey

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

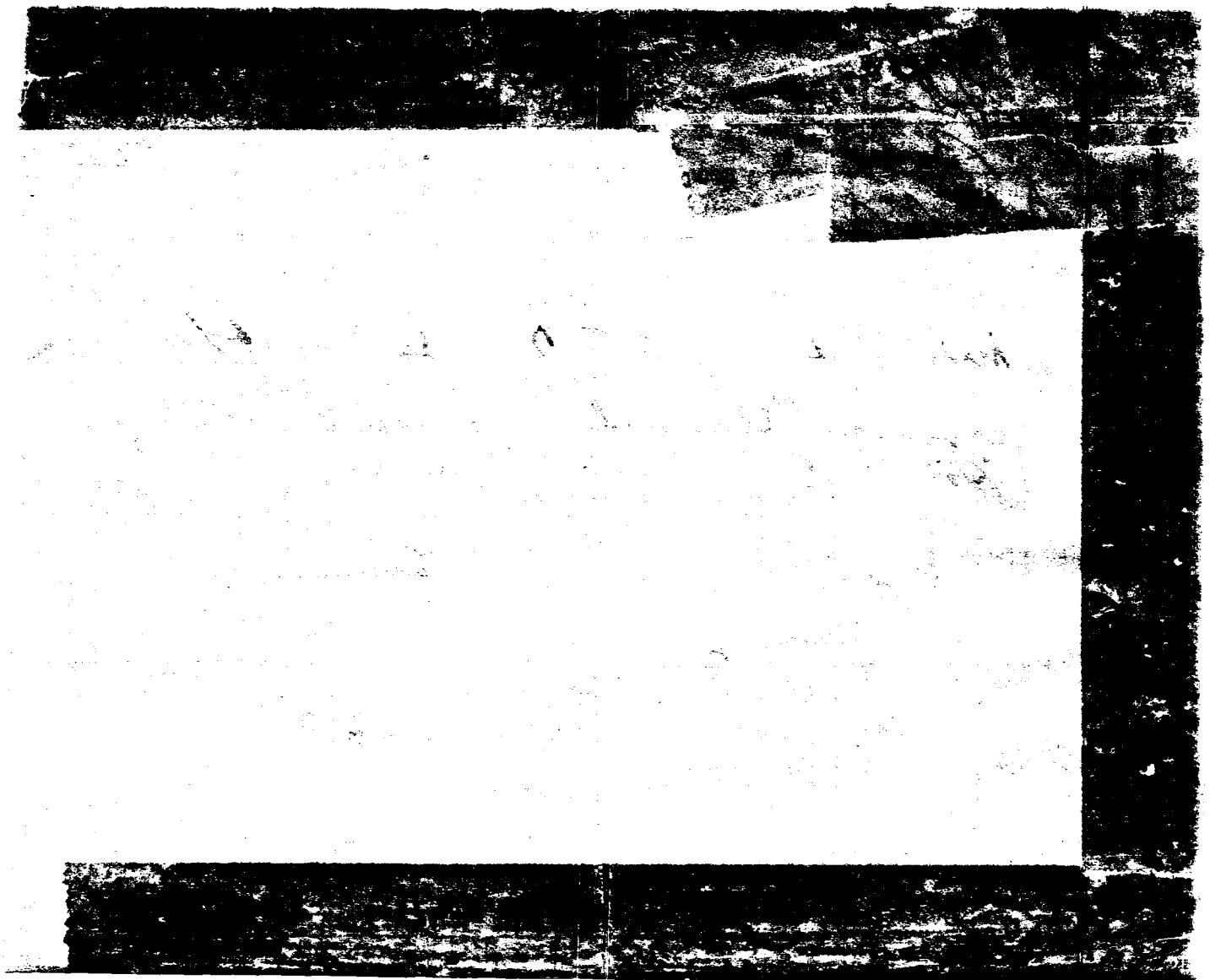
Address .....

Filed JUN 19 1912, 19....

Registrar

Ray McConnell Dep., Registrar

S-Y CO., 16670



[redacted] 209-749

[redacted]

Form V. S. [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No 406, S. 12th St.

Hospital

Registration District No. 22 File No. 6391

Primary Registration District No. 2008 Registered No. 71

FULL NAME OF CHILD ~~[redacted]~~ Earl Melvin Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 3 1912

FATHER	MOTHER
FULL NAME: Homer B. Stone	FULL MAIDEN NAME: Mary Purcell
RESIDENCE: 406 S 12th St. Payette, Idaho	RESIDENCE: with husband
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Iowa
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or Midwife)

Address Payette Idaho

Filed June 5 1912 J. C. Woodward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 2 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

45-103-04-079

PLACE OF BIRTH

County of Custer

City of [redacted], IDAHO.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 6392

Primary Registration District No. 2008 Registered No. 72

FULL NAME OF CHILD Wilbur Angus Deal

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single	—	Yes	June 3rd, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence E. Deal	Estelle May McDiarmid
RESIDENCE	Fruitland, Idaho	Fruitland, Idaho
COLOR / AGE AT LAST BIRTHDAY	White / 43 (Years)	White / 41 (Years)
BIRTHPLACE	Kalamazoo Co. Mich.	Kent Co. Michigan
OCCUPATION	Minister of Gospel	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Idaho

(Physician or Midwife)

Address FRUITLAND, IDAHO,

Given names added from a supplemental report

....., 19.....

Filed June 5 1912 J. C. Woodward Registrar

.....

Registrar

S-Y CO., 16670

JUN 28 1975

289-107-014-531

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22 File No. 6393

No. ____, ____ St.

Primary Registration District No. 2008 Registered No. 73

Hospital ____

FULL NAME OF CHILD John William Shimp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 7, 1912

FATHER		MOTHER	
FULL NAME	Chas. B. Shimp	FULL MAIDEN NAME	Myrtle E Carr
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward

M.D. Physician

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed June 15 1912 J. C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Ada }

Certificate No. 6393

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for (unnamed Shimp) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 7, 1912 (DATE OF EVENT)
in Payette, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on this date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Not Named	John William Shimp

Subscribed and sworn to before me this 12th day of January, 19 42.

Mary B. Edwards
Notary Public, residing at Boise, Idaho
My commission expires November 6, 1944.
(SEAL)

Signed Myrtle Shimp Wingate
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 2, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 19 42.

Mary B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires November 6, 1944.
(SEAL)

Signed J E Wingate
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route 2, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

954-205-04-266

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22

File No. 6394

No. ____, ____ St.

Primary Registration District No. 2008

Registered No. 74

Hospital

FULL NAME OF CHILD Nora R Inman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 5, 1912

FATHER		MOTHER	
FULL NAME	Guy Inman	FULL MAIDEN NAME	Jane Bowers
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	~~28~~ 30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Crouch

Physician

(Physician or Midwife)

Address Payette Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 17 1912 J. C. Woodward

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1961

312-211-014-413

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. R. F. D. St.

Registration District No. 22 File No. 6395

Primary Registration District No. 2009 Registered No. 75

Hospital

FULL NAME OF CHILD Lucile Agatha Castles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 11, 1912

FATHER		MOTHER	
FULL NAME	Andrew P. Castles	FULL MAIDEN NAME	Vera Macomb.
RESIDENCE	New Plymouth Ida.	RESIDENCE	New Plymouth
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska.	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	19.
		BIRTHPLACE	Idaho.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

(Signature) Wm J. Dryedale M. D. Per R. D.

(Physician or Midwife)

Address New Plymouth, Ida.

Filed July 1 1912 J. C. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAR 1 5 1973

132-113-014-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

Registration District No. 2000 22 File No. 6396

No. ____, ____ St.

Primary Registration District No. 2008 Registered No. 76

Hospital ____

FULL NAME OF CHILD James Standish Ackart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 13, 1912

FATHER

FULL NAME Henry M. Ackart

RESIDENCE Fruitland Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Colorado.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Daisy May Wilson

RESIDENCE Fruitland, Ida.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Nevada

OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale

Physician

(Physician or Midwife)

Address Nyssa Plymouth Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 1 19 12 J. C. Woodward

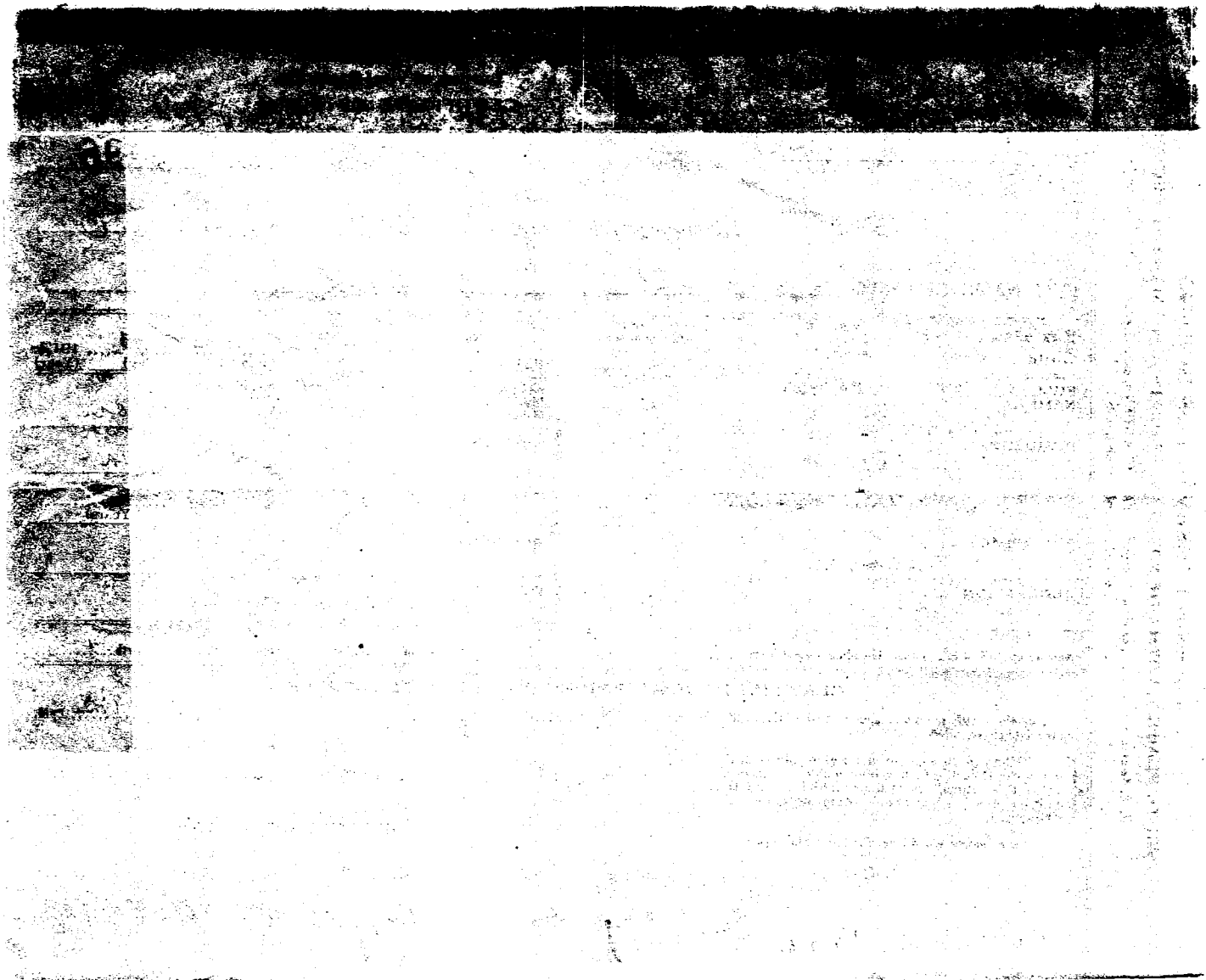
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



336-214-014-466

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of FRUITLAND, IDAHO Registration District No. 22 File No. 6397

No. ____, ____ St. Primary Registration District No. 2008 Registered No. 77

Hospital ____

FULL NAME OF CHILD Lucille Evelyn Thorn

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	—	Yes	June 14th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar Nathaniel Thorn	Mabel Moore
RESIDENCE	Fruitland, Idaho	Fruitland, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Rutherford Co, N.C.	Raleigh, N.C.
OCCUPATION	Minister	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Coright - M.D.

Fruitland, Idaho.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.... Address FRUITLAND, IDAHO

Filed July 1 1912 J.C. Hardward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 15 1944 OA

NOV 15 1976

796 - 28-014 - 283

PLACE OF BIRTH

Form V. S. No. H-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of [illegible] IDAHO

Registration District No. 22 File No. 6398

No. ____, ____ St.

Primary Registration District No. 2008 Registered No. 78

Hospital ____

FULL NAME OF CHILD Marion Isabel Grover

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	1	yes	June 18th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Wesley Grover	Anna Marie Kullander
RESIDENCE	Fruitland, Idaho	Fruitland, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	New Haven, Indiana	Kensington Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.60 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright M.D.

Fruitland, Idaho

(Physician or Midwife)

Address [illegible] IDAHO

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 1912 J. C. Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 19 1964

132-119-076

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6399

County of Canyon

City of Payette

Registration District No. 22

No. ____, ____ St.

Primary Registration District No. 2008

Registered No. 79

Hospital ____

FULL NAME OF CHILD Charles William Aldrich

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Wm Aldrich	Caroline Van Buskirk
RESIDENCE	White Payette Ida	Payette, Idaho —
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 34
BIRTHPLACE	Iowa	Iowa —
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward

Phys.

(Physician or Midwife)

Address Payette Idaho —

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 1 1912 J. C. Woodward
Registrar

S-Y CO., 16670

OCT 13 1948

314-12-1-014-553

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22 File No. 6400

No. ____, ____ St.

Primary Registration District No. 2010. Registered No. 80

Hospital ____

FULL NAME OF CHILD Ivan DeForest Campbell

not known to me

Sex of Child	Twin, Triplet, or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	6. 21, 1912

FATHER		MOTHER	
FULL NAME	E.D.Campbell	FULL MAIDEN NAME	Rena Nelson
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 1 19 12 J.C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Board of Health—Bureau of Vital Statistics

I hereby certify that the child

of Edwin . De F Campbell .
(Name of Father)

and Rena Ty Nelson
(Maiden Name of Mother)

Born on June 21 19 12

has been named Ivan De Forest Campbell

Edwin De F Campbell
(Signature of Father or Mother.)

UNITED STATES OF AMERICA
REPLY CARD

THIS SIDE IS FOR THE ADDRESS ONLY.

JUL 16 1976

EMME
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12
1912
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IDAH

PRESTON
SHERIDAN
ONE CENT

DR J. C. WOODWARD
PAYETTE ID.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

3-122 Book 2, 3

County of Canyon

City of Emmett Registration District No. 2310 File No. 6401

No. ....., ... St.

Primary Registration District No. 2443 Registered No. 81

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Charles Keith Holverson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	June 29 1912

FATHER		MOTHER	
FULL NAME	Elmer Louis Holverson	FULL MAIDEN NAME	Fay Bilderback
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis Canyon	BIRTHPLACE	Idaho
OCCUPATION	Cigar Merchant	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife) M.D.

Address Emmett Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-1- 1912

J. L. Reynolds Registrar

S-Y CO., 16670

249-230-614-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth Registration District No. 22 File No. 6402

No. ....., ... St. Primary Registration District No. 2009 Registered No. 82

Hospital .....

Name Card, Form V. S. 27A mailed

FULL NAME OF CHILD Burroughs, Mildred Evangeline

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 30, 1912

FATHER		MOTHER	
FULL NAME	Herbert Burroughs	FULL MAIDEN NAME	Maude Corson
RESIDENCE	New Plymouth, Ida.	RESIDENCE	New Plymouth, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mich.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Illinois.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 (7) M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dysedale M.D. per R.D.

(Physician or Midwife)

Address New Plymouth, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 1 19 12, J. C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 11 1961

APR 18 1974

693-130-dk-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of PAYETTE, IDAHO

Registration District No. 22 File No. 6403

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 83

Hospital .....

Name Card, Form V. S. 27-A mailed

FULL NAME OF CHILD George Ronald Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 30, 1912

FATHER		MOTHER	
FULL NAME	W. H. McWilliams	FULL MAIDEN NAME	Cora Williams
RESIDENCE	PAYETTE, IDAHO	RESIDENCE	PAYETTE, IDAHO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Dairyman	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician

(Physician or Midwife)

Address PAYETTE, IDAHO

Given names added from a supplemental report

....., 19.....

Filed June 30 1912 J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

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Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6404

County of Canyon

City of Payette

Registration District No. 22 File No. 87

No. ____, ____ St.

Primary Registration District No. 2008 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____ 2 32 P M

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	one	4	yes	May 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Buchmann.	Anna Pufahl
RESIDENCE	Payette	Payette
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Germany	Illinois
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P.M. on the date above stated.

(Signature) J C Woodward

(Physician or Midwife)

Address PAYETTE, IDAHO

Filed July 1 1912 J C Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

995-213-030-015

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of 9 Miles east of Salmon

No ....., ... St.

Registration District No 27 File No. 6405

Primary Registration District No. 2116 Registered No. 94

Hospital .....

FULL NAME OF CHILD Not named Jean Anna Ziems

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 13, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Ziems	Anna Hank
RESIDENCE	Kirtley Creek	Kirtley Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	26
BIRTHPLACE	Germany	Germany
OCCUPATION	Placer Miner & Rancher	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P S Wright M D

(Physician or Midwife)

Address Salmon

Given names added from a supplemental report

....., 19.....

Filed 6/5 1917 Chas. F. Hamm

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If space is insufficient, use sheet of paper of same size and data as this.

STATE OF IDAHO

TE OF BIRTH

Fil

Re

Date of Birth

FULL NAME

FATHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY (Years)

his mother was livis

R MIDWIFE*

(Physician or Midwife)

Certified Copy Issued October 30, 1940. E.M.

Given names added from a supplemental report

Filed

Registrar

Registrar

235-124025-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Poor Farm

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6406

Primary Registration District No. 2044 Registered No. 99

FULL NAME OF CHILD Harold ~~Steffin~~ Steffin ~~Emma~~ Not named yet Stillborn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 24 1912

FATHER		MOTHER	
FULL NAME	August Steffin	FULL MAIDEN NAME	Emma Raumpel
RESIDENCE	deceased -	RESIDENCE	County Poor Farm
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11. P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

July 9 1912

Registrar

Filed July 1 1912 G. S. Stockton Registrar

S-Y CO. 2017

Does not wish new birth certificate made out

IN THE PROBATE COURT OF THE COUNTY OF IDAHO STATE

OF IDAHO

In the Matter of the ADOPTION OF

CERTIFICATION OF ENTRY

OF DECREE

State of Idaho)
) SS
County of Idaho)

I, Hampton Taylor, Probate Judge and ex-officio clerk of the Probate Court of the County of Idaho, do hereby certify that on the 24th day of July, 1912, a decree of this court was regularly made and entered under the terms and by the provisions of which Clarence (Steffan) Flynn, born Clarence Steffen, adopted by Frederick T. and Lydia M. Flynn, later adopted by Clarence Rideout and Kate O. Rideout, a minor, born on the 24 day June, 1912, whose parents' names are Emma M. Steffen and Fathers given name unknown of Wisconsin, was adopted and judicially determined to be adopted as the child of Clarence Rideout and Kate O. Rideout, of Clearwater, Idaho.

I FURTHER CERTIFY that the record of such adoption to which express reference is hereby made for greater particularity, appears in BOOK One, at Page 9 of the Probate Court Adoption Records of the County of Idaho, State of Idaho.

WITNESS my hand and the seal of the Probate Court aforesaid, this 14th day of September, 1940.

DEC 10 1956

Hampton Taylor
Probate Judge

695-418-025-438

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kentenville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 6407

Primary Registration District No. 10 Registered No. 109

FULL NAME OF CHILD Ralph Elmer Fredericks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 18 1912

FATHER		MOTHER	
FULL NAME	William H Fredericks	FULL MAIDEN NAME	Kathrina Maud McHenry
RESIDENCE	Kentenville Idaho	RESIDENCE	Kentenville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H Fredericks per B

Father (Physician or midwife)

Address Kentenville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 7 1912 G S Stockton Registrar

per B

S-Y CO. 20174

STATE OF IDAHO

PLACE OF BIRTH

652-121-025-413 F

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 2042 File No. 6408

No. ____ St.

Primary Registration District No. 10 Registered No. 108

Hospital ____

FULL NAME OF CHILD Loyal HELMUTH Oesau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 21 1912

FATHER		MOTHER	
FULL NAME	Reinhart Oesau	FULL MAIDEN NAME	Anna Matthiesen
RESIDENCE	Cottonwood Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Warehouseman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Reinhart Oesau per Blake Carter

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....19....

Filed June 7 1913 G. S. Stockton Registrar per Blake

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-4-42-11

Idaho

STATE OF ~~CALIFORNIA~~ Idaho
County of Idaho } ss.

STATE OF ~~CALIFORNIA~~
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

AFFIDAVITS FOR CORRECTION OF A RECORD

Local Registered No. 108

City or Town of Cottonwood

ANNA OESAU (Name of Affiant) of 320 Maze Blvd. Modesto, California (Address)

California, being first duly sworn, deposes and says that ~~he~~/she is the Mother (If related, specify degree—if friend or otherwise, so state)

of LOYAL HELMUTH OESAU { who was born* / ~~who died~~ } in the City of Cottonwood

County of Idaho on the 21 day of March, 1912

as stated in a certificate of birth*/~~death~~ filed by REINART OESAU per BLAKE (Give name of Physician or Midwife for Birth—Undertaker for Death*)

with the Local Registrar for the City of Cottonwood County of Idaho California

on the 7 day of June 1912

That the following facts set forth in said certificate are not correctly stated therein, to wit:

Full Name of Child--LOYAL FREDERICK OESAU

That affiant upon his/her own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Full Name of Child--LOYAL HELMUTH OESAU

(Affiant) Mrs Anna Oesau

(Address) 320 Maze Blvd. Modesto, California

Subscribed and sworn to before me this 19th day of January 1942

Rawarino
County Recorder

~~Notary Public~~ and for the County of Stanislaus *State of California*

FEB 14 1942

INSTRUCTIONS

1. ***Two different affiants*** must execute these affidavits. The person signing the principal affidavit in the part of the blank can not also sign the supporting affidavit below. Both signatures must be acknowledged a Notary Public or other person authorized to administer oaths.

2. After a certificate of birth, death or marriage has been accepted for registration, necessary corrections made only by executing and filing these affidavits. This form, issued by the California Department of Health, Vital Statistics, is prescribed by law and is the only form acceptable.

3. ***Read the printed matter carefully.*** Fill out the blank (except signatures) ***with typewriter if p*** Otherwise ***write plainly*** with black ink.

4. No change can be made in a certificate unless it is clearly stated in the affidavit. Be careful to state all c desired. For example, if on a death certificate the *age* is changed, the date of birth must also be changed t Do not make changes that will leave inconsistencies in the certificate.

5. If the original certificate to be corrected is in the hands of the Local Registrar, these affidavits should be file him. If the original certificate has been forwarded to the California Department of Public Health, these af should be mailed to the California Department of Public Health, Sacram to the state office by Local Registrars on the fifth of each month.

279-123-025-412

Form V. S. No. 11-C 20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kenteroille

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 6409

Primary Registration District No. 10 Registered No. 107

FULL NAME OF CHILD Raymond Edmund Sprute

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 23 1912

FATHER		MOTHER	
FULL NAME	Kasper Sprute	FULL MAIDEN NAME	Clara Dasenbrock
RESIDENCE	Kenteroille Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Address Kenteroille, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 24 1912 G S Stockton Registrar

per Burke

S-Y CO. 20174

MAY 5 1972

259-106-025-812

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2045 — File No. 6410

Primary Registration District No. 10 — Registered No. 106

FULL NAME OF CHILD Herbert Bernard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feby 6 1912

FATHER		MOTHER	
FULL NAME	Frank H. Perhaar	FULL MAIDEN NAME	Mary K. Hasfurther
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. Feby. 6-1912 at 9.55 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

(Physician or ~~Midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

..... 19.....

Filed Feby 10 1912 G S Stockton Registrar

..... Registrar

S-Y CO., 19670

212-210-025-652

PLACE OF BIRTH

County of Idaho

Precinct / ~~City~~ of Cottonwood

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. Rs. 11-C—Rev. 4-30-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2045

File No. 6411

Primary Registration District No. 10

Registered No. 105

FULL NAME OF CHILD Agnes Mary Veronica Kaschmitter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph R. Kaschmitter	Anna Weber
RESIDENCE	Cottonwood Precinct	Cottonwood Precinct
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Massachusetts	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or ~~Midwife~~)

Address Cottonwood

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 18 1912 G S Stockton
per BLR
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

014

555-201-025-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kenteville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 6412

Primary Registration District No. 10 Registered No. 104

FULL NAME OF CHILD Josepha Anna Enneking

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 1 1912

FATHER		MOTHER	
FULL NAME	Frank Enneking	FULL MAIDEN NAME	Bernardina Renneker
RESIDENCE	Kenteville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Enneking per b

Father (Physician or midwife)

Address Kenteville Idaho

Given names added from a supplemental report

..... 19.....

Filed June 8 19 12 G S Stockton Registrar per b

..... Registrar

B-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

6412

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PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

County of Idaho

City of Whitebird

Registration District No. 10 File No. 6413

No. ____, ____ St.

Primary Registration District No. 2041 Registered No. 103

Hospital ____

FULL NAME OF CHILD Robert Fredrick Freeman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	other	3	yes	Apr. 7, 1912

FATHER		MOTHER	
FULL NAME	Robert Freeman	FULL MAIDEN NAME	Rose Freeman
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Virginia	BIRTHPLACE	Ida
OCCUPATION	Road Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Tosdett

Physician (Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 4 1912 G S Stockton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 5 1961

MAIL TO STATE OF IDAHO

6413

MAIL PLAINLY WITH ADDRESS IN—THIS SPACE FOR DEPARTMENT USE ONLY

U. S. In case of error please write to Idaho Secretary of State, Boise, Idaho

196 — 2025-263

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

Registration District No. 10 File No. 6414

No. ____, ____ St.

Primary Registration District No. 2041 Registered No. 102

Hospital

FULL NAME OF CHILD FRANCIS WILLARD Broughman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5th	yes	June 22, 1912

FATHER	MOTHER
FULL NAME: M. L. Broughman	FULL MAIDEN NAME: Virginia Bolie
RESIDENCE: Whitebird Ida	RESIDENCE: Whitebird
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Missouri
OCCUPATION: Hotel Keeper	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 4 1912 G B Stockton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child, a SEPARATE BLANK must be used for each and the number

of each in order of birth stated.

Sex of Child

NAME

RESIDENCE

COLOR

BIRTHPLACE

OCT 9 1968

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRT

414

719-225-025-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 6415

No. ____ St. — Primary Registration District No. 1001 — Registered No. 101

Hospital ____

FULL NAME OF CHILD Verna Clare Garey

Sex of Child: Female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: June 26 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Mathew B Garey	FULL MAIDEN NAME	Edna Johnson
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 1 1912 G S Stockton
Registrar

S-Y CO. 20174

MAY 2 1973

95822.025-519

Form V. S. No. H-6 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Lolo

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6416

Primary Registration District No. 2044 Registered No. 100

FULL NAME OF CHILD Mildred Leona Zehner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 22 1912

FATHER		MOTHER	
FULL NAME	James Frank Zehner	FULL MAIDEN NAME	Nora Elizabeth Earp
RESIDENCE	Lolo	RESIDENCE	Lolo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or midwife)

Address Grangeville

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 1 1912 G S Stockton

Registrar

S-Y CO. 20174

OCT 31 1972

495-113-025-613

Form V. S. No. 11-C—2m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 10 File No. 6417

No. ____ St. Primary Registration District No. 1001 Registered No. 98

Hospital ____

FULL NAME OF CHILD Virgil Henry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 13 1912

FATHER		MOTHER	
FULL NAME	Paul L Driscoll	FULL MAIDEN NAME	Ora Watkins
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Germany	BIRTHPLACE	Missouri
OCCUPATION	Plaster & Stone Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 G S Stricklin Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

296-21-025-4/2

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6418

Primary Registration District No. 2191 Registered No. 97

FULL NAME OF CHILD Enid Wilhelmina Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		Yes	June 11 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Frank Brown	FULL MAIDEN NAME	Pearl Makinson
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbrugge

(Physician or ~~midwife~~)

Address Kooskia Idaho

Given names added from a supplemental report

..... 19.....

Filed July 1 1912 G. S. Shreffler

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1962

418

458/104: 025-354

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

Registration District No. 10 File No. 6419

Primary Registration District No. 2101 Registered No. 96

FULL NAME OF CHILD Fredrick Karl August Meisner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Meisner	Mary Lentz
RESIDENCE	Kidder Ridge	Kidder Ridge
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	40
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Culbertson

(Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 G. S. Blackton

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1961

713.216.025-842

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6420

Primary Registration District No. 2101 Registered No. 92

FULL NAME OF CHILD Maude May Palmer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	April 16 1912

FATHER		MOTHER	
FULL NAME	Charles Palmer	FULL MAIDEN NAME	Nellie Henry
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	South Dakota
OCCUPATION	Paperhanger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Vuberschmet

(Physician or ~~midwife~~)

Address Kooskia Idaho

Given names added from a supplemental report

....19....

Filed July 1 1912 G. B. Shirllin

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1974

415-407,025-799

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kootenia

No. ____ St.

Hospital ____

Registration District No. 10 File No. 6421

Primary Registration District No. 2101 Registered No. 94

FULL NAME OF CHILD Dorothy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	June 7 1912

FATHER		MOTHER	
FULL NAME	Alonzo Bowers	FULL MAIDEN NAME	Estella Price
RESIDENCE	Kootenia Idaho	RESIDENCE	Kootenia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Game Warden	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. Verbeck M.D.

(Physician or ~~midwife~~)

Address Kootenia Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 G. S. Block

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 8 1967

385/30025-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kootkia

No. ____ St.

Hospital ____

Registration District No. 10 File No. 6422

Primary Registration District No. 2101 Registered No. 93

FULL NAME OF CHILD Carl Thenan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	May 20 191 2

FATHER		MOTHER	
FULL NAME	Edward Thenan	FULL MAIDEN NAME	Roxie Gray
RESIDENCE	Kootkia - Idaho	RESIDENCE	Kootkia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 16 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Neuenschwander

(Physician or ~~Midwife~~)

Address Kootkia - Idaho

Given names added from a supplemental report

..... 19.....

Filed July 1 1912 G. B. Stockton
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-129-025-368

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho.

City of Clearwater

No. ____ St.

Hospital ____

Registration District No. 10 File No. 6423

Primary Registration District No. 2191 Registered No. 92

FULL NAME OF CHILD Roland Wayland Carr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Male			Yes	April 29 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Fred W Carr.	Lois Lowrey.
RESIDENCE	Clearwater Idaho.	Clearwater Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	25
BIRTHPLACE	Minn	Ills
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 1.30 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Lorder M.D.

(Physician or ~~mid-wife~~)

Address Clearwater Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 G. S. Strickler

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1957

3564 11.025 - 249

Form V. S. No. 11-C-1916-6-15-21

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6424

Primary Registration District No. 2044 Registered No. 91

FULL NAME OF CHILD Earl Lee Lefler.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 11 1912

FATHER		MOTHER	
FULL NAME	Percy E Lefler	FULL MAIDEN NAME	Lollie F Smith
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stuckman

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 19 1912 G S Stuckman
Registrar

S-Y CO. 20174

FEB 4 1946

MAY 14 1973

149-114075-214

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6425

Primary Registration District No. 1001 Registered No. 90

FULL NAME OF CHILD Leonard Becker-Juergen Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 14 1912

FATHER		MOTHER	
FULL NAME	Leonard Becker-Juergen	FULL MAIDEN NAME	Katheryn L Kauffman
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Brewer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 19 1912 G S Stockton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-104-025-995

Form V. S. No. 11-C—30m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Lolo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6426

Primary Registration District No. 2044 Registered No. 89

FULL NAME OF CHILD Not Named Yet

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 4 1912

FATHER		MOTHER	
FULL NAME	J. A. Long	FULL MAIDEN NAME	Emma Riefold
RESIDENCE	Lolo	RESIDENCE	Lolo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ireland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stretton

(Physician or ~~midwife~~)

Address Grangeville Ida

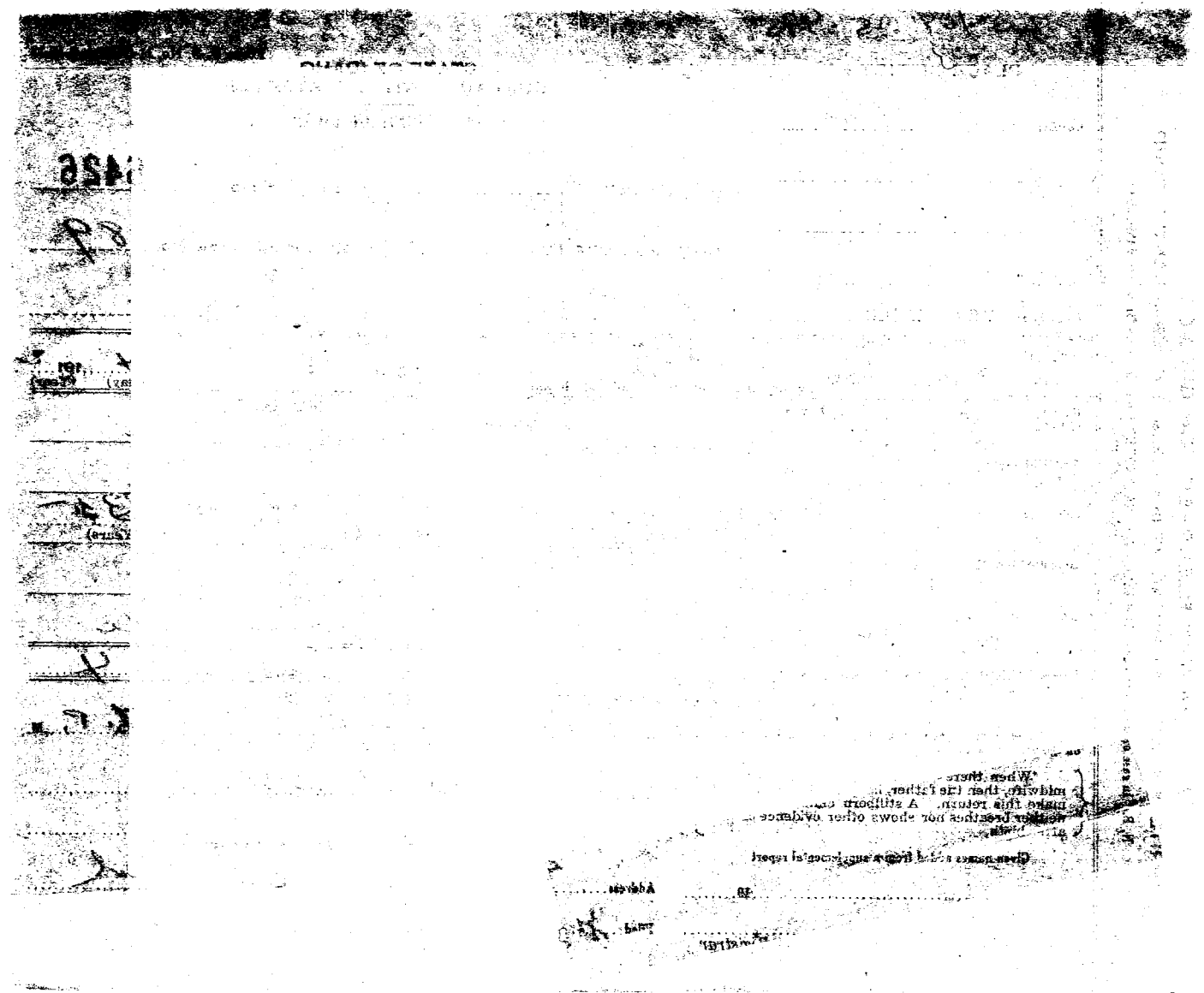
Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 19 1912 G S Stretton Registrar

S-Y CO. 20174



713-108-025-245

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6427

Primary Registration District No. 2044 Registered No. 88

FULL NAME OF CHILD Floyd Scott Gallagher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	yes	June 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Clifford Gallagher	Lena Longmire
RESIDENCE	Idaho County	Idaho County
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Mississippi	Mississippi
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. N. Slauson M.D.

(Physician or Midwife)

Address Grangeville Ida

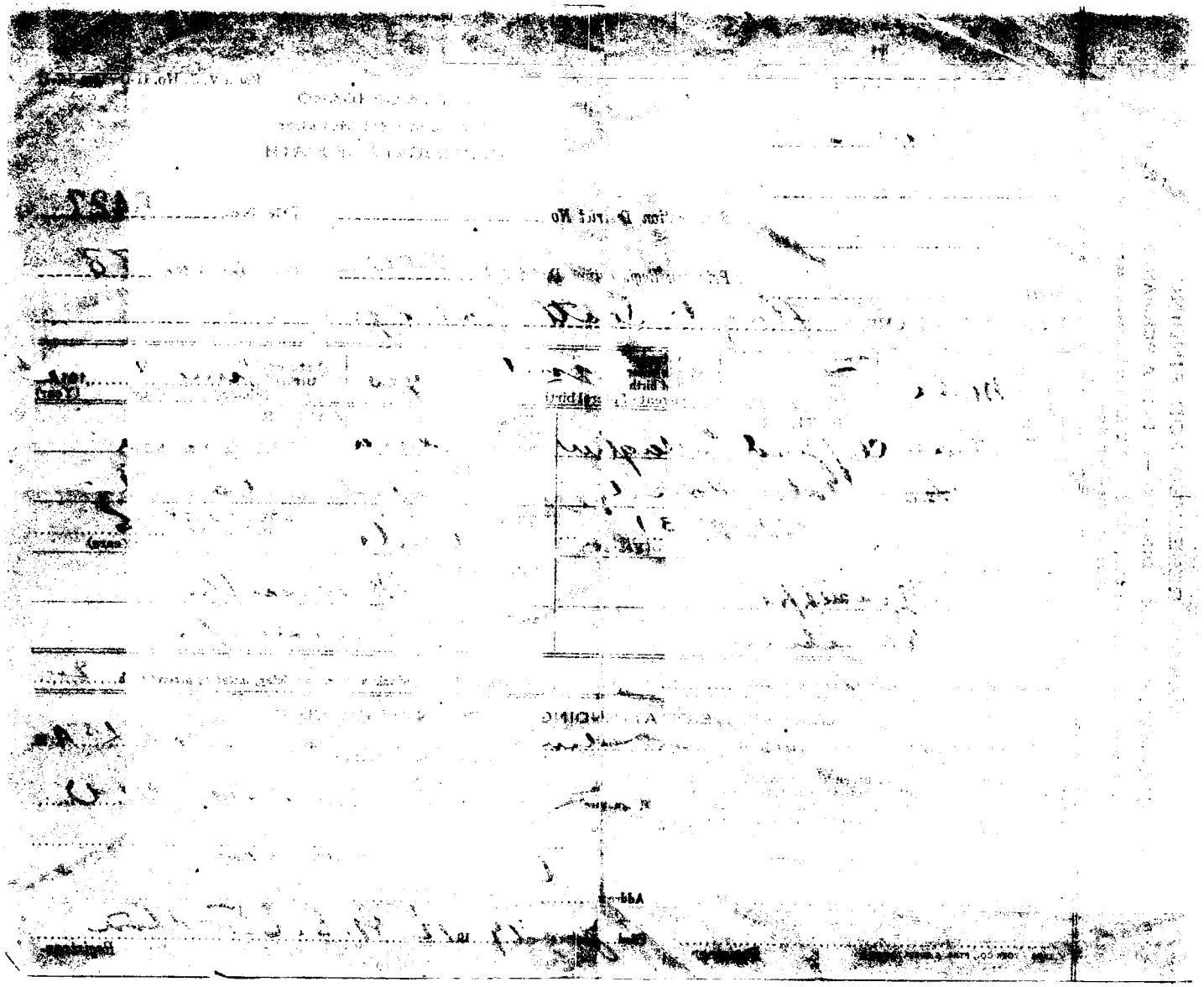
Filed June 19 1912 G. B. Stockton Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BKBS P7886



168-130-025-386

Form V. S. No. II-C—2m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6428

Primary Registration District No. 2044 Registered No. 87

FULL NAME OF CHILD not named

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) May (Day) 30 (Year) 1912
M			

FATHER

FULL NAME: James Johnson

RESIDENCE: Green Creek

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hannah Thompson

RESIDENCE: Green Creek

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 6½ months gestation (Born alive or stillborn), at 1. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1912 G S Stockton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

997-227.025-966

Form V. S. No. II-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Sharp

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6429

Primary Registration District No. 2044 Registered No. 86

FULL NAME OF CHILD Mildred Edith Riggins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 27 1912

FATHER

FULL NAME J. B. Riggins

RESIDENCE Sharp - Idaho

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Rowe

RESIDENCE Sharp Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Id

Given names added from a supplemental report

....., 19.....

Filed June 10 1912 G S Stockton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 27 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

93.022-878

PLACE LABEL HERE

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

Registration District No. 9 File No. 6430

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 371

Hospital ____

FULL NAME OF CHILD KERMIT Stephens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	1st	yes	5 - 23 - 12

	FATHER	MOTHER
FULL NAME	Sam Stephens	FULL MAIDEN NAME Martha Haynes
RESIDENCE	Sugar	RESIDENCE Sugar
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years) 21
BIRTHPLACE	Kentucky	BIRTHPLACE Kentucky
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuhe

(Physician or Midwife)

Address Sugar City

Filed June 16 19 12 Ray H. Fisher Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

Rec'd 13, D. 3.

Form U.S. No. 11-109-1-1011

STATE OF IDAHO

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 6430

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Kermit Stephens (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1912 (Date of Event)
in Sugar City, Ida ho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by recollection and/ church record (Bible Record, Insurance Policy, Etc.) prepared on May, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kermit Stephens
Mother's name	Hains	Haynes

Subscribed and sworn to before me this 15th day of June, 1942

W. A. Baker

Notary Public, residing at Rupert, Idaho

My commission expires April 4, 1946
(Seal)

Signed Sam St Johns
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of June, 1942

Notary Public, residing at Sugar City, Idaho

My commission expires October 8, 1944
(Seal)

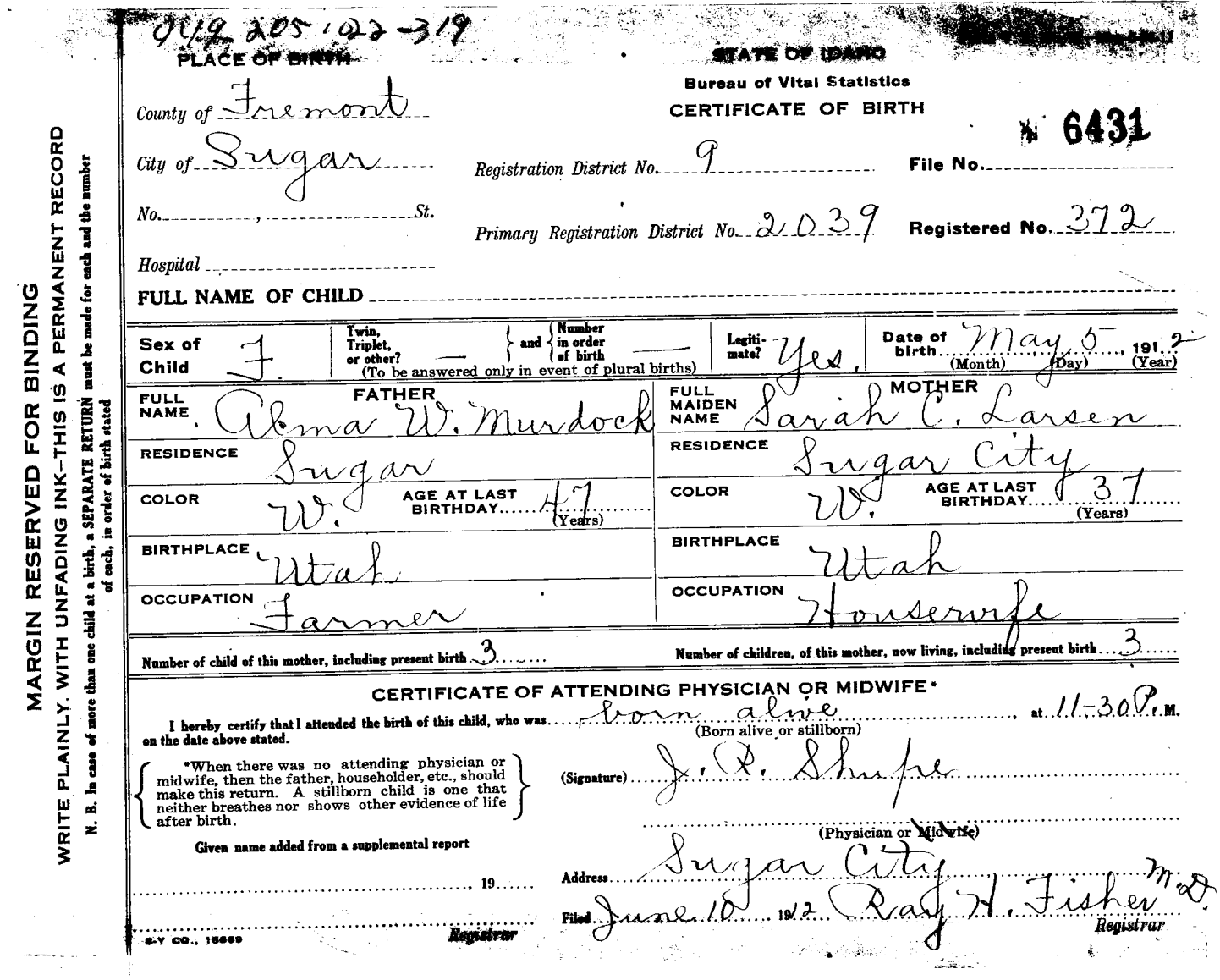
Signed D. N. Haynes
(Signature of Any Credible Person Other Than Previous Year)

Sugar City, Idaho
(Street Address, City, State)

JUN 19 1942

Corrected 6/22/42 Z.J.

JUN 24 1942



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PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 6431

County of Fremont

City of Sugar

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2039 Registered No. 372

Hospital

FULL NAME OF CHILD

Sex of Child F. | Twin, Triplet, or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth May 5, 1912 (Month) (Day) (Year)

FATHER

FULL NAME Alma W. Murdock

RESIDENCE Sugar

COLOR W. AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah C. Larsen

RESIDENCE Sugar City

COLOR W. AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Filed June 10 1912 Ray H. Fisher M.D.

Registrar

Registrar

B-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235.127.02-818

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—Modified

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2039

File No. 6432

Registered No. 373

FULL NAME OF CHILD KENNETH Stephens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2nd	yes	5 - 23 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Stephens	Martha Haynes
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Ky.	Ky.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuler

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 10, 1912 Ray H. Fisher Registrar

per B. D. H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 6432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Kenneth Stephens (Name on Original Certificate) who was born (Was Born or Died) on May 23, 1912 (Date of Event) in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by recollection and church record (Bible Record, Insurance Policy, Etc.) prepared on May, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kenneth Stephens
Mother's name	Hains	Haynes

Subscribed and sworn to before me this 15th day of June, 1942

Notary Public, residing at Rupert, Idaho

My commission expires April 4, 1946
(Seal)

Signed Sam St John
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of June, 1942

Notary Public, residing at Sugar City, Idaho

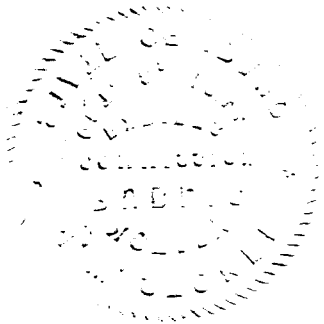
My commission expires October 8, 1944
(Seal)

Signed R. N. Haynes
(Signature of Any Credible Person Other Than Previous Year)

Sugar City, Idaho
(Street Address, City, State)

JUN 19 1942

Corrected 6/22/42 Z.J.



JUN 24 1942

168-109-022-815

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 6433

Primary Registration District No. 2039

Registered No. 374

FULL NAME OF CHILD RAY CHRISTIAN JOHNSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	May 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christian Johnson	Annie E. Hansen
RESIDENCE	Salem	Salem
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

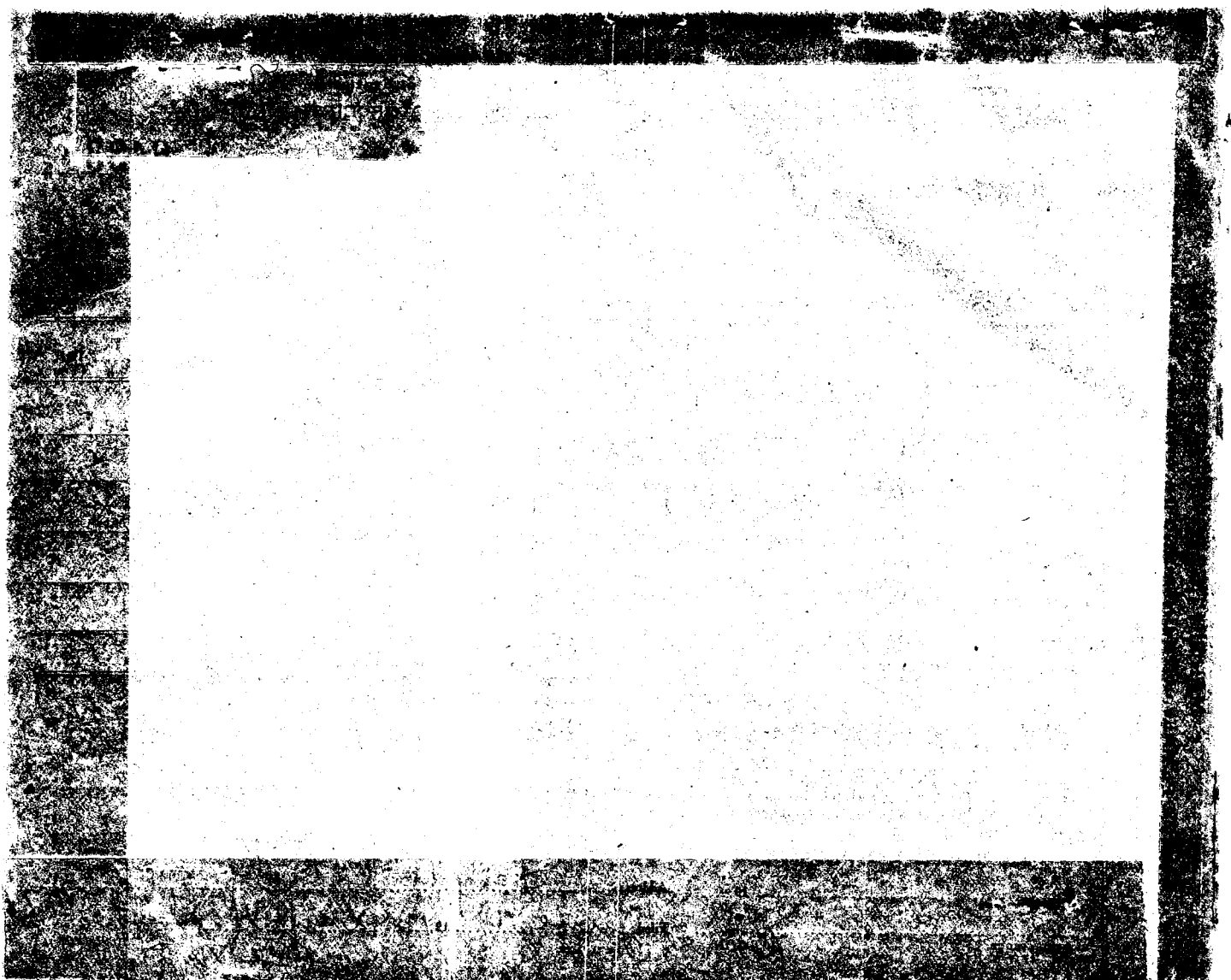
Filed June 10 1912 Ray H. Fisher M.D. Registrar per N. D.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 6433

JAN 26 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ray Christian Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 9, 1912 (DATE OF EVENT)
in Salem, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about birth date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Unnamed	Ray Christian Johnson

Subscribed and sworn to before me this 24th day of January, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mr. 27, 1943
(SEAL)

Signed Christian N. Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943
(SEAL)

Signed Anna Amelia Johnson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

212 N. 3rd East, Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

SEP 5 1942

693-117 2-599

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-28-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard Registration District No. 9 File No. 6434

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 375

Hospital ____

FULL NAME OF CHILD Willis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Willis	Jessie Virgin
RESIDENCE	Hibbard	Hibbard
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	England	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) Jas. R. Shute

(Physician or Midwife)

Address Sugar City

Filed June 10, 19 12 Ray W. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

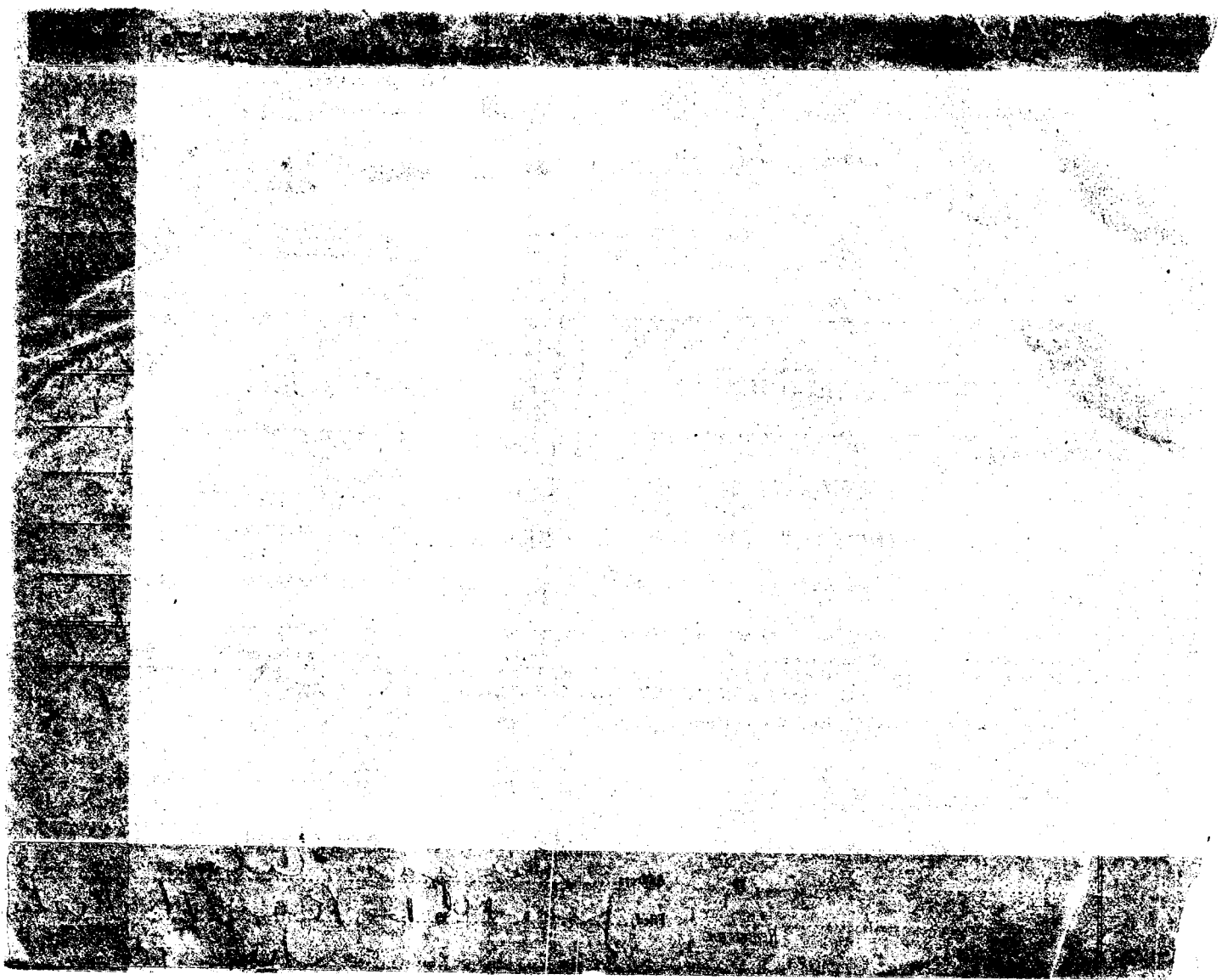
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



796-209-022-217

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 9

File No. 6435

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 376

Hospital ____

FULL NAME OF CHILD Prophet

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David A. Prophet	Lillian M Sexton
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Sexton

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

....., 19.....

Registrar

Filed June 10 19 12 Ray H. Fisher Registrar

per D. H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

375-109-002-312

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ....., ... St.

Hospital .....

Registration District No. 9

File No. 6436

Primary Registration District No. 2039

Registered No. 377

FULL NAME OF CHILD Clementa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 9, 1912

FATHER		MOTHER	
FULL NAME	Wm Clementa	FULL MAIDEN NAME	Mary L. Cooper
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	AGE AT LAST BIRTHDAY (Years)	49
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Junkman	OCCUPATION	Housewife

Number of child of this mother, including present birth 10th

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) J. R. Struhe

(Physician or Midwife)

Address Sugar City

Filed June 10, 1912 Ray H. Fisher Registrar

Mrs. B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar.

B-Y CO., 12000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

239-22-[redacted]546

PLACE OF [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Suburb of Wallace

Registration District No 25

File No. 6437

No ____, ____ St.

Primary Registration District No. 7105

Registered No. ____

Hospital ____

FULL NAME OF CHILD [redacted] JEANETTE STROPE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one	2nd	Yes	May 27, 1912

FATHER	MOTHER
FULL NAME Alva Strope	FULL MAIDEN NAME Sheba Edwards
RESIDENCE Osborn	RESIDENCE Osborne
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Ida
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 930 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. Mowry

Physician

(Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

....., 19.....

Filed June 2 1912 Chas. C. Rettman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

(Year)

(Given names added from a supplemental report)

(Mr.) (Mrs.) (Miss) or (Mrs. Widow)

Address

Filed

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 6437

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of May-27-1912 (BIRTH OR DEATH)
for ____ (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May-27-1912 (DATE OF EVENT)
in Wallace (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Birth Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May-27-1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Wiss Strope	Jeanette S. Trope
JEANETTE - HORTENSE - STROPE		

Subscribed and sworn to before me this 25
day of Feb., 1942
Elizabeth E. Ward
Notary Public, residing at Wallace Idaho
My commission expires July 1945
(SEAL)

Signed John A Bruce Local Registrar
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of Feb., 1942
Elizabeth E. Ward
Notary Public, residing at Wallace Idaho
My commission expires July 1945
(SEAL)

Signed [illegible]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on Feb-25-42 By John A Bruce
(REGISTRAR'S SIGNATURE)

MAR 11 1942

391-219-040-235

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ——, ——— St.

Hospital ——

Registration District No. 25 — File No. 6438

Primary Registration District No. 2108 — Registered No. ———

FULL NAME OF CHILD Miss Trahan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Apr 18, 1912

FATHER	MOTHER
FULL NAME: Will T Trahan	FULL MAIDEN NAME: Ethel Steers
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Miner	OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 8:45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W. Rolfs

(Physician or Midwife)

Address ———

Given names added from a supplemental report

19.. F W Rolfs D. Chatterton Registrar

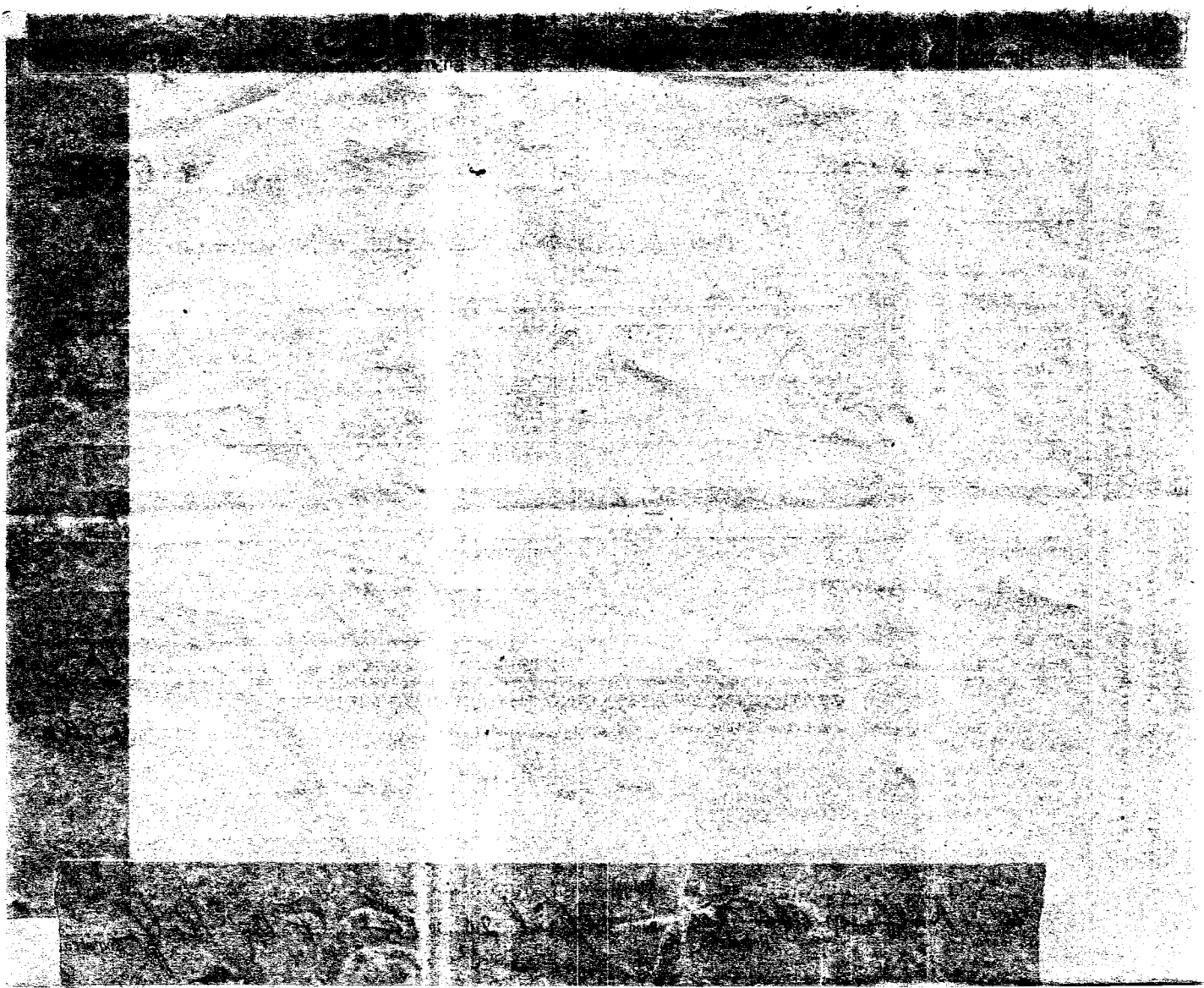
Filed April 20 19 12 F W Rolfs Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



957-130:040-151

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No ——, —— St.

Hospital ——

Registration District No 25 File No. 6439

Primary Registration District No. 2108 Registered No. 2108

FULL NAME OF CHILD Elmer Ingo Ingo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	April 30, 1912

FATHER		MOTHER	
FULL NAME	Salem Ingo	FULL MAIDEN NAME	Mary Ana
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Chas. A. Wetherman

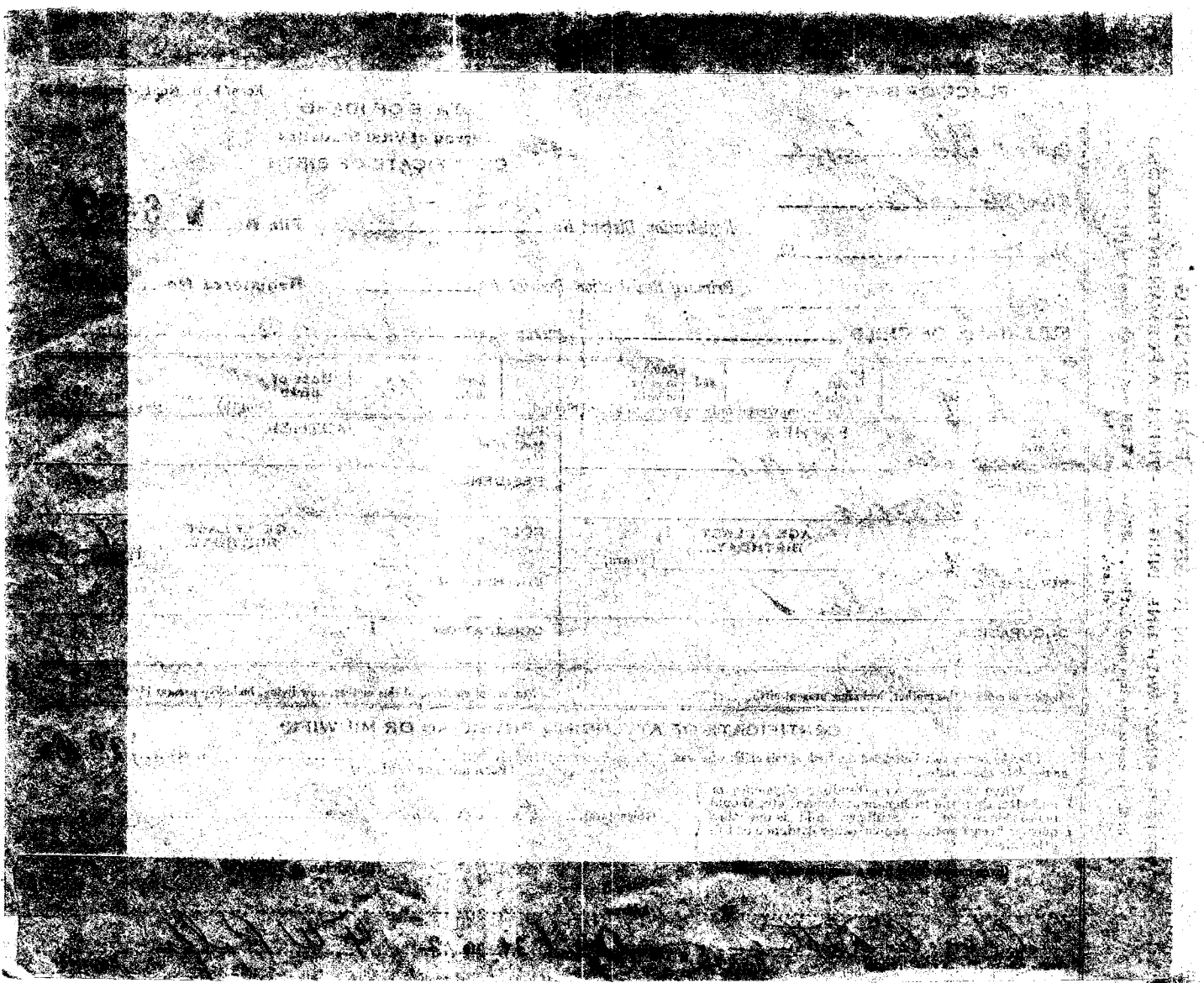
Registrar

Address .....

Filed April 30 19 12 F W Rolfs

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



261-227-040-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6440

Registration District No 75 File No [redacted]

Primary Registration District No 2108 Registered No. ____

FULL NAME OF CHILD X Swalberg

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	X (To be answered only in event of plural births)		X	Yes	April 27 1912

FATHER	MOTHER
FULL NAME: Albin T Swalberg	FULL MAIDEN NAME: Freda Kjersem
RESIDENCE: Mullan Ida.	RESIDENCE: Mullan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Norway
OCCUPATION: Mining	OCCUPATION: Wife

[Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

....., 19.....

Chas. A. Dettman

Registrar

Filed Apr. 30 1912 F W Rolfs

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

34-28-040652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6441

Registration District No. 25 File No. ____

Primary Registration District No. 2106 Registered No. ____

FULL NAME OF CHILD Mary May Stimson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	X	X	Yes	May 28, 1912

FATHER	MOTHER
FULL NAME: Robert Stimson	FULL MAIDEN NAME: Emma May Webb
RESIDENCE: Mullan Ida	RESIDENCE: Mullan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Idaho
OCCUPATION: Mining	OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) F. W. Rolfs

(Physician or Midwife)

Address Mullan Ida

Filed May 28 1912 F. W. Rolfs Registrar

, 19....

Chas. Wittman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17526

264/12: 040-492

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 6442

Registration District No 25

File No. ____

Primary Registration District No. 2108

Registered No. ____

FULL NAME OF CHILD Henry Bombich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X		X	Yes	May 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe. Bombich	Fannie, Mikus
RESIDENCE	Mullan	Mullan Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Austria	Austria
OCCUPATION	Mining	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 midnight on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Herbert Mowery (F.W. Rolfs)

(Physician or Midwife)

Address Wallace Ida (Mullan)

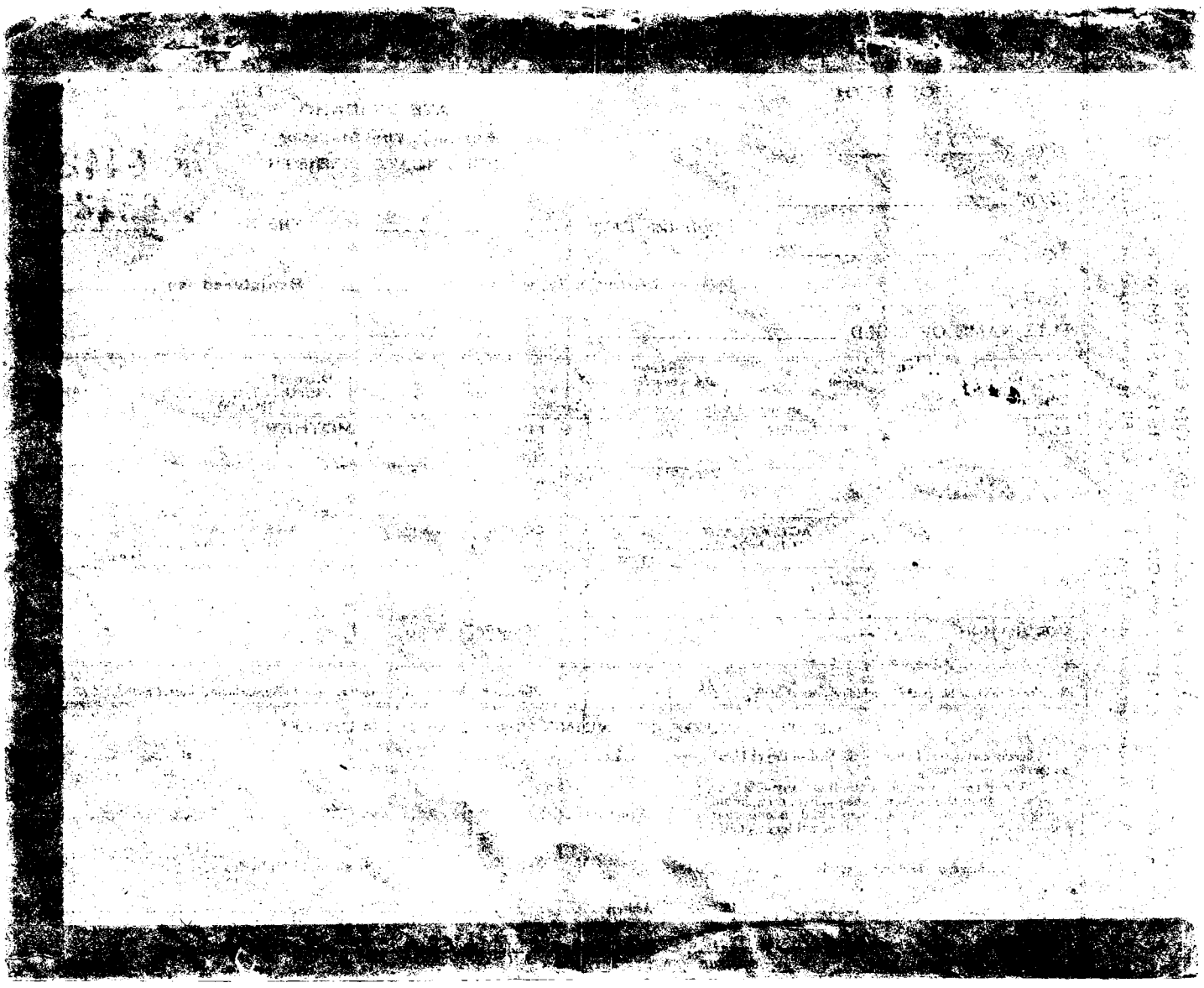
Given names added from a supplemental report

....., 19.....

Chas. C. Bethman
Registrar

Filed May 27 1912 F W Rolfs
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Mihnesota } ss.
County of St.Louis }

Certificate No. 6442
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Henry Bmbch (Name on original certificate) who was born (Was born or died) on May 28,1912 (Date of event)
in Mullan Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by school records (Bible record, insurance policy, etc.) prepared on September 1917 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Henry Bmbch	Henry Bombich
Bombich		

Subscribed and sworn to before me this 23rd
day of December, 1941
Frank J. Cuhel
Notary Public, residing at Gilbert, St.Louis County Minnesota
My commission expires February 2,1944
[SEAL]

Signed Joe Bombich, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 114, Elcor Minnesota
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota } ss.
County of St.Louis }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of December, 1941
Frank J. Cuhel
Notary Public, residing at Gilbert, St.Louis County Minnesota
My commission expires February 2,1944
[SEAL]

Signed Nick T. Bergum
(Signature of any credible person other than the previous affiant.)
Gilbert Minnesota
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 26 1941

353-216-040-122

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Burke

No. main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 6443

Primary Registration District No. 2109 Registered No.

FULL NAME OF CHILD Angela Beccone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	and	Yes	May 16, 1912

FATHER		MOTHER	
FULL NAME	Emillio Beccone	FULL MAIDEN NAME	Maria Assunta
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Italia	BIRTHPLACE	Italia
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4-th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 21 1912 Chas. A. Ellman

Registrar

S-Y CO., 16670

[redacted]

SEP 4 1962

257-118-1040-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6444

County of Shoshone

City of Black Bear, Registration District No 25 File No.

No ....., ... St.

Primary Registration District No. 2109 Registered No.

Hospital ....., LAWRENCE EARL SEX

FULL NAME OF CHILD Lawrence Marshall Jr. X

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One (To be answered only in event of plural births)	1st	Yes	May 10 1912

	FATHER	MOTHER
FULL NAME	Earl Marshall Jr.	FULL MAIDEN NAME Rhoda Upkaro
RESIDENCE	Black Bear	RESIDENCE Black Bear
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Michigan
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician

(Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

....., 19.....

Filed May 24 1912 Chas. A. Dethman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Idaho~~ Missouri } ss.
County of ~~Shoshone~~ Jasper }

Certificate No. 6444

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Baptism for Lawrence Earl Sex who was born on May 18th 1912
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)
in Black Bear Idaho ~~are erroneous or were omitted~~ are correct, and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Baptismal certificate prepared on August 24th 1912 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Fex	Sex
Name	Larrence Marshall	Lawrence Earl Sex

Subscribed and sworn to before me this 7th day of July 1943.

Millie P. Koehler
Notary Public, residing at Joplin, Jasper Co., Mo.

My commission expires Nov. 6th, 1946.
(Seal)

Signed Earl Sex (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

202 No. Maple St.
(Street Address, City, State)
Joplin, Mo.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Jasper }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July 1943.

Millie P. Koehler
Notary Public, residing at Joplin, Jasper Co. Mo.

My commission expires Nov. 6th, 1946.
(Seal)

Signed Mrs Rhoda Sex (Mother)
(Signature of Any Credible Person Other Than Previous Year)

202 N. Maple St.
(Street Address, City, State)
Joplin, Mo.

JUL 13 1943

FEB 5 1976

962-120-040-719

Form V. S. No. 11-C—Rev. 6-30-42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ——, ——St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6445

Registration District No. 25

File No. ——

Primary Registration District No. 2109

Registered No. ——

FULL NAME OF CHILD Charles Clarence Ross

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 20 1918

FATHER		MOTHER	
FULL NAME	Charles Clarence Ross	FULL MAIDEN NAME	Grace Parker
RESIDENCE	Gem	RESIDENCE	Gem
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Saloon Keeper	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Kansas
		OCCUPATION	House Wife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or Midwife)

Address Burke Shoshone Co Idaho

Given names added from a supplemental report

——, 19——

——
Registrar

Filed May 26 1918 Chas. A. Hettman
Registrar

S-Y CO., 16670

8/3-125-1020-217
PLACE OF BIRTH

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

64146

64146

County of Elmore

City of Mt Home

Registration District No. 20

File No. 7

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 37

Hospital

FULL NAME OF CHILD Ralph Marcus Yates

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 25, (Year) 1912
M			yes	

FATHER

FULL NAME: Ray R. Yates

RESIDENCE: Mtn Home Ida

COLOR: W

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Mo

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary L Sapp

RESIDENCE: Mtn Home

COLOR: W

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 25, 1912, at 9.25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Erazier

Physician
(Physician or Midwife)

Address Mtn Home Ida

Filed May 26 1912 W. L. Erazier
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

866/24-020-257

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6447

County of Elmore

City of Mt Home

Registration District No. 2 3

File No.

No. ____, ____ St.

Primary Registration District No. 2 1 2

Registered No. 38

Hospital

FULL NAME OF CHILD [redacted] SAMUEL NOYCE HOFFMAN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 24 (Year) 1912
M				

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Hoffman	Abbie Sears
RESIDENCE	Mt Home	Mt Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Nebr	Neb
OCCUPATION	Grocery merchant	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Hoffman

(Physician or Midwife)

Address Mt Home

Given names added from a supplemental report

....., 19.....

Filed May 27 19 12 W. L. Hoffman

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 6447
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR ~~DEATH~~)
for SAMUEL NOYCE HOFFMAN (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN ~~OR DIED~~) on MAY 24/1912 (DATE OF EVENT)
in MOUNTAIN HOME, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Samuel Noyce Hoffman

Subscribed and sworn to before me this 6TH day of APRIL, 1942.

John Falko
Notary Public, residing at ALTADENA, CALIFORNIA
My commission expires JANUARY 3/45
(SEAL)

Signed Harry S. Hoffman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1560 WHITEFIELD RD. PASADENA, CALIF.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of LOS ANGELES }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6TH day of APRIL, 1942.

John Falko
Notary Public, residing at ALTADENA, CALIF.
My commission expires JANUARY 3/1945
(SEAL)

Signed Catherine Hoffman Sherman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
82 MANOR STREET, ALTADENA, CALIFORNIA J.W.
1560 WHITEFIELD RD. PASADENA, CALIF. N.P.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 15 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369-109-022 [redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. II—Rev. 1918

6449

County of Fremont

City of Rexburg Registration District No. 9 File No. —

No. ——, ——St. Primary Registration District No. 2039 Registered No. 381

Hospital ——

FULL NAME OF CHILD EDWARD WARREN Lords

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	—	—	yes	May 8 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Lords	Ruby Kite
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY	22 (Years)	21 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

(Signature) J. R. Shuke

(Physician or Midwife)

Address Sugar City

Filed June 10 19 12 Ray H. Fisher Registrar

ped P. D. F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

AZ 3-16-1993
93-90036

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 6449

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Lords (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by own knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Lords	Edward Warren Lords
birthdate	May 6, 1912	May 8, 1912

Subscribed and sworn to before me this 24th day of February, 1942

Notary Public, residing at Idaho Falls, Idaho

My commission expires
(Seal)

Signed Ruby Lois Lords.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th. day of February, 1942

Notary Public, residing at Idaho Falls, Idaho

My commission expires 7/6/1944
(Seal)

Signed David Warren Lords
(Signature of Any Credible Person Other Than Previous Year)

694 E. Whittier Street, (Gen. Del.)
(Street Address, City, State)
Idaho Falls, Idaho

MAR ? 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

412-107-520-867

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. [illegible] File No. 1

No. ____, ____ St. Primary Registration District No. 401 Registered No. 35

Hospital ____

FULL NAME OF CHILD John Massey.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	6	yes	May 7th 1912

FATHER		MOTHER	
FULL NAME	William S. Massey.	FULL MAIDEN NAME	Rose Ellen Hopper.
RESIDENCE	Glenn's Ferry Idaho.	RESIDENCE	Glenn's Ferry Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) May 7th 1912, at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho.

Given names added from a supplemental report

..... 19.....

Registrar

Filed May 7 1912 J. W. Davis M.D. Registrar

June 2 — 1912 W. L. Frazier

S-Y CO., 16670

APR 2 3 1975

244-222-020-68

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 6451

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No.

No. , St.

Primary Registration District No. 2021 Registered No. 34

Hospital

FULL NAME OF CHILD Mabel E Sumner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	May 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elwood J Sumner	Anna Fahrholtz
RESIDENCE	Glenn's Ferry Idaho	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	America	America
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 22 1912 at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M D
Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

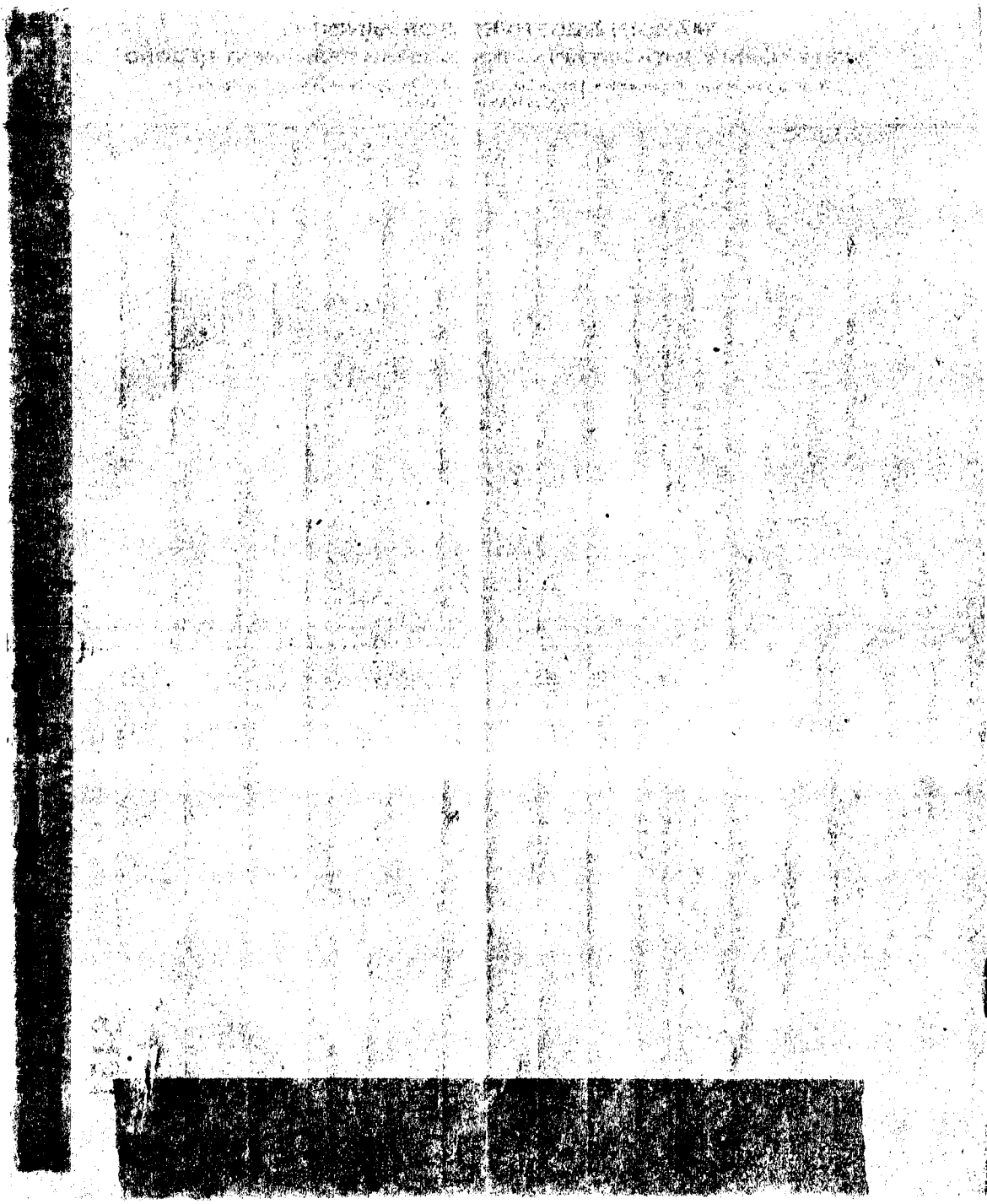
Given names added from a supplemental report

....., 19.....

Filed May 22 1912 J. W. Davis
Registrar

June 1912 W. L. Thrasher
Registrar

S-Y CO., 16670



95-126-020-331

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6452

County of Elmore

City of Glenn's Ferry

Registration District No. 20

File No. [redacted]

No. ____, ____ St.

Primary Registration District No. 2021

Registered No. 33

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 26th (Year) 1912
Male		3d	yes	

FATHER		MOTHER	
FULL NAME	Arthur A. Reaton	FULL MAIDEN NAME	Mary Clark
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive May 26th 1912, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho

Filed May 26th 1912

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

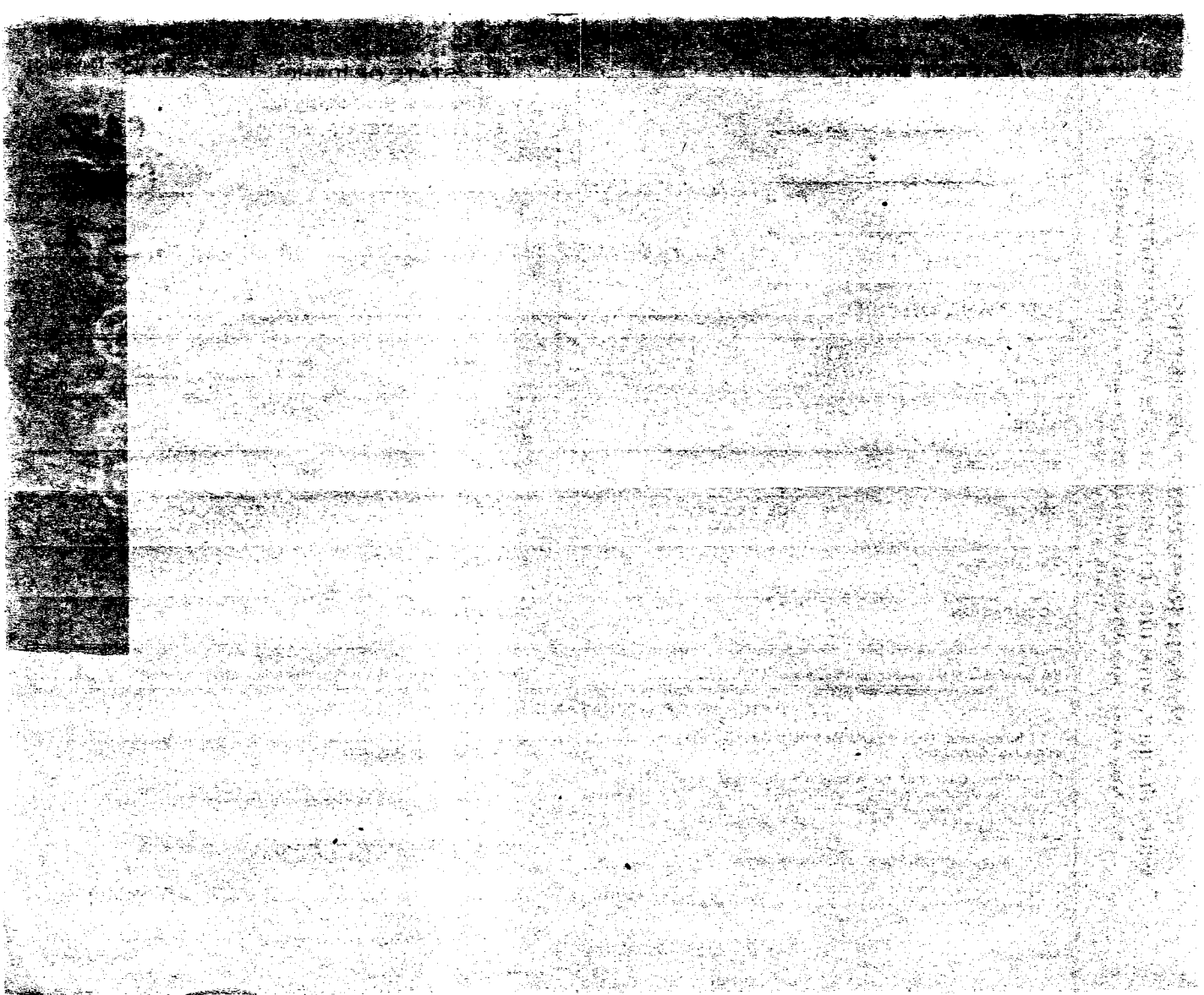
June 2 - 1912 W. L. Troupe

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



238-130-020-354

Form V. S. No. 11-C—Rev. 6-30-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6453

County of Elmore

City of Mt Home

Registration District No. 2 1

File No.

No. ____, ____ St.

Primary Registration District No. 2 2 2 0

Registered No. 3 2

Hospital ____

FULL NAME OF CHILD Tom Dale Scholtz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	April 30, 1912

FATHER		MOTHER	
FULL NAME	William G. Scholtz	FULL MAIDEN NAME	Judith Cederblade
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	So. Dak.	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B W Mather

Physician (Physician or Midwife)

Address Mountain Home, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 13 1912 W. L. Tragis

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

1 1942

PLACE OF BIRTH

210-137-020-587

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6455

County of Elmore

City of Mt Home

Registration District No. 20

File No.

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 30

Hospital

FULL NAME OF CHILD Irwin Spencer Bjornson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 31, 1912

FATHER		MOTHER	
FULL NAME	Bjorn Bjornson	FULL MAIDEN NAME	Lena Buford
RESIDENCE	Mt Home	RESIDENCE	Mt Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iceland	BIRTHPLACE	Iceland
OCCUPATION	Rancher	OCCUPATION	H. Wife

Number of child of this mother, including present birth 5 2

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Hawley

(Physician or ~~Midwife~~)

Address Mt Home

Given names added from a supplemental report

____, 19____

____ Registrar

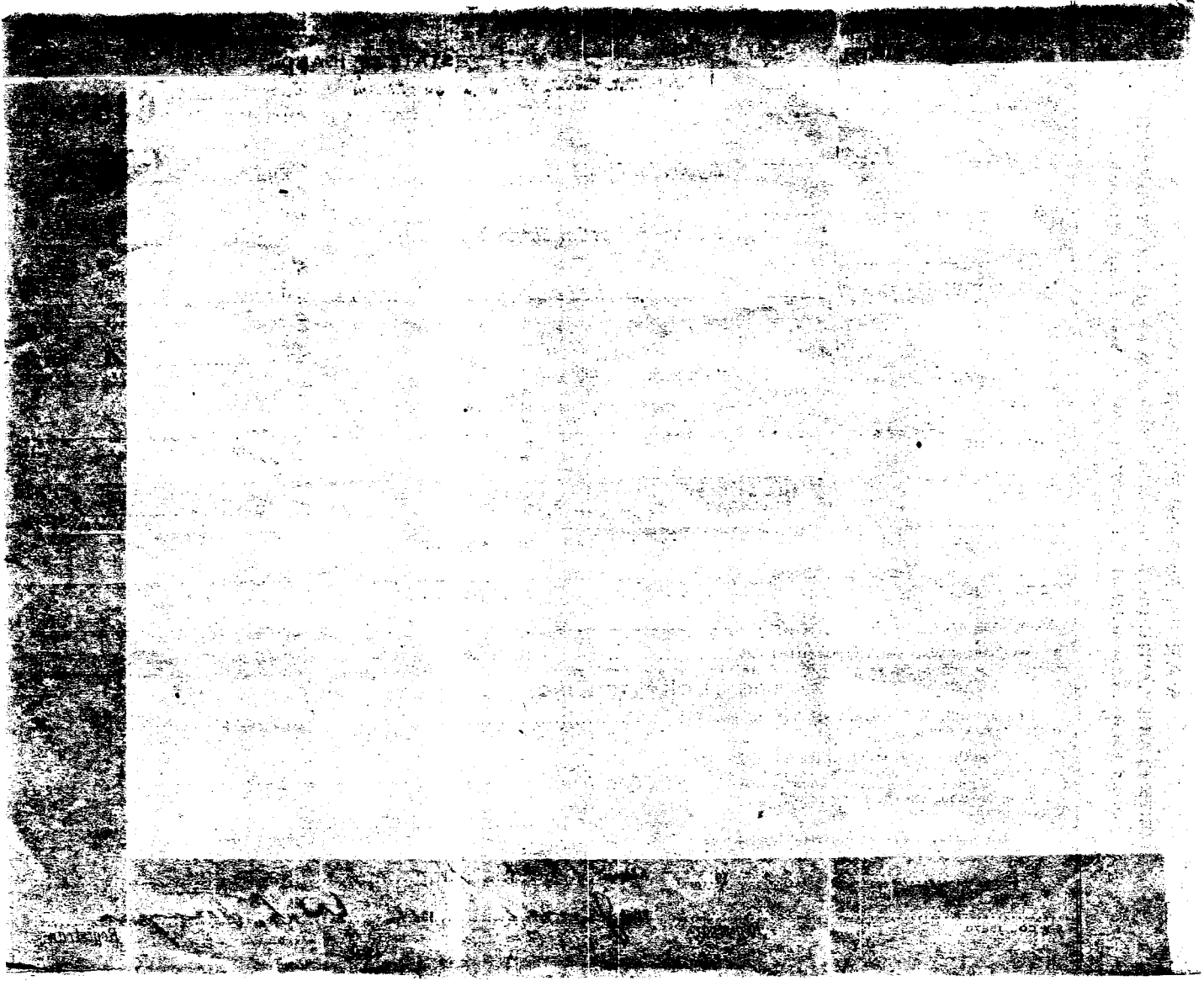
Filed June 1, 1912 W. L. Trayis Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MARGIN F ...VED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 1.—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

6456

County of Fremont

City of Salem — Registration District No. 9 — File No. 6456

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 37

Hospital ____

FULL NAME OF CHILD LEROY EARL Virgin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 17, 1912

FATHER		MOTHER	
FULL NAME	John Virgin	FULL MAIDEN NAME	Nettie Klingler
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sharpe

(Physician or ~~Midwife~~)

Address Sugar City

Filed June 10, 1912 Ray H. Fisher Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

FEB 11 1942

Certificate No. 6456

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for LeRoy Earl Virgin (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 17, 1912 (DATE OF EVENT) in Salem Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Virgin	Leroy Earl Virgin

Subscribed and sworn to before me this 31st day of January, 19 42.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943

(SEAL)

Signed John Gubingtel Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of January, 19 42.

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1943

(SEAL)

Signed Charlotte K Virgin

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 11 1942 By .....

(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF DEATH

State of .....

County of .....

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts in the residence of .....

for .....

in .....

true facts as shown by .....

are erroneous or were omitted; and ..... to the knowledge, the

are: .....

prepared on .....

FACTS TO BE CORRECTED

ITEM

.....

.....

.....

Subscribed and sworn to before me this .....

day of .....

Signed .....

.....

Notary Public, residing at .....

My Commission expires .....

(Seal)

State of .....

County of .....

The undersigned does solemnly swear that he has knowledge of the facts set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

Sign .....

.....

.....

.....

.....

By .....

386-43-022-436

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6457

County of Fremont

City of Sugar

Registration District No. 9

File No. [redacted]

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 79

Hospital ____

FULL NAME OF CHILD Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M	—	—	yes	May 13, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John S. Thomas	FULL MAIDEN NAME	Margaret McOmie
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11th

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Filed June 10, 19 12 Ray H. Teahe

Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-1101c22-692

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6458

County of Fremont

City of Hibbard Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2039 Registered No. 380

Hospital

FULL NAME OF CHILD Parker

Sex of Child	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 10, (Year) 191.2
M		Yes	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Parker	Sadie Fisher
RESIDENCE	Hibbard	Hibbard
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

(Signature) J. R. Sharpe

(Physician or Midwife)

Address Sugar City

Filed June 10 19 12 Ralph H. Fisher Registrar

Jun B.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

, 19

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

43-125-025-853

PLACE OF BIRTH

County of Idaho

City of Stites

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-41

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 6459

Primary Registration District No. 2101 Registered No. 85

James David Patterson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Boy	(To be answered only in event of plural births)	7	Yes	May 25, 1918 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Grover Oscar Patterson	FULL MAIDEN NAME: Fannie Della Heck
RESIDENCE: Stites Idaho	RESIDENCE: Stites Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Kalispell Mont	BIRTHPLACE: Pipe Lake Minn
OCCUPATION: Farmer	OCCUPATION: Home

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Filed June 3rd, 19 18 Houston S Snyder
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6459

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Shiloh
Street and House No.
County Idaho

Registered Number 83

Registration District No. 10

Sex of Child Male

Date of Birth, May (Month) 25 (Day) 1912 (Year)

Full Name of Father: Oscar O Patterson

Full Maiden Name of Mother: Annie Celia Heed

I HEREBY CERTIFY that the child described herein has been named: David James Patterson
(Given name in full) (Surname)

as reported by Mrs O.O. Patterson
(~~Informant~~ Mother)

G S Stockton
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

239.23/025-13 [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of

No ....., ... St.

Registration District No. 10 File No. 6460

Hospital, Ranch Primary Registration District No. 2101 Registered No. 84

FULL NAME OF CHILD x Raunita Fay Stites

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	One (To be answered only in event of plural births)		5	Yes	May 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Stites	Nora M. Alexander
RESIDENCE	Stites	Stites
COLOR / AGE AT LAST BIRTHDAY	White / 40 (Years)	White / 32 (Years)
BIRTHPLACE	Ill.	Baby Co One
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. A. Light

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Filed June 3rd 1912 Thurston S. Snyder

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

NOV 2 7 1973

293-127-084-643

[redacted] Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No R. F. D. No 2 St.

Hospital

Registration District No 26 File No. 6463

Primary Registration District No 2112 Registered No. 82

FULL NAME OF CHILD MOODY MOSS Gilderoy (GILDEROY)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emery Gilderoy	Irma Wallace
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	21
BIRTHPLACE	Weiser Idaho	Salubria Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or Midwife)

Address Weiser Idaho,

Given names added from a supplemental report

....., 19.....

Filed June 10 1912 W. R. Hamilton

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6463

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Moscow
Street and House No. R. F. D. No 2
County Nez Perce }

Registered Number 82

Registration District No. 26

Sex of Child Male

Date of Birth, April (Month) 24th (Day) 1912 (Year)

Full Name of Father R. Emery Gilderoy

Full Maiden Name of Mother Iona B Wallace

I HEREBY CERTIFY that the child described herein has been named:

Moody Moss Gilderoy
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

W. R. Hamilton
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

FEB 19 1942

236 ~ 04 044-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF ~~BIRTH~~

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 6464

Primary Registration District No. 2112. Registered No. 83

FULL NAME OF CHILD ~~Robert~~ Stout ANNA MAE STOUT

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
female	~~Two~~	~~Two~~	yes	May 6 1912
	(To be answered only in event of plural births)			(Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Stought	Vera Steinwenden
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Gentry Missouri	Sedan Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... two

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Weiser Idaho

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

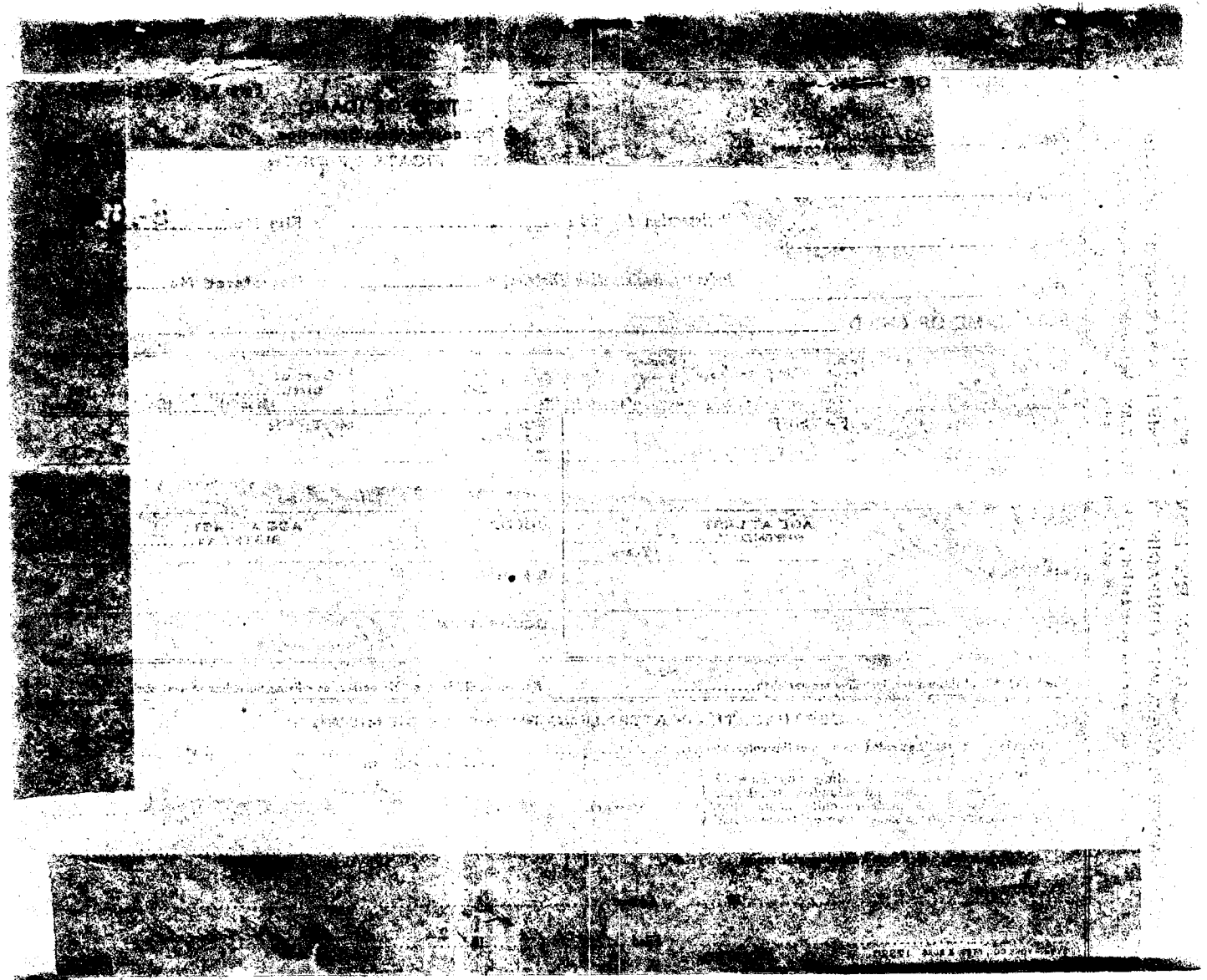
Registrar

Address .....

Filed June 10 1912 W. R. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 6464

Date Filed June

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Adbie Stout (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 4, 1912 (DATE OF EVENT)
in Weiser (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Adbie Stout	Anna Mae Stout

Subscribed and sworn to before me this 7th day of March, 1942

W. F. Rumm
Notary Public, residing at Weiser Idaho
My commission expires Dec 10 1944
(SEAL)

Signed Oscar Stout
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R FD #2 Weiser Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1942

W. F. Rumm
Notary Public, residing at Weiser Idaho
My commission expires Dec 10 1944
(SEAL)

Signed Vera Stout
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
R FD #2 Weiser Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO OBTAIN OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

MAR 9

Certificate No. 642

245-105-044-795

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26 File No. 6465

No. ____ St.

Primary Registration District No. 213 Registered No. 84

Hospital ____

FULL NAME OF CHILD Howard LaVerne Bunton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	May 5 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M Bunton	FULL MAIDEN NAME	Nettie E Grunwell
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	North Carolina
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz M.D.

Physician

(Physician or midwife)

Address Midvale

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 13 1912 F. A. Schmitz

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise 1912-319179

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Snohomish }

JUL 7 1941

Certificate No. 6465
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Laverne Bunton (Name on original certificate) who was born (Was born or died) on May 5, 1912 (Date of event)
in Midvale, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by record in family Bible (Bible record, insurance policy, etc.) prepared on or about June of 1929 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Laverne Bunton	Howard LaVerne Bunton

Subscribed and sworn to before me this 3rd day of July 1941.

Howard C. Graham

Notary Public, residing at East Stanwood, Washington

My commission expires June 21, 1942

[SEAL]

Signed Nellie F. Bunton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R # 1, E. Stanwood, Washington
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Snohomish }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of July 1941.

Howard C. Graham

Notary Public, residing at E. Stanwood, Wn.

My commission expires June 21, 1942

[SEAL]

Signed J. M. Bunten
(Signature of any credible person other than the previous affiant)

R # 1, E. Stanwood, Washington
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

NOV 15 1966

755-162.04K-692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No ....., ... St.

Registration District No 26 File No. 6466

Primary Registration District No 1010. Registered No. 80

Hospital .....

FULL NAME OF CHILD John Cass ~~XXXXXX~~ PEERY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack ~~XXXXXX~~ PEERY	L. C. Wisdom
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Cedar Rapids Nebraska	Iron Side Oregon
OCCUPATION	Grocery Clerk	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed June 10 1912 W. R. Hamilton

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 6466

Date Filed 2-

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for John Cass Perry (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 12, 1914 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	John Cass Perry	John Cass Peery

Subscribed and sworn to before me this 18
day of May, 1942

Notary Public, residing at Boise Ida.

My commission expires 7/4/45
(SEAL)

Signed Mrs. L.C. Wisdom Peery
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 18 1942

MAY 3 1968

213-219-044-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Washington
City of Weiser

AMENDED
April 25, 1947

CERTIFICATE OF BIRTH

No. R.F.D. No. 2 St.
Hospital
Registration District No. 26
Primary Registration District No. 2112
File No. 6467
Registered No. 86

FULL NAME OF CHILD Vera Elverna Sater
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 19 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth one
Number of children of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Benjamin H. Sater	FULL MAIDEN NAME	Lola Jones
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Weiser, Idaho	BIRTHPLACE	Marshall, Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

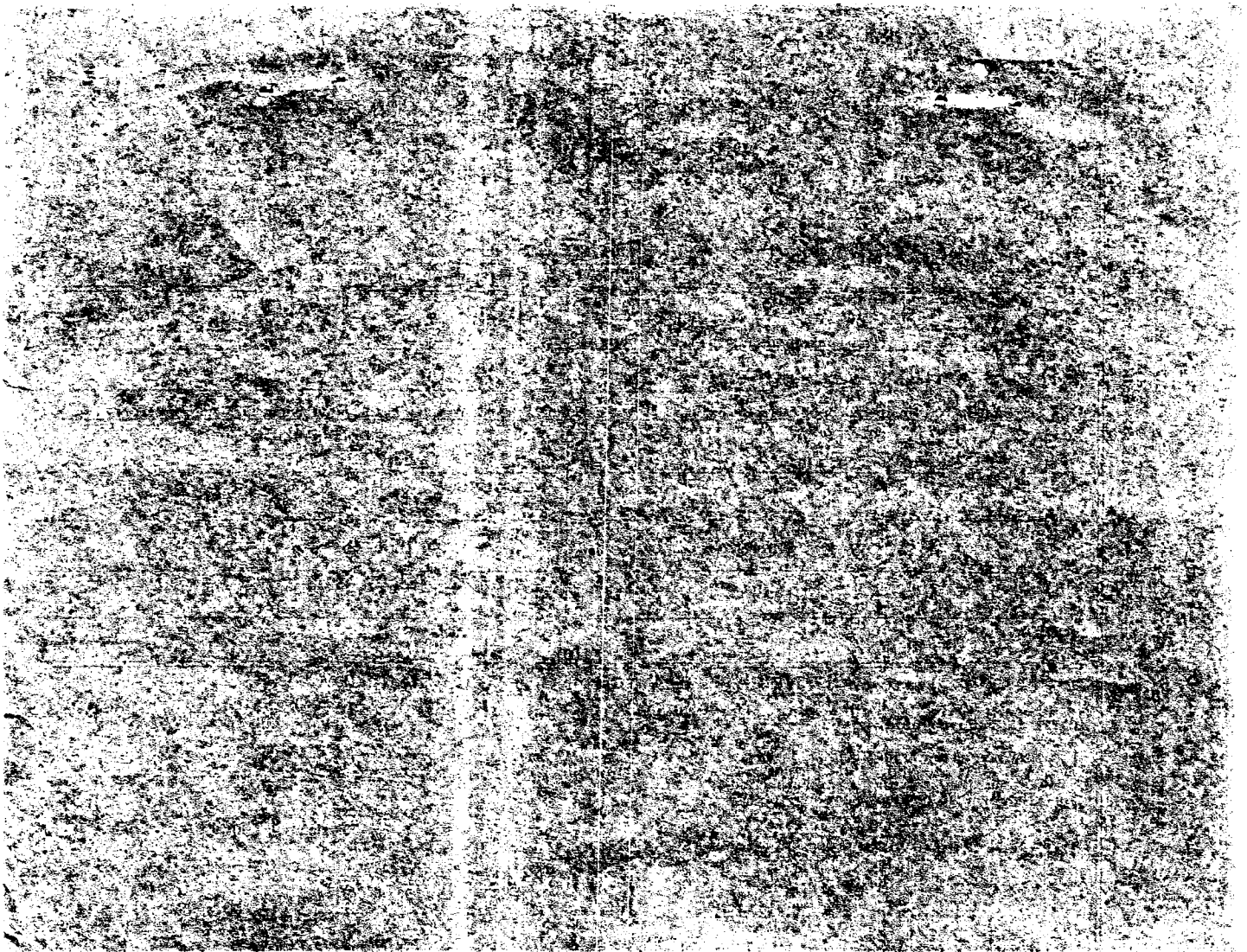
(Signature) James A. Young

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed June 10 1912 W. R. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. R.F.D. No 2 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 6467

Primary Registration District No. 2172 Registered No. 86

FULL NAME OF CHILD Vera Elvirna Sater

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 19, 1912

FATHER		MOTHER	
FULL NAME	Benjamine H. Sater	FULL MAIDEN NAME	Lola V. Jones.
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY	23 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Independence Kansas.
OCCUPATION	Farmer	OCCUPATION	Housework.

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Manning (Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed June 10 1912 W. R. Hamilton Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified Copy issued Jan. 8, 1941. E.W.

APR 3 1947

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Columbia }

Certificate No. 6467

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Birth~~ Death / birth (Birth or Death)
for ~~Vera~~ Elverna Sater (Name on Original Certificate) who was born (Was Born or Died) on May 19, 1913 (Date of Event)
in Rainier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by letter from grand- (Bible Record, Insurance Policy, Etc.) prepared on Oct. 18, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Independence, Kansas	Marshall, Illinois
Mother's name	Lola V. Jones	Lola Jones

Subscribed and sworn to before me this 21st day of April, 1947

Notary Public, residing at Rainier, Ore
My commission expires Aug. 4, 1948
(Seal)

Signed J. M. Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rainer, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Columbia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 1947

Notary Public, residing at Rainier, Ore
My commission expires Aug 4, 1948
(Seal)

Signed Mrs. Clara McBride
(Signature of Any Credible Person)

Rainier
(Street Address, City, State)

Oregon

APR 25 19

DEC 17 1952

118-220-044-315

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—10m-4-20-12

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Salubria

Registration District No. 26. File No. 6468

No. ____, ____ St.

Primary Registration District No. 2114 Registered No. 87.

Hospital ____

FULL NAME OF CHILD Leon Jaynes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	May 20, 1912.

FATHER		MOTHER	
FULL NAME	Geo Jaynes.	FULL MAIDEN NAME	Jessie Lavender.
RESIDENCE	Salubria Ida.	RESIDENCE	Salubria Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M.D.

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 10th 1912 M. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-347183

162-27.044 433.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Nuser

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 26 — File No. 6469 6469

Primary Registration District No 1010 — Registered No. 88

FULL NAME OF CHILD Helen Mack Joseph.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E Mack Joseph.	Maude McGibbon
RESIDENCE	Nuser Idaho	Nuser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Preston Iowa	Golden Dale Wash
OCCUPATION	Stenographer	Housewife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young (Physician or Midwife)

Address Nuser Idaho

Given names added from a supplemental report

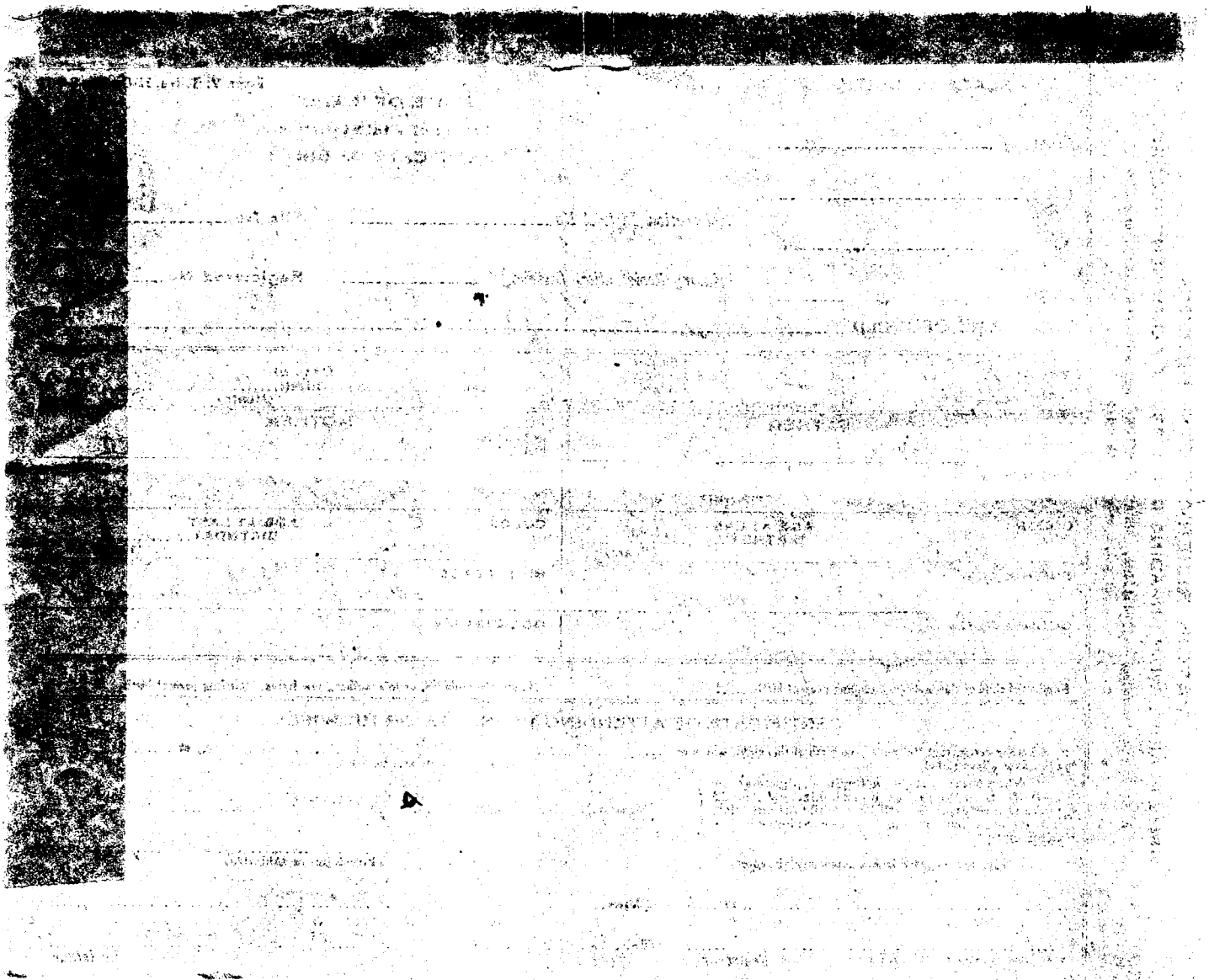
....., 19.....

Filed June 10 1912 W. R. Hamilton

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326



165-22104K 113

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. R.F.D. No 2, St.

Hospital

Registration District No. 26 File No. 6470

Primary Registration District No. 2112 Registered No. 89

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♂			Yes	May 27, 1912

FATHER		MOTHER	
FULL NAME	David Jones.	FULL MAIDEN NAME	Ida Jackson
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	51
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Boon Co. Arkansas.	BIRTHPLACE	Atchison Kansas
OCCUPATION	Rancher	OCCUPATION	H. Wife.

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) Ernest O. Feeney

Physician

(Physician or Midwife)

Address Weiser Idaho.

Filed June 10 1912 M. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-364022

295-164-044-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. R 4 No 2 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 6472

Primary Registration District No. 2112 Registered No. 91

FULL NAME OF CHILD MERLIN ELROY Brent

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	June 4th, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Wm. Roy Brent	FULL MAIDEN NAME Amy Leona Hull
RESIDENCE	Weiser, Idaho	RESIDENCE Weiser, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Woodberry Co Iowa	BIRTHPLACE Jefferson Co Kans
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

(Physician or ~~Midwife~~)

Address Weiser Idaho

Given names added from a supplemental report

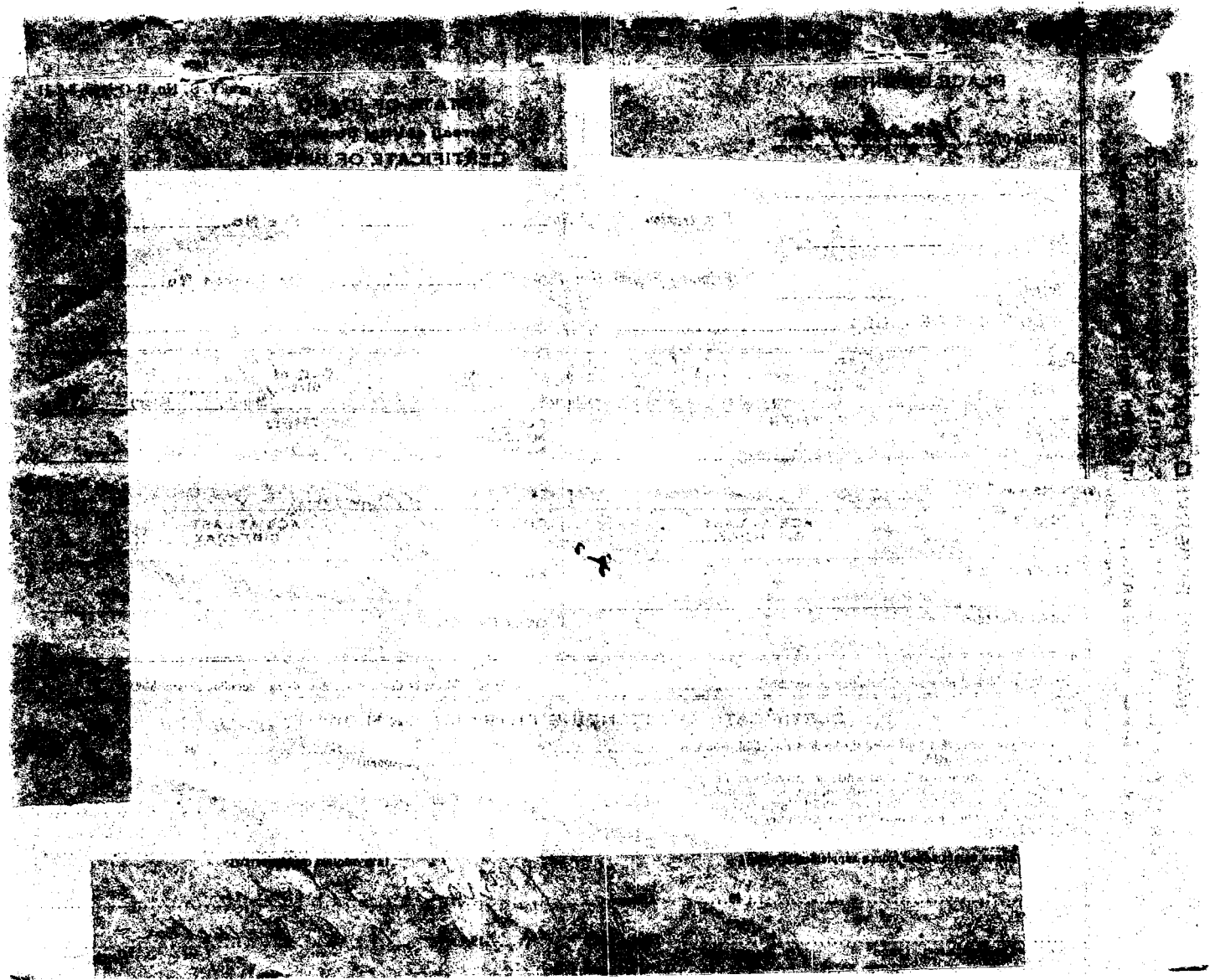
....., 19.....

Filed June 10th 1912 W. R. Bramlett

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 6472

SEP 14 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on 6/4/12 (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Brent	Merlin Elroy Brent

Subscribed and sworn to before me this 13th day of March, 1942.

Notary Public, residing at Weiser Idaho

My commission expires Dec-10-1944
(Seal)

Signed William Roy Brent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 15 19

SS 3-108-044613

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Registration District No. 26 File No. 6473

Primary Registration District No. 214 Registered No. 92

Hospital ____

FULL NAME OF CHILD Eugene Henry Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 5, 1912

FATHER		MOTHER	
FULL NAME	Thomas Nelson	FULL MAIDEN NAME	Bertha Watros
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	New York
OCCUPATION	Printer	OCCUPATION	H W

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M.D.
(Physician or Midwife)

Address Cambridge Ida

Filed June 7, 1912

J. E. Schmitz
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 1942

MAR 16 19

245-109-044-249

PLACE OF BIRTH

STATE OF IDAHO

Form 11-C—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 26 File No. 6474

No. ____, ____ St.

Primary Registration District No. 214 Registered No. 93

Hospital ____

FULL NAME OF CHILD Robert Lewis Hunt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	June 9, 1912

FATHER		MOTHER	
FULL NAME	Ray L. Hunt	FULL MAIDEN NAME	Catharine Burk
RESIDENCE	Cambridge	RESIDENCE	Cambridge Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Baker	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M.D. (Physician or Midwife)

Address Cambridge Idaho

Given name added from a supplemental report

June 9 1912

C E Schmuck Registrar

Filed July 19 17

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Filed

Ferm V. S. No. 27B—5M-1911

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6474

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Cambridge
Street and House No.
County Washington

Registered Number 93

Registration District No. 26

Sex of Child Male.

Date of Birth, June (Month) 9th (Day) 1912 (Year)

Full Name of Father Raymond Le. Hunt.

Full Maiden Name of Mother Kathryn Burke.

I HEREBY CERTIFY that the child described herein has been named:

Robert Lewis Hunt. (Given name in full) (Surname)

as reported by Mother. (Father or Mother)

W. R. Hamilton (Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MAY 25 1942

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11 C—15p 6-...

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 26 — File No. 6475

No. ____, ____ St. — Primary Registration District No. 1010 — Registered No. 94

Hospital ____

FULL NAME OF CHILD ~~Samuel~~ STEPHEN Robert Gilbert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 7th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel L. Gilbert	Mary K. McElroy
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	42
BIRTHPLACE	Kentucky	Iowa
OCCUPATION	Janitor	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician (Physician or Midwife)

Address Weiser Idaho

Filed June 10th 1912 W. R. Hamilton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

6475

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6475

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Samuel Robert Gilbert	Stephen Robert Gilbert
birthdate	June 9th 1912	June 7, 1912

Subscribed and sworn to before me this 16
day of March, 1942

Notary Public, residing at Bakersfield Calif.
My commission expires 9/21/44
(Seal)

Signed Lizzie M. Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

201 Wilson Ave. Alameda, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

135-210-054-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-1[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

Registration District No 26[illegible] File No. 6476

Primary Registration District No. 2112 Registered No. 95

FULL NAME OF CHILD Blanche Leona Lilenallen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 10 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James F Lilenallen	Kittie Shay.
RESIDENCE	Weiser Ida	Weiser Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Tenn.	Ill.
OCCUPATION	Ranching	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James F. Lewallen
(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed June 20 19[illegible] W. R. Hamilton
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Filed ..... 19 .....

Address .....

Register .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. E. Park St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 6477

Primary Registration District No. 10 Registered No. 96

FULL NAME OF CHILD Helena Amanda Smith

Sex of Child F.

Twin, Triplet or other? Twin } and { Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth June 12 (Month) (Day) 1912 (Year)

FATHER

FULL NAME James M. Smith

RESIDENCE Weiser Ida. R.F.D. No 2

COLOR W. AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Myrtle Wells.

RESIDENCE Weiser Ida

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida.

Filed June 20 1912 W. R. Hamilton Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

BYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE [illegible] must be made for each and the number of each child stated

MAR 15 1954

Ind. 040-23

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. E. Park St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 6478

Primary Registration District No. 1070 Registered No. 97

FULL NAME OF CHILD Lorena Elizabeth SMITH

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F.	Twin	2nd	Yes	June 12 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	James N. Smith	FULL MAIDEN NAME Myrtle Wells
RESIDENCE	Weiser Ida R.F.D. No 1	RESIDENCE Weiser Ida R.F.D. No 1
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	48	34
BIRTHPLACE	Utah.	Mo.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 20 1912 W. R. Hamilton
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

AUG 16 1955

503-114 044-547

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

Registration District No. 26 File No. 6479

Primary Registration District No. 2112 Registered No. 95

FULL NAME OF CHILD Amos Holland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	June 14 1912

FATHER		MOTHER	
FULL NAME	Henry Holland	FULL MAIDEN NAME	Hattie Curtis
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mill Banks South Dakota	BIRTHPLACE	Beaverton Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young Jr.

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

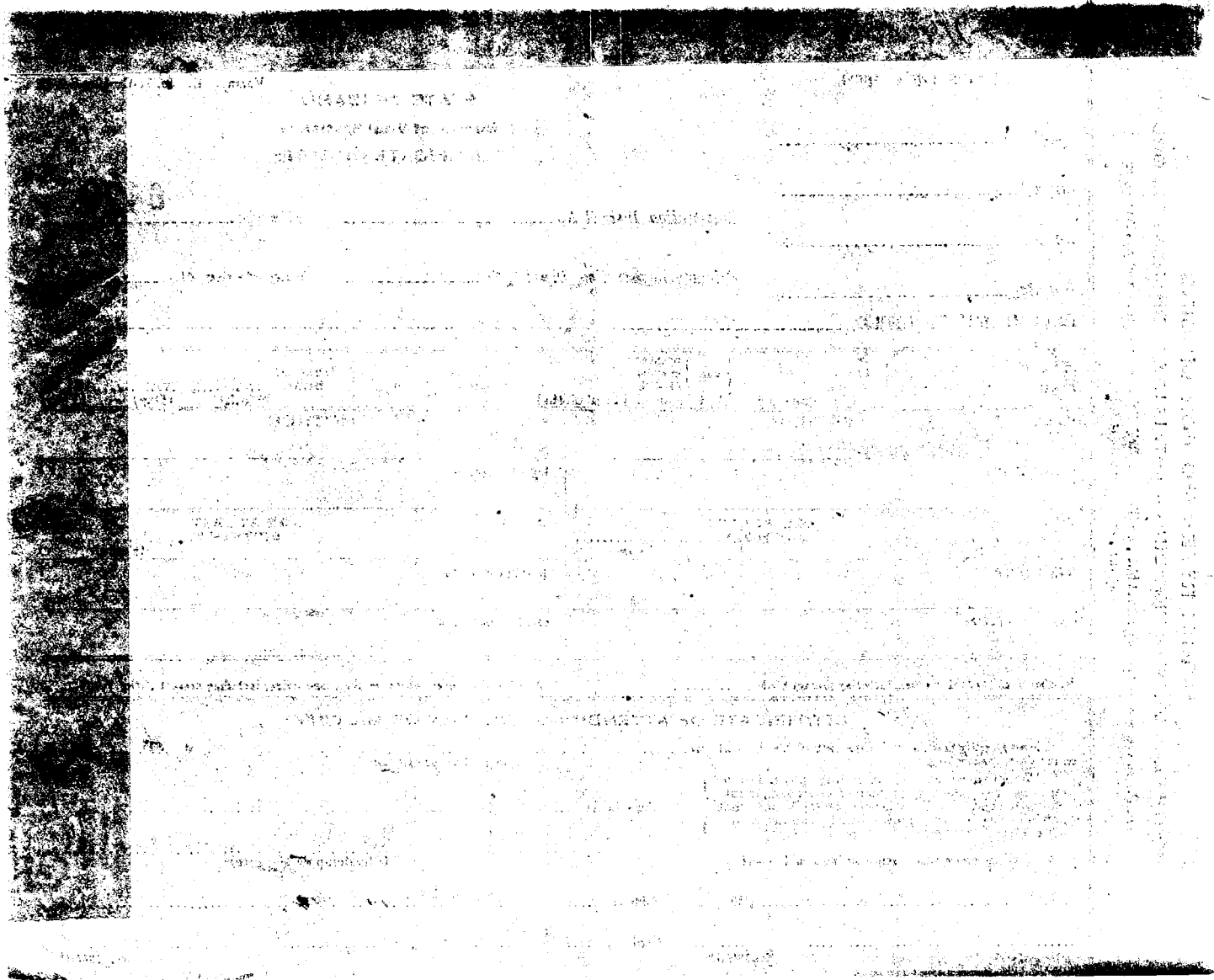
....., 19.....

Filed June 26 1912 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 6480

Primary Registration District No. 1010. Registered No. 99

FULL NAME OF CHILD Zelda May Lowry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 14 1912

FATHER		MOTHER	
FULL NAME	Luther A Lowry	FULL MAIDEN NAME	Bertha Hunt
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Palouse Wash.	BIRTHPLACE	Hard Co. Iowa
OCCUPATION	Grocerman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or Midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 20th 1912 W. R. Arnold

Registrar

SYMS - YORK CO., PTRS. & BORS. 17328

DEC 11 1963
OCT 12 1973

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PLACE OF BIRTH

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26 File No. 6481

No. ..... St.

Primary Registration District No. 213 Registered No. 100

Hospital .....

FULL NAME OF CHILD Wilbur Francis Craig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6 18 1912

FATHER		MOTHER	
FULL NAME	Clarence E. Craig	FULL MAIDEN NAME	Myrtle E. Smith
RESIDENCE	Crane Idaho	RESIDENCE	Crane
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Geo. LeBrun

Midwife (Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

Filed Jan 28 1912 Fan Chmz Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 2114 26.1 File No. 6482

Primary Registration District No. 2114 Registered No. 107

FULL NAME OF CHILD Leland Kenneth WILKERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	6 21 1912

FATHER		MOTHER	
FULL NAME	Maurice C Wilkerson	FULL MAIDEN NAME	Blanch Shroyer
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

Physician
Filed ..... (Physician or midwife)

Address C E Schmitz

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 24 1912 Local

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-424. 004-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No E. Court St.

Hospital

Form V. S. No. 11-C—10m-8-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 6483

Primary Registration District No. 1010 Registered No. 102

FULL NAME OF CHILD

Sex of Child: F. | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of birth June 24th (Month) (Day) 1912 (Year)

FATHER

FULL NAME: Wallis Perry.

RESIDENCE: Salt Lake City, Utah

COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah.

OCCUPATION: R. R. Newsboy.

MOTHER

FULL MAIDEN NAME: Emma Harris.

RESIDENCE: Salt Lake City, Utah

COLOR: W. AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

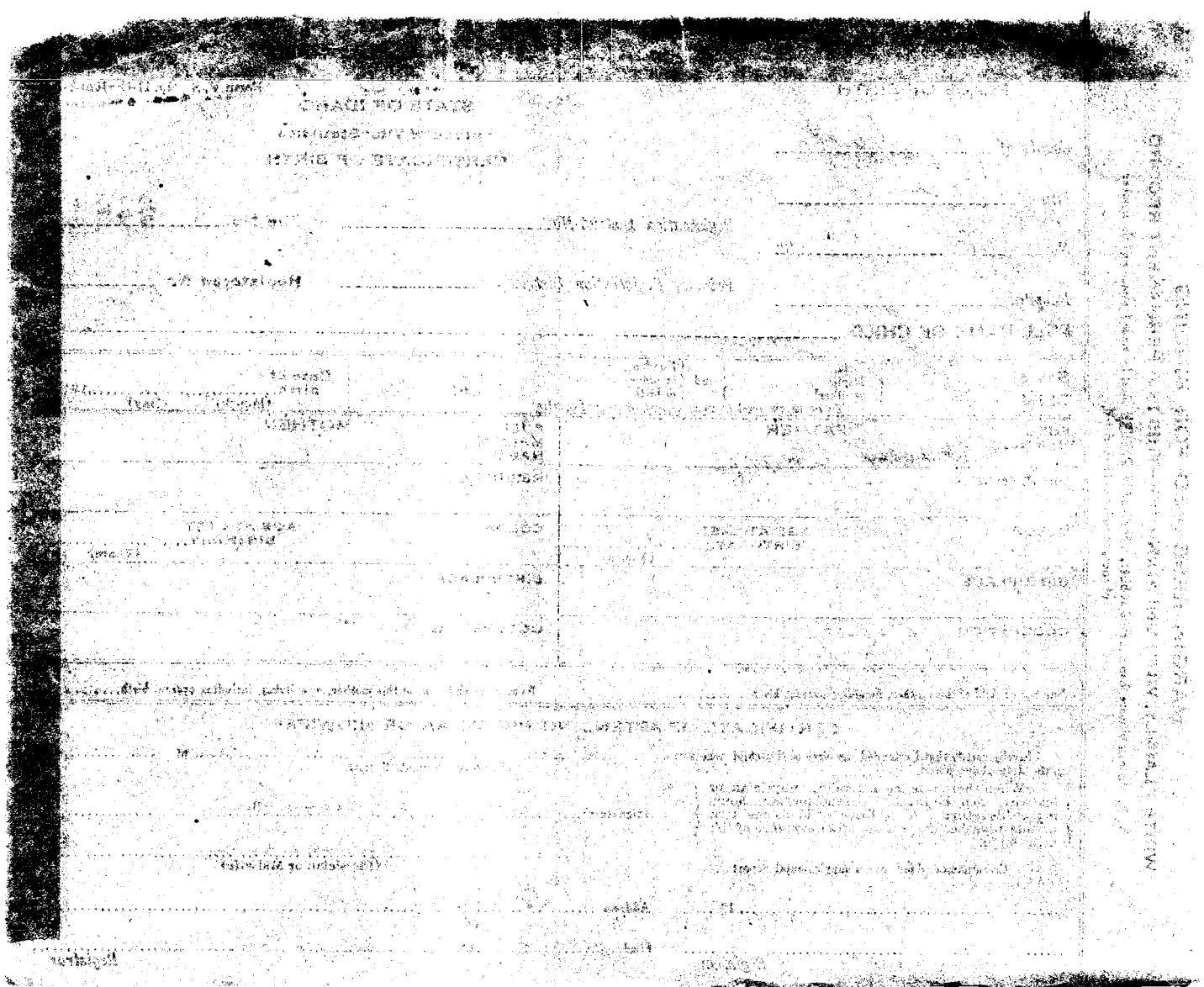
(Signature) W. R. Hamilton

Physician
(Physician or Midwife)

Address Weiser Ida.

Filed June 27th 1912 W. R. Hamilton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



981

295-12-4044-431

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-30-41

Last name of father and child and age of father amended 9/26/83 1h

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 6484

No. ____, ____ *St.*

Primary Registration District No. 1010

Registered No. ____

Hospital Josephine

FULL NAME OF CHILD John ~~Seigwein~~ Siegwein

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	1	Yes	6 24 1942

FATHER	MOTHER
FULL NAME: John C. ~~Seigwein~~ Siegwein	FULL MAIDEN NAME: Ida B. McJunkin
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho
COLOR: White	AGE AT LAST BIRTHDAY: ~~41~~ 51 (Years)
	COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: California
OCCUPATION: Mining	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Shirley, M.D.

(Physician or Midwife)

Address Weiser, Idaho

Given names added from a supplemental report

....., 19....

Filed June 25-42 19 12 M R. Hamilton

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 0 1969

JAN 1 4 1943

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 6484

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Seigwein (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1912 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	John Seigwein	Siegwein, John
father's name	John C. Seigwein	John C. Siegwein
father's age	41	51

Subscribed and sworn to before me this 26th day of September, 1983.

Linda Hickman

Notary Public, residing at Boise

My commission expires April 3, 1985

(Seal)

Signed John Seigwein
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1284 Brooklyn Ave
(Street Address, City, State)
Monterey Park, CA 91754

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2/25/74 ret'd $1 check

SEP 26 1983

Social Security Card issued Dec. 14, 1936 gives name as John Siegwein #553-09-7601
Viewed by V.S.

California Driver License issued June 22, 1977 gives name as John Siegwein born June 24, 1912
Viewed by V.S.

Birth certificate of sister Frances born Dec. 13, 1916 gives father as John Siegwein age 55 birth place Austria #45361 Idaho Sf.
Viewed by V.S.

Birth & Baptism certificate of John Siegwein born Jan 24, 1861 issued Oct. 15, 1920
Tirol - Innsbruch Land Austria
Viewed by

23-19.8-044-613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 26. File No. 6485

No. ____, ____ St.

Primary Registration District No. 2114 Registered No. 104

Hospital ____

FULL NAME OF CHILD Woodrow ~~Wilson~~ Stuart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David W Stuart	Mary M Wallace
RESIDENCE	Cambridge	Cambridge
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Ill	Kansas
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.35A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopkins M.D. (Physician or Midwife)

Address Cambridge, Idaho

Given names added from a supplemental report

June 28th, 1912 C. E. Schmutz Registrar

Filed June 28th 1912 C. E. Schmutz Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 27, 1941. E.W.

NOV 4 1969

349-207-029-113

PLACE OF BIRTH

County of Utah

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6486

Primary Registration District No. 2063 Registered No. 192

FULL NAME OF CHILD Grace Mann

Sex of Child	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 6 (Month) 1 (Day) 12 (Year)
F			

FATHER		MOTHER	
FULL NAME	Simpson Currie	FULL MAIDEN NAME	Louise Jacobs
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Fetherston

Physician Lenore
(Physician or Midwife)

Address Lenore

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6-1 19 12 W. W. Fetherston Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 [redacted]

JAN 31 [redacted]

315-22-3029-296

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2063

File No. 6487

Registered No. 191

FULL NAME OF CHILD Irene Lanphear

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	6 22 19[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Fernie Lanphier	FULL MAIDEN NAME Anna Bromley
RESIDENCE Genesee	RESIDENCE Genesee
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Ehem M.D.

(Physician or Midwife)

Address Genesee Idaho

Given names added from a supplemental report

____, 19____

Filed 6-24-19[illegible] W H Ehem

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 6 1971

698-118-029-514

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lalah

City of Crescent

No _____, _____ St.

Hospital _____

Registration District No _____ File No. 6488

Primary Registration District No. 2064 Registered No. 163

FULL NAME OF CHILD Milleam George Fry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6 18 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Fry	Francis Vaughn
RESIDENCE	Crescent Ida	Crescent Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Calif.	Kas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 6-20 1912 J. E. Hoyt Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 21 1945

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

U.S. 1920 Census - 369

PLACE OF BIRTH

County of Latah

City of Kendrick

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 6489

Primary Registration District No. 2064 Registered No. 164

FULL NAME OF CHILD Wayne Kenneth Fairchild

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6 20 1912

FATHER	MOTHER
FULL NAME: John A. Fairchild	FULL MAIDEN NAME: Carrie C. Christiance
RESIDENCE: Kendrick Ida	RESIDENCE: same
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY (Years): 33	AGE AT LAST BIRTHDAY (Years): 32
BIRTHPLACE: Ill	BIRTHPLACE: Ill.
OCCUPATION: Farmer	OCCUPATION: Housewife
Number of child of this father, including present birth: 4	Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 21 1912 J.E. Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified Copy issued Feb. 14, 1941. E.W.

JUL 2 9 1975

964-19-079-25

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6490

Registered No. 195

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2065

FULL NAME OF CHILD ~~XXXXXXXX~~ TED RUSSELL Rominger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Apr 19 1912

FATHER		MOTHER	
FULL NAME	Andy Rominger	FULL MAIDEN NAME	Cora Banner
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	North Carolina
OCCUPATION	Well Driller	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 19th, at 11 P M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John E Strain
Physician
(Physician or ~~Midwife~~)

Address Troy Idaho

Filed June 15 19 12 C. V. Johnson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 6490
Date Filed APR 9 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Roby Oliver Rominger (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 18th 1912 (DATE OF EVENT)
in Troy Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Roby Rominger	Ted Russell Rominger

Subscribed and sworn to before me this 6
day of April, 1942

D. Boyd Deke

Notary Public, residing at Everett Wash

My commission expires Feb 2, 1945
(SEAL)

Signed Cora Rominger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)

2807 Maple St Everett Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of April, 1942

D. Boyd Deke

Notary Public, residing at Everett

My commission expires Feb 2, 1945
(SEAL)

Signed Andy Rominger
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2807 Maple St
(STREET ADDRESS, CITY, STATE)
Everett Wash

Received for filing on ——— By ———
(REGISTRAR'S SIGNATURE)

APR 13 1942

553-216-029-264

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6491

County of Butte

City of Troy

Registration District No. 15 File No. 193

No. ____, ____ St.

Primary Registration District No. 2065 Registered No. ____

Hospital ____

FULL NAME OF CHILD Doris Christina Matilda Vetell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 16, 1912

FATHER	MOTHER
FULL NAME: Carl W. Vetell	FULL MAIDEN NAME: Anna C. Soderyh
RESIDENCE: Troy Idaho	RESIDENCE: Troy
COLOR: White AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Mt. Juvett Pa
OCCUPATION: Preacher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) June 16 1912, at 11 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Troy Idaho

Filed June 16 1912 J. W. Olson

Registrar

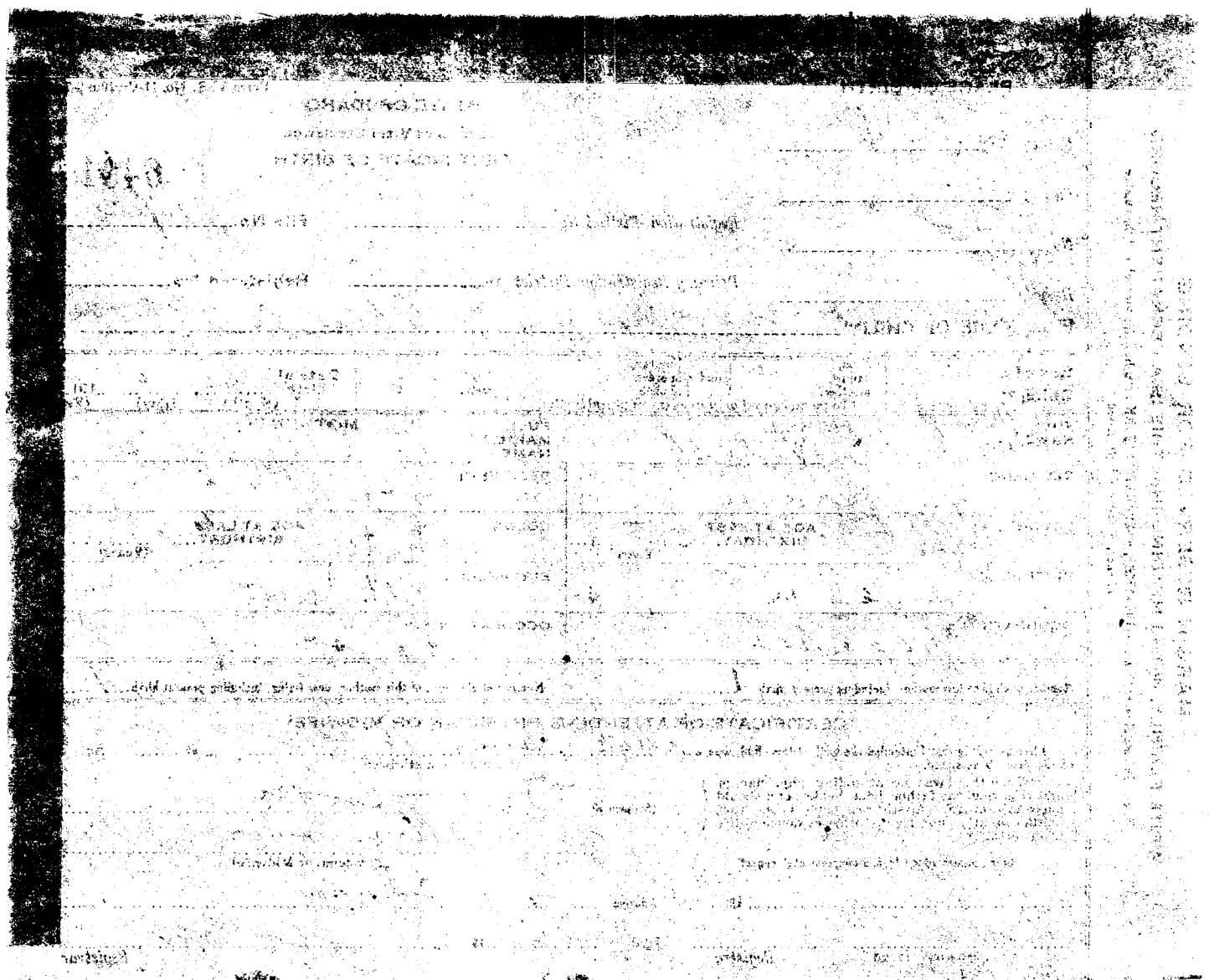
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



744-124-029-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 6492

Primary Registration District No. 2065 — Registered No. 194

FULL NAME OF CHILD Frank Gordon Pumphrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 24 1912

FATHER	MOTHER
FULL NAME Walton H. Pumphrey	FULL MAIDEN NAME Hettie Heidemann
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White — AGE AT LAST BIRTHDAY 35 (Years)	COLOR White — AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive May 24 1912 (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr J. E. Strain

Physician
(Physician or Midwife)

Address Troy Idaho

Filed June 22 1912 J. W. Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 12 1958

269-226-029-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch R.F.D. Registration District No. 15 File No. 6493

No. ____, ____ St. Primary Registration District No. 2066 Registered No. 154

Hospital ____

FULL NAME OF CHILD Gladys Swift

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	—	—	yes	June 26 1912

FATHER		MOTHER	
FULL NAME	David Swift	FULL MAIDEN NAME	Mary Kilgore
RESIDENCE	Potlatch R.F.D.	RESIDENCE	Potlatch R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oregon	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Boyd, M.D.

(Physician or Midwife)

Address Palouse Wash

Given names added from a supplemental report

....., 19.....

Filed June 28 1912 W. Jr. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

FEB 27 1970

296-210-029-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-15

PLACE OF BIRTH

County of Latah

City of Pattatch (Country)

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15. File No. 6494

Primary Registration District No. 20 66 Registered No. 157

FULL NAME OF CHILD Velma Browning

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	X		X	yes	June 10, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Albert N Browning	FULL MAIDEN NAME Blanche West
RESIDENCE Pattatch.	RESIDENCE Pattatch
COLOR White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Idaho
OCCUPATION Machinist.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo I Boyd M.D.

(Physician or Midwife)

Address Palouse, Wash.

Given names added from a supplemental report

....., 19.....

Filed June 26 1912 D. Jr. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

693-129-029-299

PLACE OF BIRTH

County of Latah

City of Pottatch

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 6495

Primary Registration District No. 2066. Registered No. 158

FULL NAME OF CHILD Charles Howard Wilkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6 29 1912

FATHER	MOTHER
FULL NAME archie Wilkins	FULL MAIDEN NAME Lillian Briggs
RESIDENCE Pottatch	RESIDENCE Pottatch
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a.m. on the date above stated.

(Signature) J S LeGard M D

(Physician or Midwife)

Address Pottatch

Filed July 20 1912. Dr. J.S. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670 •

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible] 221-29-915

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-15

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch (country)

Registration District No. 15. File No. 6496

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2066 Registered No. 139

FULL NAME OF CHILD Eva Lowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	X	X	yes	June 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E Lowe	Maud A Randle
RESIDENCE	Potlatch R F D.	Potlatch Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Wash.	Texas
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd M D

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Filed June 26 1912 D. Gw. Thompson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 20 1967

213-123-029-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 6497

Primary Registration District No 2066 Registered No. 160

FULL NAME OF CHILD Edward Katzer (Katzer)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	May 23 1912

FATHER		MOTHER	
FULL NAME	Edward Katzer	FULL MAIDEN NAME	Elva Shonick
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed June 1st 19 12 D. Jr. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

APR 6 1942

133-231-029-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No ....., ... St.

Hospital .....

Registration District No 15. File No. 6498

Primary Registration District No. 2066 Registered No. 161

FULL NAME OF CHILD Evelyn Mary Allan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes.	May 31, 1912

FATHER	MOTHER
FULL NAME Frederick E. Allan.	FULL MAIDEN NAME Susie Boyer.
RESIDENCE Potlatch	RESIDENCE Potlatch
COLOR White. AGE AT LAST BIRTHDAY 29 (Years)	COLOR White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Iowa.
OCCUPATION Rancher.	OCCUPATION Housewife.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Libby

(Physician or Midwife) (Midwife)

Given names added from a supplemental report

....., 19.....

Address Potlatch

Filed June 8 1912 John Thompson

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

Registrar

SEP 24 1942

491-127.029-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15. File No. 6499

Primary Registration District No. 2066. Registered No. 162

FULL NAME OF CHILD William Draper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6 – 27 – 191[illegible]

FATHER		MOTHER	
FULL NAME	Milton A Draper	FULL MAIDEN NAME	Margaret Harrison
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	alabamma
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S LeCard M D

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 3rd 19 12 D. J. W. Thompson Registrar

S-Y CO., 16670

MAR 2 8 1974

DEC 3 0 9

235-113-029-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6501

Primary Registration District No. 2068 Registered No. 165

FULL NAME OF CHILD Stanley Frank Stevenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	✓	Yes	June 13 1912

FATHER		MOTHER	
FULL NAME	Frank Stevenson	FULL MAIDEN NAME	Isabelle Brown
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Martha Dennis

midwife
(Physician or midwife)

Address Avon

Given names added from a supplemental report

..... 19.....

Filed 6/9 1912 P. C. Stanisf
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 21 9 42 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6501

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Stanlie Frank Stevenson (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1912 (Date of Event)
in Avon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Stanlie	Stanley

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of SPOKANE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of
NOVEMBER, 1975

Richard K. Beck
Notary Public, residing at SPOKANE
My commission expires 12-10-77
(Seal)

Signed Susan J. Tiffany
(Signature of Any Credible Person)

N. 4207 Murray Rd. Otis Orchards, Wash.
(Street Address, City, State)

FORM DH 60-155

CL 11/14/75 Rush

Honorable Discharge from the U.S. Marine Corps gives name as Stanley Frank Stevenson date Feb 7, 1946 (MXXXXX Marine Reserves). viewed by V. S.

Census Marshall's report ~~x~~ for School District No 40, Latah Co. for the year Sept. 2, 1919. gives name as Stanley Stevenson. age 7, ~~1~~9 viewed by V. S.

096.217.029.393

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Registration District No. 15 File No. 6502

Primary Registration District No. 2068 Registered No. 166

FULL NAME OF CHILD Elaine Evelyne Brown

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	V	V	Yes	June 17 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Brown	FULL MAIDEN NAME	Maud Little
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn) at 9:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Faust

Physician

(Physician or midwife)

Address Deary

Filed 6/18 19 12 D. E. Faust

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

753-116-029-653

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6503

Primary Registration District No. 2068 Registered No. 167

FULL NAME OF CHILD not named Glen Lee Pettet died at 5 dys. old.

Sex of Child	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	Yes	June 16 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob A. Pettet	Florence M. Wells
RESIDENCE	Avon	Avon
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Wis.	Wis.
OCCUPATION	manager sawmill	H. W.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Faust

Physician

(Physician or midwife)

Address Deary

Filed 6/18 19 12 P. H. Faust

Given names added from a supplemental report

..... 19.....

..... Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C -20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

415-810-029-819

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6504

Primary Registration District No. 2068 Registered No. 168

FULL NAME OF CHILD Leroy Melville Davis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	(To be answered only in event of plural births)		Yes.	June 10, 1912

FATHER		MOTHER	
FULL NAME	Frank Davis	FULL MAIDEN NAME	Ivy E. Harrison
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Kas.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Flora R. Harrison

midwife

(Physician or midwife)

Address Deary

Filed 6/18/12 P. C. Faust

Registrar

Given names added from a supplemental report

.....19.....

.....

Registrar

S-Y CO. 20174

MAR 9 1942

MAR 10 1942

419-201-029-653

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 6505

Primary Registration District No. 217 Registered No. 196

FULL NAME OF CHILD Lucile Darby.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	1	1	Yes	June 1, 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward D. Darby	Nellie G. Wetmore
RESIDENCE	near Juliaetta, Ida.	near Juliaetta,
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	39	26
BIRTHPLACE	Kansas	Iowa,
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) S. A. Roe,

Physician

(Physician or Midwife)

Address Juliaetta, Idaho.

Filed June 2 19 12

S. A. Roe
Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1967

962-216-029291

PLACE OF BIRTH Latah

County of Latah

City of Moscow

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15

File No. 6506

Primary Registration District No. 1008

Registered No. 189

FULL NAME OF CHILD Juanita Madelene Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	June 16, 1912

FATHER		MOTHER	
FULL NAME	Scott Ross	FULL MAIDEN NAME	Mary Branson
RESIDENCE	Julietta Idaho	RESIDENCE	
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho.	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 10-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

_____, 19____

Filed July 3 19 12 S F Rae

_____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP. 29 1949

845-114-029-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No ____, ____ St.

Hospital ____

Registration District No 13 — File No. 6507

Primary Registration District No 1008 — Registered No. 190

FULL NAME OF CHILD Linacy W. Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			yes	June 4 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Geo. F. Hunt	FULL MAIDEN NAME	Nellie Howell
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Filed June 20 1912

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

D. F. Rae Registrar

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

299.125.029-253

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 6508

Primary Registration District No. 1008 Registered No. 170

FULL NAME OF CHILD John William Birdsill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	May 25, 1912

FATHER		MOTHER	
FULL NAME	J. Birdsill	FULL MAIDEN NAME	Ollie M. Self
RESIDENCE	Moscow	RESIDENCE	—
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 2 A. M. on the date above stated.

(Signature) J. M. Clarke

(Physician ~~or Midwife~~)

Address Moscow

Filed June 10, 1912 D. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

623-1191029-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6509

Primary Registration District No. 1008 Registered No. 174

FULL NAME OF CHILD Norval Theodore Ostroot

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Ye	June 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. E. Ostroot	Pauline Dahl
RESIDENCE	Moscow	Moscow
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	41
BIRTHPLACE	Norway	Norway
OCCUPATION	Real Estate	H W

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

(Signature) Joseph Asprey M.D.

(Physician or midwife)

Address Moscow Idaho

Filed July 1 1912 S. F. Rae Registrar

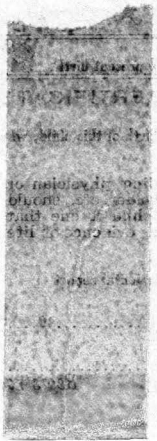
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19 _____

_____ Registrar

S-Y CO. 20174



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 6509

Date Filed July 1, 1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for No Name (Name on Original Certificate) who was born (Was Born or Died) on June 19, 1912 (Date of Event)
in Moscow (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Hospital record of child's birth Jan 7, 1944 -viewed by V.S. prepared on (Date) Nov. 7, 1926 are:
(Bible Record, Insurance Policy, Etc.) Cert. of confirmation dated viewed by Vital Statistics bf

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add name	none	Norval Theodore Ostroot

Subscribed and sworn to before me this 27th day of March 19 58
Van R. Hendrickson
Notary Public, residing at Boise, Idaho
My commission expires September 5, 1958
(Seal)

Signed Ralph K. Flaherty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Eagle, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of March, 19 58
Van R. Hendrickson
Notary Public, residing at Boise, Idaho
My commission expires September 5, 1958
(Seal)

Signed Leland I. Grimart
(Signature of Any Credible Person)
Box B Eagle Ida
(Street Address, City, State)

FORM DPH 55. 155

APR 1 1958

236-122-1029-813

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6510

Primary Registration District No. 1008 Registered No. 187

FULL NAME OF CHILD RICHARD B. Stone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	June 22, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Stone	FULL MAIDEN NAME	Irene Hathaway
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Ray

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 23 19 12 D. F. Ray

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUN 18 1941

State of ..... } ss.
County of ..... }

Certificate No. 6510
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on June 22, 1912 (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
MOTHERS AGE NOT Given		AGE 36 -
Child's name	not named	RICHARD, B. STONE.
mother's maiden name	Irine Hathawa	IRENE HATHAWAY.

Subscribed and sworn to before me this 16
day of June, 1941
Florence Sims
Notary Public, residing at Spokane
My commission expires March 7 - 1943
[SEAL]

Signed Irene V. Stone.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
7216 E. 3, Spokane Washington.
RR. EM Pine Heights
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

433-211-029.385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ *St.*

Hospital ____

Registration District No. 15 **File No.** 6511

Primary Registration District No. 1008 **Registered No.** 183

FULL NAME OF CHILD Irena McClure

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		1	Yes	June 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John McClure	Jessie Lynch
RESIDENCE	Tocoma Wash.	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Ireland	Ill
OCCUPATION	Stone mason	Home Keeping

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

..... 19....

Filed June 11 19 12 D. F. Rae

S-Y CO., 16670

Registrar

Registrar

OCT 15 1969

193-124-029-219

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ *St.*

Hospital ____

Registration District No. 15 **File No.** 6512

Primary Registration District No. 1008 **Registered No.** 182

FULL NAME OF CHILD Clifford Arthur

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	Yes	June 24, 1912

FATHER		MOTHER	
FULL NAME	Arthur Jessup	FULL MAIDEN NAME	Emma Barthas
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

(Signature) W. A. Cadwallader M.D.

Moscow Idaho

(Physician or Midwife)

Address Moscow

Filed July 3 19 14 D. F. Rae *Registrar*

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

168-118: 029389

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 6513

Primary Registration District No. 1008 Registered No. 184

FULL NAME OF CHILD Adrian Carl Johns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4	Yes	May 18th, 1912

FATHER		MOTHER	
FULL NAME	Wm C Johns	FULL MAIDEN NAME	Jennie Thillitt
RESIDENCE	Moscow	RESIDENCE	Moscow Thillitt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Selling Watkins Medicines	OCCUPATION	House Keeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Lucas M.D.

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed June 12 19 12 D F Rae

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 28 1955

693212 · 029 - 693 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6514
Local Reg. No. 175
Reg. Dist. No. 15

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moscow

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Latah

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moscow

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Beverley b. (Middle): Justine c. (Last): Wicks

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 12, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): Hale c. (Last): Wicks

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Illinois

10. USUAL OCCUPATION: Professor

11. KIND OF BUSINESS OR INDUSTRY: University of Idaho

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Cara b. (Middle): Helen c. (Last): Wilson

13. AGE (At time of this birth) YEARS:

14. BIRTHPLACE (State or foreign country) (City or Town): Oregon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Cara Helen Wicks Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Joseph Aspray, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Moscow, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 10, 1912

22. REGISTRAR'S SIGNATURE: D. F. Rae

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ITAL STATISTICS, BOISE, IDAHO.

NOV 22 1968

652-204-029-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. F Sixth St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6515

Primary Registration District No. 1008 Registered No. 176

FULL NAME OF CHILD Bertha Evelyn Hektner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 4 1912

FATHER	MOTHER
FULL NAME Peter Hektner	FULL MAIDEN NAME Matilda Thorsen
RESIDENCE Moscow	RESIDENCE Moscow,
COLOR W	AGE AT LAST BIRTHDAY 45 (Years)
COLOR W	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Norway	BIRTHPLACE Norway
OCCUPATION Farmer	OCCUPATION H-W,

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asprey M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 15 1912 D. F. Rae Registrar

S-Y CO. 20174

AUG 14 1942

DEC 16 1942

JAN 26 1972

643-114-029-343

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital Aspray

Registration District No. 15 — File No. 6516

Primary Registration District No. 1008 — Registered No. 179

FULL NAME OF CHILD Lloyd Sutches

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			no	June 14 1912

FATHER		MOTHER	
FULL NAME	[illegible]	FULL MAIDEN NAME	Agnes May Sutches
RESIDENCE		RESIDENCE	Sutches Ranch
COLOR		COLOR	medium
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	14
BIRTHPLACE		BIRTHPLACE	Viola
OCCUPATION		OCCUPATION	None

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D. (Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed June 20 1912

S-Y CO. 20174

Registrar

D F Rae
Registrar

695-22-1029-753 Added child's name 2-27-95 ms

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital Aspray

Registration District No. 15 File No. 6517

Primary Registration District No. 1008 Registered No. 180

FULL NAME OF CHILD Carol Shirley Wren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 24 1912

FATHER		MOTHER	
FULL NAME	J. L. Wren	FULL MAIDEN NAME	Theresa Peterson
RESIDENCE	Bridgeport	RESIDENCE	Bridgeport
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 8 (Born alive ~~or stillborn~~), at A M. on the date above stated.

(Signature) Joseph Aspray M. D.

(Physician or midwife)

Address Moscow Idaho

Filed July 3 19 12 S. H. Rae

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

S-Y CO. 29174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1969

FEB 17 1995

2-17-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of SAN MATEO } ss.

Certificate No. 6517
Date Filed JUL. 3, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth

for Carol Shirley Wren (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 24, 1912 (Date of Event)

in Moscow (Latah) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Wren	Carol Shirley Wren

Subscribed and sworn to before me this 22nd day of Feb.
Feb, 19 95.

Carol Shirley Boyles
Signature of Applicant

Notary Public, Arlene Serrano
Residing at 2800 Junipero Serra Blvd., Daly City, CA 94015
My commission expires 3/7/95

376 Hillside Blvd, Daly City, Ca
Street Address, City, State

(Seal)

OFFICIAL SEAL
ARLENE SERRANO
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN MATEO COUNTY
My Commission Expires March 7 1995

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of ___
County of ___ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public, ___
Residing at ___
My commission expires ___
(Seal)

OFFICIAL SEAL
ARLENE SERRANO
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN MATEO COUNTY
My Commission Expires March 7 1995

Subscription of Signature

Street Address, City, State

FEB 2 7 1995

State of Idaho Certificate of Birth filed JAN. 3, 1934 file #218020 shows Ven Richard Rogers born Oct. 22, 1933 in Culdesac ID to Veneralbel Rogers and Carol Shirley Wren viewed VS.

Marriage Certificate State of California County of San Francisco shows Roy Ralph Boyles and Scrol Shirly Kelly were married Dec. 20, 1974 in San Francisco CA viewed VS.

315-204-029-239

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6518

Primary Registration District No. 1008 Registered No. 181

FULL NAME OF CHILD Mary Hazel ~~Lathrop~~ Canham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 3 1912

	FATHER	MOTHER
FULL NAME	James B. Canham	FULL MAIDEN NAME Ethel M Bliss
RESIDENCE	Moscow	RESIDENCE Moscow
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	44	28
BIRTHPLACE	Canada	U. S.
OCCUPATION	Laborer	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4 (Born alive or stillborn), at P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asprey M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 19 12 S. F. Kerr Registrar

S-Y CO. 20174

MAR 2 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 6518

Date Filed

State of California } ss.
County of San Francisco

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Hazel Gertrude (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 4 - 1912 (DATE OF EVENT)
in Merced, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record & Ins Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Bible Record-1912 & Ins policy 1928 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Hazel Gertrude	Mary Hazel
Date	June 3	June 4

Subscribed and sworn to before me this 8th
day of May, 1942

Notary Public, residing at San Francisco

My commission expires Jan 20th 1943
(SEAL)

Signed Melvin E Bankhom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

2137 Ortega San Francisco Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Clark

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of May, 1942

Notary Public, residing at Camas

My commission expires 7-29-1944
(SEAL)

Signed Hobbie Swingler
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

P.O. Box 526
(STREET ADDRESS, CITY, STATE)

Washougal, Wash.

Received for filing on MAY 22 1942 By
(REGISTRAR'S SIGNATURE)

MAY 25 1942

753-108-029-753

PLACE OF BIRTH

County of Latah

City of Near Moscow

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 6519

Primary Registration District No. 2062 — Registered No. 178

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	June 8 1912

FATHER	MOTHER
FULL NAME: Jonas O. Peterson	FULL MAIDEN NAME: Hulda S Peterson
RESIDENCE: Near Moscow	RESIDENCE: Moscow
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY (Years): 53	AGE AT LAST BIRTHDAY (Years): 38
BIRTHPLACE: ~~Near Moscow~~ Sweden	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: H. W.

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A M. on the date above stated.

(Signature) Joseph Espay MD
(Physician or midwife)

Address Moscow Ida

Filed June 15 1912 — D. F. Rae, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

453-12-1079-599

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6520

Primary Registration District No. 2062 Registered No. 177

FULL NAME OF CHILD Paulson, Leslie Wm. Melrose

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes.	May 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gust Paulson	Charlotta S. Erickson
RESIDENCE	Near Moscow	Moscow
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	32
BIRTHPLACE	U. S.	U. S.
OCCUPATION	Merchant	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M. D. (Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed June 10 1912 D. F. Ran Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1961

645-120-629-862

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6521

Primary Registration District No. 2062 Registered No. 188

FULL NAME OF CHILD Erika Theron Odenborg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	June 20th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar A. Odenborg	Constance Hozeid.
RESIDENCE	Moscow, (Rural)	Moscow, (Rural)
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Minnesota	Wisconsin.
OCCUPATION	Farmer	Housekeeper.

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carruthers M. D.

(Physician or Midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19....

Filed June 29 1912 D. F. Rae

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 25 1971

MAY 25 1942

243-218-029-468

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 6522

Primary Registration District No. 2062

Registered No. 186

FULL NAME OF CHILD Velma Buckbee

Sex of Child Female

Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? yes

Date of birth June 18 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME John Wesley Buckbee	FULL MAIDEN NAME Eliza Moyer
RESIDENCE East of Moscow	RESIDENCE East of Moscow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE N. Verg.	BIRTHPLACE N. Verg.
OCCUPATION Farmer	OCCUPATION H wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Rae

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 21 19 12 S. F. Rae Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 25 1970

465-109-029-439

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-O—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 6523

No. ....., ... St.

Primary Registration District No. 2062

Registered No. 185

Hospital .....

FULL NAME OF CHILD Kenneth Wesley Donahue

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	Jessie W. Donahue	FULL MAIDEN NAME	Mary I Mc Intosh
RESIDENCE	North of Moscow	RESIDENCE	North of Moscow
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Minnesota
		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed June 10 19..... D F Rae

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

May 25, 1959

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

U. S. No. 11-C—20m-2-16-12

Registration District No. 15 File No. 6524

No. ..... St.

Primary Registration District No. 2062 Registered No. 173

Hospital .....

FULL NAME OF CHILD James Loyd THOMPSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	and	Yes	June 2 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	James Loyd Thompson	FULL MAIDEN NAME	Angie Edwards
RESIDENCE	Joel	RESIDENCE	Joel
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	U. S.	BIRTHPLACE	U. S.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asplund M. D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19....

Filed June 12 19 12 S. F. Kane
Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 6524

Date Filed JAN 2 1942

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	James Loyd Edward	James Loyd Thompson
birthdate	June 1, 1912	June 2, 1912

Subscribed and sworn to before me this 27th day of January, 19 42

Agnes Bischoff

~~Notary Public, residing at~~ Dep. Co. Auditor

My commission expires Yakima Co. Wash.
(SEAL)

Signed J. L. Thompson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 2 1942 By .....
(REGISTRAR'S SIGNATURE)

753-23-6-9-285

PLACE OF BIRTH

County of Latah

City of North of Geneseo

No. ____, ____ St.

Hospital

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 6525

Primary Registration District No. 2062

Registered No. 172

FULL NAME OF CHILD Mildred Olive Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oliver Peterson	Paula Shellu
RESIDENCE	North of Geneseo	North of Geneseo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Idaho	Norway
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman a'mem'
Physician
(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

..... 19....

Filed July 1 19 12

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIR

County of

862/21029238

Form V. S. No. 11-C—1m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Near Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 6526

Primary Registration District No. 2062 Registered No. 171

FULL NAME OF CHILD Delbert William Yockey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 28, 1912

FATHER		MOTHER	
FULL NAME	W. L. Yockey	FULL MAIDEN NAME	Ethel A. Sly
RESIDENCE	Near Kendrick	RESIDENCE	Near Kendrick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman a.m.em.

Physician (Physician or Midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 2 1912 D. F. Rae Registrar

S-Y CO., 16670

10/3/40

385-230 409349

Amended 3-25-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6527
Local Reg. No. 174
Reg. Dist. No. 8

1. PLACE OF BIRTH

a. COUNTY: Bonner

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonner

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Kathryn b. (Middle): Nell c. (Last): Lynch

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 30, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Richard b. (Middle): G. c. (Last): Lynch

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

10. USUAL OCCUPATION: Contractor

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Jessie b. (Middle): c. (Last): Curtis

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mich.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. McKinnon

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sandpoint

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 8, 1912

22. REGISTRAR'S SIGNATURE: M. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 27 1967
Bureau of Vital Statistics

State of IDAHO
County of BONNER } ss.

Certificate No. 6527

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lyrch (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on April 19th, 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kathryn Nell Lynch
Full Name of Father	R. G. Lyrch	Richard G. Lynch

Subscribed and sworn to before me this 15th day of November, 1967

Notary Public, residing at Sandpoint
My commission expires Aug 1, 1971
(Seal)

Signed Kay Iverson Nell Lynch Mitchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of November, 1967

Notary Public, residing at Sandpoint, Idaho
My commission expires Aug 1, 1971
(Seal)

Signed Catherine M. Carter
(Signature of Any Credible Person)

425 Lakeview Blvd.
(Street Address, City, State)
Sandpoint, Idaho.

CL 10-17-67. 3 copies pd. rec. #19626.

FORM DH 60-155

Certificate of Baptism, First Presbyterian Church, Sandpoint, Idaho, baptized April 19, 1924 gives full name as Kathryn Nell Lynch, daughter of Richard Guy Lynch ~~ka~~ and Jessie Curtis Lynch, born June 30, 1912 at Sandpoint, Idaho - viewed by V.S.

~~Statement from Bureau of Vital Statistics, Idaho, dated Nov 22, 1966 gives name as Kathryn Nell Lynch, born June 30, 1912 at Sandpoint, Idaho~~

Death Certificate on File, Idaho, File #145359, gives name as Richard Guy Lynch, date of death Sept. 14, 1945 - viewed by V.S.

Family Record, obviously old, births, gives one child's name as Kathryn Nell Lynch born June 30, 1912 - viewed by V.S.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C [illegible] 8-16-12

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 6527

Primary Registration District No. 2033 Registered No. 174

FULL NAME OF CHILD Lyrch

Sex of Child female | Twin, Triplet or other? / | and Number in order of birth 4th (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 30 (Month) (Day) 1912 (Year)

FATHER

FULL NAME R. G. Lyrch

RESIDENCE Sandpoint

COLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Contractor

MOTHER

FULL MAIDEN NAME Jessie Curtis

RESIDENCE Sandpoint

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Mich.

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

M. D.
(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed July 8 1912 M. McKinnon
Registrar

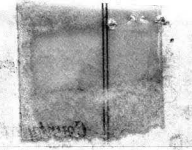
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 25 1968

263-226-009-154

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 6528

Primary Registration District No. 2033 Registered No. 188

FULL NAME OF CHILD Solberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	yes	June 26, 1912

FATHER		MOTHER	
FULL NAME	Julius Solberg	FULL MAIDEN NAME	Olga Anderson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Laborer

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) M. L. McKinnon

M. D.
(Physician or Midwife)

Address Sandpoint

Filed July 8 1912 M. L. McKinnon Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C—10m 8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-225-009-796

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sawyer, Idaho Registration District No. 8 File No. 6529

No. ——, ——St. Primary Registration District No. 2433 Registered No. 156

Hospital ——

FULL NAME OF CHILD Eva Edna Manley

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	First	Yes	May 25, 1912

FATHER		MOTHER	
FULL NAME	Joseph V Manley	FULL MAIDEN NAME	agnes E Crowley
RESIDENCE	near Sawyer Idaho	RESIDENCE	near Sawyer, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	white	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Oceana County Mich	BIRTHPLACE	Saginaw, Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on May 25, 1912 at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Benedict Bidien M.D.

Laclede Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed May 28 1912

Registrar

S-Y CO., 16670

APR 11 1942

238-20/1009554

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ——, —— St.

Hospital ——

Registration District No. 8 File No. 6530

Primary Registration District No. 2033 Registered No. 161

FULL NAME OF CHILD Maxine Alice Schwartz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	Single	first	yes	June / , 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Schwartz	FULL MAIDEN NAME	Flora May Endres
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wonewoc Wis	BIRTHPLACE	Detroit, Minnesota
OCCUPATION	Mill Planeman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 1 1912, at 11 15 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred W. Didier MD

Sandpoint, Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 11 1912 M. McKinnon
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 8 1969

693-215-009-819

PLACE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Near Priest River

Registration District No. 8 File No. 6531

No. ____, ____ St.

Primary Registration District No. 2133 Registered No. 169

Hospital ____

FULL NAME OF CHILD Marcia Elizabeth Will

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3rd	yes	June 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	~~Will~~ Jack Will	H. ~~Will~~ Harsh
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	33
BIRTHPLACE	Wisconsin	Minn
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born June 15 1912 (Born alive ~~or stillborn~~) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Rogers

Physician or ~~Midwife~~

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed June 18 19 12 ____ Registrar

S-Y CO., 16670.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 12 1942

JUL 9 - 1953

79-207-009884

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Benner.

City of Sandpoint.

No. 609 4th Ave. St.

Hospital

Registration District No. 8 File No. 6532

Primary Registration District No. 2633 Registered No. 125

FULL NAME OF CHILD Frances Piatt.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.		II	Yes.	June 7, 1912

FATHER	MOTHER
FULL NAME: Martin Piatt.	FULL MAIDEN NAME: Emma Humphrey.
RESIDENCE: 609 4th Ave.	RESIDENCE: 609 4th Ave.
COLOR: White. AGE AT LAST BIRTHDAY: 46. (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 38. (Years)
BIRTHPLACE: Ohio.	BIRTHPLACE: Wisconsin.
OCCUPATION: Loging Contractor.	OCCUPATION: Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at Three P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Page M.D.
(Physician or Midwife)

Address Sandpoint

Filed June 3rd 19 12 M. McKinnon
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 21 1961

266.215.009213

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of near Newport

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 6533

Primary Registration District No. 2.1.4 Registered No. 168

FULL NAME OF CHILD MARJORIE Bonner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	5	Yes	Jan 15, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas E Bonner	FULL MAIDEN NAME	Ella Baker
RESIDENCE	(Near) Newport	RESIDENCE	(Near) Newport
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 a

Number of children of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) on the date above stated. Jan 15th 1912, at 6 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Rogers M.D.

Newport Wash

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 18 1912 M. M. Kinnaird

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Pend Oreille } ss.

Certificate No. 6533

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bower (Name on Original Certificate) who born (Was Born or Died) on January 15, 1912 (Date of Event)
in Bonner County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marjorie Bowers
Surname	Bower	Bowers

Subscribed and sworn to before me this 10th
day of May, 1943

E. J. Sheelson
Notary Public, residing at Newport Wash.
My commission expires June 23, 1944
(Seal)

Signed Charles Edward Bowers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person)

Newport Wash. R 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Pend Oreille } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of May, 1943

Notary Public, residing at Newport Wash.
My commission expires June 23, 1944
(Seal)

Signed Tracy Wilson Bowers
(Signature of Any Credible Person Other Than Previous Year)

Coeur d'Alene, Idaho
(Street Address, City, State)

MAY 2 6 1943

413217i009-386

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ....., ... St.

Registration District No. 8 File No. 6535

Primary Registration District No. 2033 Registered No. 122

Hospital .....

FULL NAME OF CHILD Sarah Rebecca Daly

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child: female	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth: 3 4th	Legitimate? yes	Date of birth: June 17 (Month) (Day) 191.. (Year)

FATHER		MOTHER	
FULL NAME	Joe Daly	FULL MAIDEN NAME	Lulu Thomas
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon
Physician
(Physician or Midwife)

Address Sandpoint

Filed June 21 19 12 M. McKinnon
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 10 10 58 AM 73 BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... JAN 10

Certificate No. 6535

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Daly (female child) who was born on June 17, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Sandpoint, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sarah Rebecca Daly

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Brother Cyp
Dewitt O. Thurman 72
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

22 Mesa Drive Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADA

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
October , 19 72

Notary Public, residing at Boise, Idaho
My commission expires April 19, 1974
(Seal)

Signed .....
(Signature of Any Credible Person)

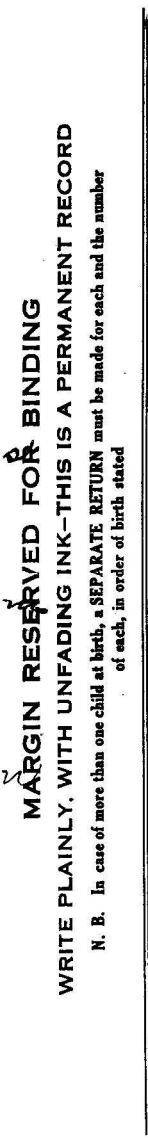
2002 W. Pierce Boise Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1-30-63. nm

JAN 23 1974

Own childs birth certificate lists mother's maiden name as Sarah Rebecca Daly born June 28, 1938 in Boise, Idaho. Certificate # 270080.
Viewed by V.S.

Marriage License issued to Bride and groom gives bride's name as Sarah Rebecca Daly married to Richard Henry Eggerson July 3, 1937. File # 11614 recorded in Ada County.
Viewed by V.S.



Form V. S. No. 11-C—Rev. 8-7-11

812-21-009-154

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 6536

No. ____, ____ St.

Primary Registration District No. 2033 Registered No. 113

Hospital ____

FULL NAME OF CHILD Mayme Hilda Haselhuhn.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
female	/	1	Yes	June 11, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Haselhuhn	Hertig Anderson
RESIDENCE	Sandpoint	Sandpoint
COLOR	white	white
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Wis.	Wis.
OCCUPATION	contractor	housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. J. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint

Filed July 2 1912 W. J. McKinnon
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BIRTH

City of Philadelphia

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BONNER }

Certificate No. 6536

JUL 26 1945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of MAYME HILDA HASELHUHN

for UNNAMED HASELHUHN (Name on Original Certificate) who BORN (Was Born or Died) on JUNE 17, 1912 (Birth or Death) (Date of Event)

in SANDPOINT, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on JULY 10, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Haselhuhn	Mayme Hilda Haselhuhn

Subscribed and sworn to before me this 24TH., day of JULY, 19 45

Notary Public, residing at SANDPOINT, IDAHO

My commission expires MAY 15, 1949

(Seal)

Signed Mrs Henry Haselhuhn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

616 No. BOYER AVENUE
SANDPOINT, IDAHO (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BONNER }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24TH., day of JULY, 19 45

Notary Public, residing at SANDPOINT, IDAHO

My commission expires MAY 15, 1949.

(Seal)

Signed Mrs Carl Bergstrom
(Signature of Any Credible Person)

1006 Maple Ave
Sandpoint, Idaho.
(Street Address, City, State)

JUL 30 1945

MAR 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

29-211009-434

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No ____, ____ St.

Hospital ____

Registration District No 8 File No. 6537

Primary Registration District No. 2033 Registered No. 170

FULL NAME OF CHILD Mildred M. Brackett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1st	yes	June 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. J. Brackett	Kate M. McDougal
RESIDENCE	Sandpoint	Sandpoint
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Mich.	Ind.
OCCUPATION	Contractor cedar	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint, Idaho

Filed July 2nd 1912 M. McKinnon
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 8 1976

243-215-009-141

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Wallace

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 6538

Primary Registration District No. 2033 Registered No. 157

FULL NAME OF CHILD Yvonne Opha Buchanan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 15, 1912

	FATHER	MOTHER
FULL NAME	Hugh L. Buchanan	Opha Ord Adair
RESIDENCE	Wallace, Ida.	Wallace, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Sioux Falls, S. Dak.	Fair Oaks, Indiana
OCCUPATION	Lumber inspector	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive May 15 1912 at 10 15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frederico Dedier MD

Wallace Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 28 1912 M. McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 23 1956

FEB 16 1968

367130-009843

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. 617, Superior St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 6539

Primary Registration District No. 2033 Registered No. 916

FULL NAME OF CHILD Cogswell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	3	Yes	June 30, 1912

FATHER		MOTHER	
FULL NAME	Charles Cogswell	FULL MAIDEN NAME	Carrie Hutsell
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) Roseve N. Jackson M.D.

(Physician or Midwife)

Address Sandpoint

Filed July 3 1912 M. McKenna Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

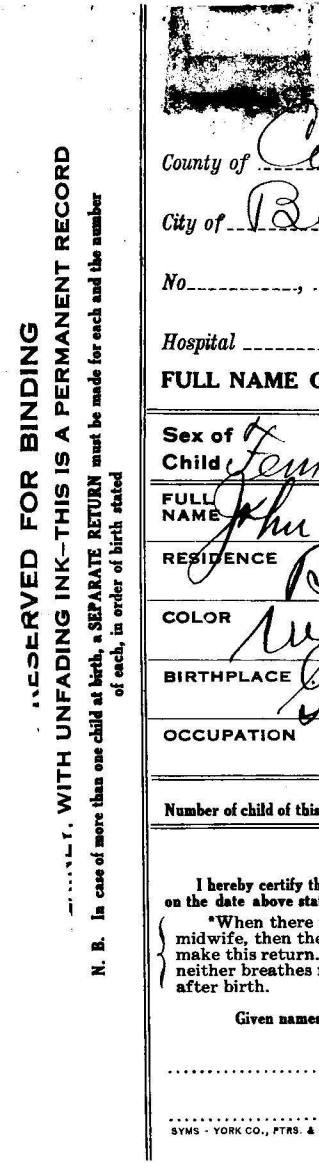
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH



154-210-016-419

[redacted] OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Registration District No 31 File No. 6540

Primary Registration District No 2124 Registered No. 108

Hospital .....

FULL NAME OF CHILD Mary Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Y	June 10, 1912

	FATHER	MOTHER
FULL NAME	John Riley Anderson	Elizabeth Martindale
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	28 (Years)
BIRTHPLACE	Grants Ville Utah	Washington Co Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Muter M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 19 12 L B Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESERVED FOR BINDING

WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 3 1942

155-111-916-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 6541

Primary Registration District No. 2124 Registered No. 109

FULL NAME OF CHILD Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Jan 11 1912

FATHER		MOTHER	
FULL NAME	Ike Jensen	FULL MAIDEN NAME	Clara Prescat
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Liberty Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) J M Martin MD

(Physician or Midwife)

Address Burley Ida

Filed Jan 1 1912 L B Blackburn

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

844-202-016-465

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Registration District No 31 File No. 6542

Primary Registration District No. 2121 Registered No. 150

Hospital ____

FULL NAME OF CHILD Bernice Hudson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 2 1912

FATHER

FULL NAME	Walter Hudson
RESIDENCE	Burley
COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ephraim Utah
OCCUPATION	Carpenter

MOTHER

FULL MAIDEN NAME	Angie Montague
RESIDENCE	Burley Ida
COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pouquetch Utah
OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Munter M.D.

(Physician or Midwife)

Address Burley Ida

Filed July 1 1912 B. B. Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 22 1963

853103-016281

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Registration District No 31 File No. 6544

Primary Registration District No 21 21 Registered No. 112

Hospital ____

FULL NAME OF CHILD William Henry Helm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Henry Helm	Audie L. Shafer
RESIDENCE	Burley Idaho	Burley
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 23
BIRTHPLACE	Carbondale Kans	Leesville Mo
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Loughlin Brubaker M.D.

Physician

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 L. B. Stockebrand

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P.C. 4/24/41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-207-016-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 6545

Primary Registration District No. 21 24 Registered No. 113

FULL NAME OF CHILD Scott

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 — 7 — 191 2

FATHER		MOTHER	
FULL NAME	Parley Scott	FULL MAIDEN NAME	Eva J. Connor
RESIDENCE	Ogden, Utah	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Penn.
OCCUPATION	Laundry Clerk	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

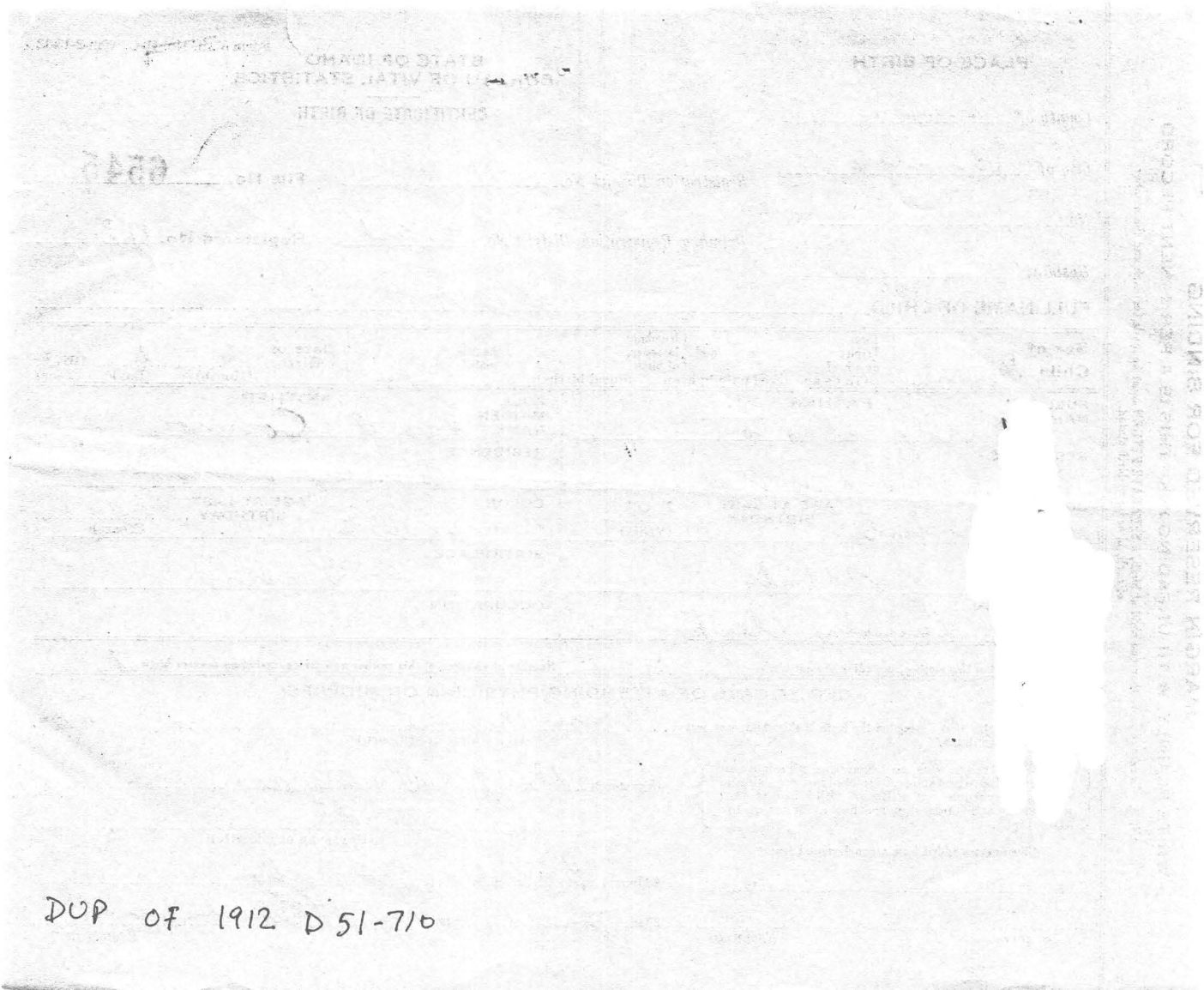
Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 19 12 L B Stockdale Registrar

S-Y CO. 20174



DUP of 1912 D 51-710

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-225-016-314

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 21 2nd

File No. 6546

Registered No. 114

FULL NAME OF CHILD EDNA BUTLER York

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 25 1912

FATHER		MOTHER	
FULL NAME	W. A. York	FULL MAIDEN NAME	Violet Campbell
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nevada.
OCCUPATION	S. Engineer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 1912 L. B. Hockaday Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock

Certificate No. 6546

SEP 10 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Edna Butler (Name on Original Certificate) who (Was Born or Died) on June 25, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edna Butler York

Subscribed and sworn to before me this 24th day of August, 1942.

Anna Kleppe

Clerk, Dist. Court, Ex-Officio Auditor & Recorder residing at Pocatello, Idaho

My commission expires
(Seal)

Signed Mrs. Wallace York.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

333 North 8th
(Street Address, City, State)
Pocatello, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Gallatin

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of August 1942.

D. D. Mark

Notary Public, residing at Bozeman Montana

My commission expires Jan 12, 1945
(Seal)

Signed C W Downey
(Signature of Any Credible Person Other Than Previous Year)

521 W Lamme Bozeman Mont.
(Street Address, City, State)

SEP 1 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

95-224-016-757

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 6547

County of Cassia

City of Burley

No. ..... St.

Registration District No. 31

Primary Registration District No. 21 21

Registered No. 115

Hospital .....

FULL NAME OF CHILD Stella Kinney

Sex of Child: Female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

Date of Birth: June (Month) 24 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: J. L. Kinney	FULL MAIDEN NAME: Stella Pepper
RESIDENCE: Pocatello, Ida.	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Ark.
OCCUPATION: Brakeman	OCCUPATION:

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed January 1 1912 L B Stockebrand Registrar

5-Y CO. 20174

Form V. S. No. 11-C- 20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Owyhee

964-123-06-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31 File No. 6548

No. ....., ... St.

Primary Registration District No. 2124 Registered No. 116

Hospital .....

FULL NAME OF CHILD LEONARD MARVIN RODMAN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	and	2	Yes	6/23/12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Rodman	Emma Burt
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	America	Canada
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hilda McHallman

Midwife

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 6 1912 R B Stockbridge

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 22 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls

OCT 21 1944
RECEIVED

Certificate No. 6548
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Burth (Birth or death)
for * (Name on original certificate) who (was born or died) on June 23, 1912 (Date of event)
in Leonard Marvin Rodman (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance (Bible record, insurance policy, etc.) prepared on August 24th 1938 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Mother's maiden name	Bark	Burt
Legitimate?	No	Yes

Subscribed and sworn to before me this 16th day of October, 1944.
J. E. Roberts
Notary Public, residing at Twin Falls.
My commission expires June 1st 1943
[SEAL]

Signed Leonard Marvin Rodman
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
260 Jefferson St Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of October, 1944.
J. E. Roberts
Notary Public, residing at Twin Falls
My commission expires June 1st 1943
[SEAL]

Signed Emma Burt Rodman (mother)
(Signature of any credible person other than the previous affiant.)
Twin Falls Ida. R# 2
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 6548
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Leonard Marvin Rodman (Name on original certificate) who born (Was born or died) on June 23, 1912 (Date of event)
in Stanley (Place of event), Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance policy (Bible record, insurance policy, etc.) prepared on August 28th 1938 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Leonard Marvin Rodman
Leonard Marvin Rodman		" " "

Subscribed and sworn to before me this 13
day of September, 1941
J. E. Barbuto
Notary Public, residing at Twin Falls.
My commission expires June 1st 1943
[SEAL]

Signed John Rodman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R #2 - Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of September, 1941
J. E. Barbuto
Notary Public, residing at Twin Falls.
My commission expires June 1st 1943
[SEAL]

Signed Emma Rodman Mother
(Signature of any credible person other than the previous affiant.)
Route # 2 Twin Falls Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

SEP 18 1941

1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

553-1 PLAC[redacted]7-22

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 6549

Primary Registration District No. 2023 Registered No. 122

FULL NAME OF CHILD Reginald Henry Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	6, 28, 1912

FATHER		MOTHER	
FULL NAME	Frank Nelson	FULL MAIDEN NAME	Lucy Abbott
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Colo,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 6-28-1912, at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt Mugg

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 30 19 12 [illegible] Registrar

S-Y CO., 16670

2 43-37, 07-133

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Manard

Registration District No. 21 File No. 6550

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 120

Hospital ____

FULL NAME OF CHILD Jeanne Butler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	6, 17, 1912

FATHER		MOTHER	
FULL NAME	James A Butler	FULL MAIDEN NAME	Mable Allan
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 6-17-1912, at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dudley H. Kaggs M.D.

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed June 15 19 17 Dudley H. Kaggs Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-104-007-138

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21

File No. 6551

Primary Registration District No. 2023

Registered No. 121

FULL NAME OF CHILD Chas W. Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	6, 4, 1912

FATHER		MOTHER	
FULL NAME	Chas Smith	FULL MAIDEN NAME	Elizabeth Achurch
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo,	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6-21-1912, at 4 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt D. Huggs

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 10 19 12 Wm H Leighton

Registrar

S-Y CO., 16670

DUP OF 1912 D68-50

249-22-007-2/9.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 6552

Primary Registration District No. 2022 Registered No. 115

FULL NAME OF CHILD Ruth Lucena Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 12, 1912

FATHER.	MOTHER
FULL NAME H. D. Smith	FULL MAIDEN NAME Evalena Bruner
RESIDENCE Hailey	RESIDENCE Hailey
COLOR W	AGE AT LAST BIRTHDAY 33 (Years)
AGE AT LAST BIRTHDAY 36 (Years)	COLOR W
BIRTHPLACE Ill	BIRTHPLACE Ill
OCCUPATION Clerk U.S. Land Office	OCCUPATION HW

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Kleinman

(Physician or ~~Midwife~~)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 20, 1912 Wm. Hyndman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Registration District No. 21

File No. 6553

Primary Registration District No. 2022

Registered No. 114

Hospital

FULL NAME OF CHILD Percy James Rutter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 22, 1912

FATHER		MOTHER	
FULL NAME	Jos Rutter	FULL MAIDEN NAME	Maud Wilson
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Eng.	BIRTHPLACE	Eng
OCCUPATION	Carpenter	OCCUPATION	HW

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W K Lemmon

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed June 30 19 12 Robert H Wright

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

399-215 1907-399

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21

Primary Registration District No. 2022

File No. 6554

Registered No. 116

FULL NAME OF CHILD no name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			X	June 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dont Know	Stella Sietzke
RESIDENCE	Dont Know	Hailey
COLOR	X	White
AGE AT LAST BIRTHDAY (Years)	X	15
BIRTHPLACE	X X X	Hailey
OCCUPATION	X X X	X

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. J. Rack. M.D.

(Physician or Midwife)

Address Hailey Idaho

Filed June 20 19 12 Robert Leighton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21

File No. 6555

Primary Registration District No. 2022

Registered No. 96

FULL NAME OF CHILD ..... Proctor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	May 6, 1912

FATHER		MOTHER	
FULL NAME	R. G. Proctor	FULL MAIDEN NAME	Mabel Thomas
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Allen M.D.

(Physician or Midwife)

Address Bellevue Ida

Given names added from a supplemental report

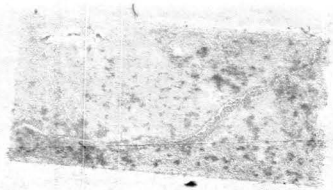
..... 19.....

Filed May 25 19 12 Robert H. Wright

Registrar

..... Registrar

S-Y CO., 16670



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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue Registration District No. 21 File No. 6556

No. ____, ____ St. Primary Registration District No. 2022 Registered No. 123

Hospital ____

FULL NAME OF CHILD Mary Elizabeth Allred

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	June 6, 1912

FATHER		MOTHER	
FULL NAME	C. H. Allred	FULL MAIDEN NAME	Cosette Allred
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Provo Utah	BIRTHPLACE	Provo, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idaho (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 16, 19 12 Robert H Hughes Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 8 - 1954

681-110-007-666

PLACE OF BIRTH

County of Blaine

City of Arco

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 6558

Primary Registration District No. 2024 Registered No. 118

FULL NAME OF CHILD Edward Earl

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X (To be answered only in event of plural births)	X	Yes	June 10, 1912

FATHER		MOTHER	
FULL NAME	Benj. Franklin Wyatt	FULL MAIDEN NAME	Anna May Woodbridge
RESIDENCE	Arco -	RESIDENCE	Arco -
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	California
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthews M. D.

(Physician or Midwife)

Address Arco Idaho

Filed June 20 1912 Robert Lyon Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

493-115 753

PLACE OF BIRTH

County of Bear Lake

City of Nounne

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6559

Primary Registration District No. 2096 Registered No. 137

FULL NAME OF CHILD ~~Not Named~~ Henry Miles

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: May 15 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: John A. Miles	FULL MAIDEN NAME: Jane Peterson
RESIDENCE: Nounne	RESIDENCE: Nounne
COLOR: White	AGE AT LAST BIRTHDAY: 28 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Sharon	BIRTHPLACE: Norway
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) [signature]

MD
(Physician or Midwife)

Address Montpelier Ida

Filed June 7 1913 [signature]
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of the child in order of birth should be added to the name.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of BINGHAM } ss.

Certificate No. 6559

Date Filed March 9-57

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miles (Name on Original Certificate) who was born (Was Born or Died) on May 15, 1912 (Date of Event)
in Novene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism & B[illegible]z (Bible Record, Insurance Policy, Etc.) prepared on Sept 1, 1920 (Give Date), are:
School Record

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Henry Miles
Henry Miles		
	Viewed by V. S.	from Blackfoot Public Schools

Subscribed and sworn to before me this 9th day of March, 19 57

Agnes L Cox
Notary Public, residing at Blackfoot, Idaho.
My commission expires Jan. 1, 1960
(Seal)

Parents
Signed John B. Miles
Jane Miles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

R.D.# 3 Blackfoot, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 19 57

Agnes L Cox
Notary Public, residing at Blackfoot, Idaho.
My commission expires Jan. 1, 1960
(Seal)

Signed Agnes L Cox
(Signature of Any Credible Person)

175 West Bridge, Blackfoot
(Street Address, City, State)

FORM DPH 55.155

nn 3-8-57 nm

MAR 21 1957

354-128-004-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Geneva

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6560

Primary Registration District No. 2100 Registered No. 136

FULL NAME OF CHILD Not Named RUSSEL HENRY TEUSCHER

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: May 28 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Orbert Teuscher	FULL MAIDEN NAME	Rosetta Messerly
RESIDENCE	Raymond Geneva	RESIDENCE	Geneva
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) E M Poyner M D

(Physician or Midwife)

Address Montpelier Idaho

Filed June 1, 1912 J. W. Hayward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

CHILDS NAME ADDED PER 1912 SROB PER LO 6/29/16 LY

Form V. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

8 19 8

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Geneva
Street and House No.
County Bear Lake

Registered Number 136

Registration District No. 24

Sex of Child Male

Date of Birth, May (Month) 28 (Day) 1912 (Year)

Full Name of Father Robert Teuscher

Full Maiden Name of Mother Rosetta Mussely

I HEREBY CERTIFY that the child described herein has been named:

Russel Henry Teuscher
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

815-106-004-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 6561

Registration District No. 24

File No. ____

Primary Registration District No. 2098

Registered No. 136

FULL NAME OF CHILD VICTOR Clinton Hauson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	May 6 1912

FATHER		MOTHER	
FULL NAME	Victor Hauson	FULL MAIDEN NAME	Effie Perkins
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Brigham City Ut.	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Montpelier Ida

Given names added from a supplemental report

____, 19____

Filed June 17 1912 [signature] Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 6561

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clinton Hansen (Name on Original Certificate) who Born (Was Born or Died) on May 6 - 1912 (Date of Event)
in Montpelier Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 7 - 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Clinton Hansen	Clinton Victor Hanson
father's name	Victor Hansen	Victor Hanson

Subscribed and sworn to before me this 23
day of March, 1942

Ken Acord
Notary Public, residing at Montpelier Idaho
My commission expires Dec 15 - 1945
(Seal)

Signed Effie Hanson - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

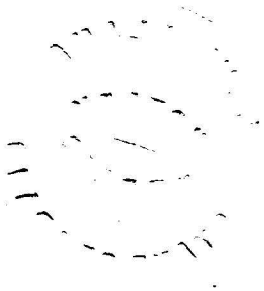
Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 26 1942



113-215-004-279

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6562

Primary Registration District No. 2098 Registered No. 134

FULL NAME OF CHILD Mary May Jacobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 15 1912

FATHER		MOTHER	
FULL NAME	Daniel W. Jacobsen	FULL MAIDEN NAME	Susie E. Pillman
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	England
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5.

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Popple M.D.

(Physician or Midwife)

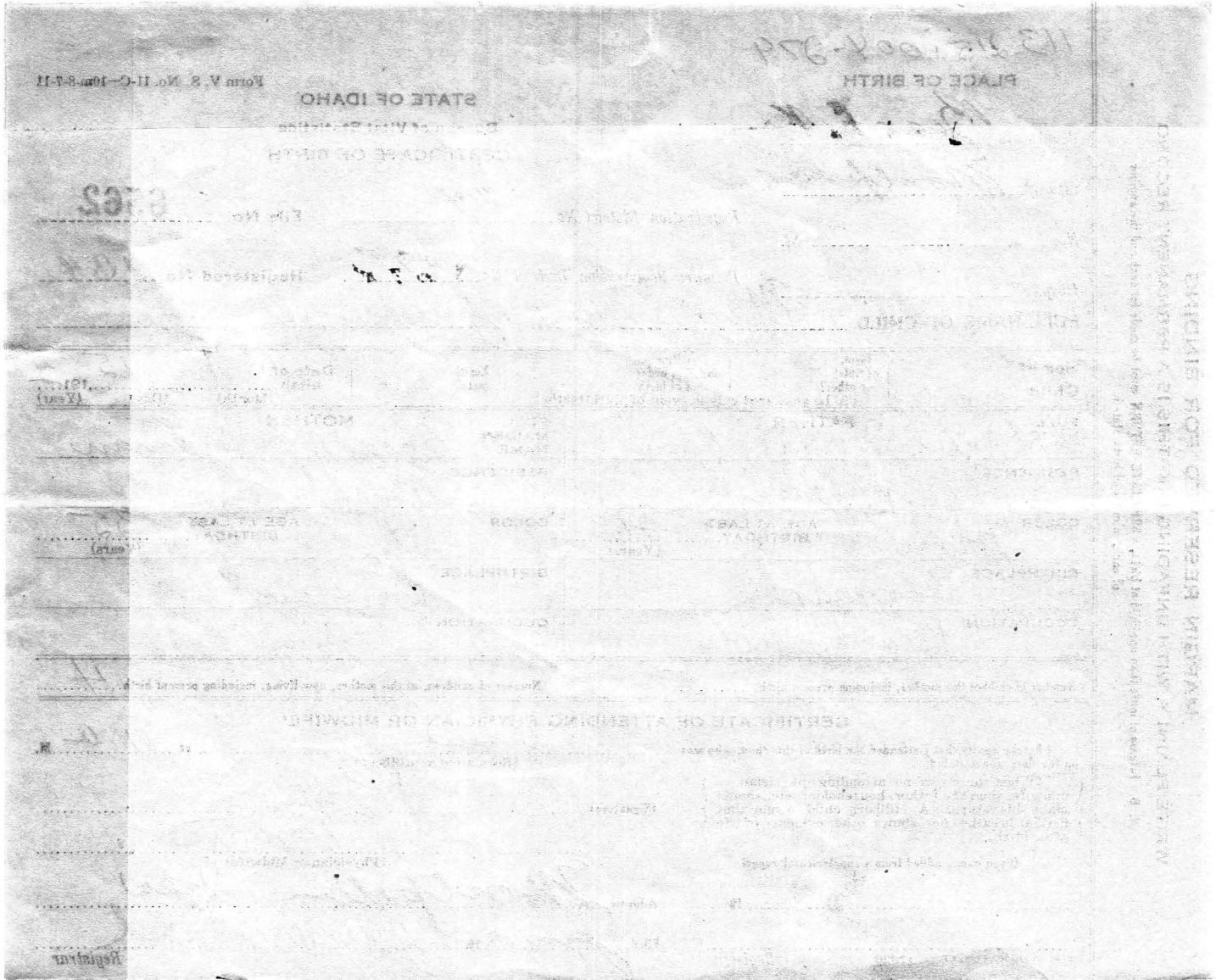
Address Montpelier Ida

Given names added from a supplemental report

....., 19.....

Filed June 17 1912 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar



866-116-004-518

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No 6563

Primary Registration District No 2096 Registered No. 133

FULL NAME OF CHILD Reed Alma Hoff

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: May 16 (Month) (Day) 191 2 (Year)	

FATHER		MOTHER	
FULL NAME	William H. Hoff	FULL MAIDEN NAME	Polly Jane Hayes.
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Pleasant Grove, Ut.	BIRTHPLACE	Georgetown
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Poyner M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed June 17 1912 J. W. Hayward Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

JUN 9 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 13 1971
Bureau of Vital Statistics

State of Idaho
County of Bear Lake } ss.

Certificate No. 6563

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Hoff Reed Alma Hoff who was born on May 16, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Georgetown, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by L.D.S. Church Records prepared on May 30, 1930 Nov 12 1924, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Reed Alma Hoff

Subscribed and sworn to before me this 12 day of July, 19 71

Notary Public, residing at Montpelier

My commission expires 9-16-73

(Seal)

Signed Nora B. Hoff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 61 Georgetown, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of July, 19 71

Notary Public, residing at Montpelier

My commission expires 9-16-73

(Seal)

Signed Lola N. Hoskins
(Signature of Any Credible Person)

Box 39 Georgetown, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/9/71nm

Certificate of Baptism and Confirmation from LDS Church dated May 30, 1920 gives name as Reed Alma Hoff son of William H. Hoff and P. Jane Hayes. Born May 16, 1912 at Georgetown, Idaho. Was Baptised May 16, 1920 by Joseph H. Bee and confmd. May 23, 1920, by Franklin R. Bacon. Signed by Harrison Tippets, Bishop. Viewed by V. S.

JUL 15 1971

Certificate of Ordination of the Holy Priesthood gives name as Reed Alma Hoff. Was ordained a Deacon on Nov. 12, 1924 by Wilford W. Clark. Signed by John M. Bee, Bishop. Gives ~~xxxxxx~~ father's name as William H. Hoff and Mother's name as Polly Jane Hayes. Born at Georgetwon, Idaho on May 16, 1912. Viewed by V. S.

213-222-006-

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6564

County of Bingham

City of Shelley

No. 0 St.

Registration District No. 33 File No. 21

Primary Registration District No. 2152 Registered No. 27

Hospital

FULL NAME OF CHILD Nora Farrell Bates

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	Yes	3 - 22 1912

FATHER	MOTHER
FULL NAME Farley Bates	FULL MAIDEN NAME Nora Gertrude Farrell
RESIDENCE Shelley	RESIDENCE Shelley
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
OCCUPATION	BIRTHPLACE Ohio
	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edw. Cutler M.D.

Phys. (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6-1-1912 Edw. Cutler M.D.
Registrar

8-Y CO. 20174

MARGIN RESERVED, FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1960

213-12-006-619

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

6565

Registration District No. 33 File No. 20

Primary Registration District No. 2152 Registered No. 26

FULL NAME OF CHILD Parley Farrell Bates

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	Yes	3 - 22 1912

FATHER		MOTHER	
FULL NAME	Parley Bates	FULL MAIDEN NAME	Nora Gertrude Farrell
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	COLOR	White
OCCUPATION		AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Ohio
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M D

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 6 - 1 - 19 12 Edw. Cutler M.D.

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

APR 19 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

644-26-006-844

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Taylor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 6566 19

Primary Registration District No. 2152 Registered No. 25

FULL NAME OF CHILD Velta Wadsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				5 16 1912

FATHER		MOTHER	
FULL NAME	Arnold Wadsworth	FULL MAIDEN NAME	Sarah Ann Humphreys
RESIDENCE	Taylor	RESIDENCE	Taylor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Paris, Ida.
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Edwin Cutler M.D.

Phys.

(Physician or midwife)

Address Shelley Idaho

Filed 6-1-1912 Edw. Cutler M.D.

Registrar

S-Y CO. 20174

8492110006-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6567

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 33 File No. 22

Primary Registration District No. 2152 Registered No. 28

FULL NAME OF CHILD Edna Jeanette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	5 - 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm H. Jensen	Alzada Palmer
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Mississippi	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Edwin Cutler M. D.

Phys.
(Physician or midwife)

Address Shelley Idaho

Filed 6 - 1 1912 Edw. Cutler Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 4 1968

168-228-006-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6568

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 33 File No. 23

Primary Registration District No. 2152 Registered No. 29

FULL NAME OF CHILD Melba Victoria Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	5 28 1912

FATHER		MOTHER	
FULL NAME	John Lyargus Johnson	FULL MAIDEN NAME	Emma Victoria Green
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Texas
OCCUPATION	Stockraising	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 6—1 19 12 Edw. Cutler M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 5 1948

719-212-006-359

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **6569**

Registration District No. 33 File No. 18

Primary Registration District No. 2152 Registered No. 24

FULL NAME OF CHILD Eva May Partridge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Yes.	5 — 12 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Partridge	Vilera R. Terry
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Millard Co., Utah	San Pete, Ut.
OCCUPATION	Farmer & Carpenter	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Phys. (Physician or midwife)

Address Shelley Idaho

Filed 6 — 1 — 19 12 Edwin Cutler M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6569

PLACE OF BIRTH

County of

419-109.006-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6570

Registration District No. 33 File No. 17

Primary Registration District No. 2152 Registered No. 22

FULL NAME OF CHILD Arthur Mai

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	5 9 1912

FATHER	MOTHER
FULL NAME Otto Mai	FULL MAIDEN NAME Paulina Redel
RESIDENCE Woodville	RESIDENCE Woodville, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Edwin Cutler M.D.

Phys. (Physician or midwife)

Address Shelley, Idaho

Filed 6-1 1912 Edw. Cutler M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

231-122-006-389

Form V. S. No. 11-C—Rev. 6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6571

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 33 File No. 24

Primary Registration District No. 2152 Registered No. 30

Hospital .....

FULL NAME OF CHILD Gerald Edward Stalworthy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	5, 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Axel Stalworthy	Emelia Maria Christensen
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Sheep raiser	Housekeeper

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Phys.
(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 6—1 19 12 Edw. Cutler M.D.

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1966

363-116-0006-766

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6572

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 33 File No. 16

Primary Registration District No. 1132 Registered No. 23

FULL NAME OF CHILD Joseph Albert Lockyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	5 (Month) 16 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Mayford Luke Lockyer	FULL MAIDEN NAME: Kate Goodenough
RESIDENCE: Basalt	RESIDENCE: Basalt
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Carson City, Nev.
OCCUPATION: Stockraising	OCCUPATION: Horse keeper

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Phys.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-1-1912

..... Registrar

Edw. Cutler M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819.221.006-626

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Registration District No. 33 File No. 6573

Primary Registration District No. 2153 Registered No. 31

Hospital .....

FULL NAME OF CHILD Leah Harker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 21 1912

FATHER

FULL NAME: Joseph H Harker

RESIDENCE: Jamestown

COLOR: White AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE:

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emily Aborn

RESIDENCE: Jamestown

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 11

Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1 19 12 Edwin Cutler M.D.

Registrar

S-Y CO. 20174

JUN 23 1967

814-220-006-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Hospital ____

Registration District No. 33

Primary Registration District No. 2152

File No. 6574

Registered No. 34

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 20 1912

FATHER		MOTHER	
FULL NAME	Junius Hampton	FULL MAIDEN NAME	Emma Berry
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Brick maker	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley, Idaho

Filed 6—1 1912 Edw. Cotter M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

212-114-006763

PLACE OF BIRTH

County of Brigham

City of Jamestown

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 6575

Primary Registration District No. 2152 Registered No. 32

FULL NAME OF CHILD Carold Arnol Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 14 1912

FATHER		MOTHER	
FULL NAME	Arnold Baker	FULL MAIDEN NAME	Hetta Polson
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6—1—1912 Geo. Cutler M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1975

RECEIVED
BUREAU OF
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6575

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Baker (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1912 (Date of Event)
in Jamestown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Carold Axmol Baker

Subscribed and sworn to before me this 9th day of January, A.D. 1975
Notary Public, residing at Escondido, Calif.
My commission expires May 2, 1976
(Seal)

Signed Miriam Lee Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2227 Wedford Rd. Escondido
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Californnia } ss.
County of San Diego }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1975
Notary Public, residing at Escondido, Calif.
My commission expires May 2, 1976
(Seal)

Signed Elizabeth A. Thompson
(Signature of Any Credible Person)
919 Hillcrest Rd. Esc. Ca. 92027
(Street Address, City, State)

FORM DH 60-155 CL 1/2/75

Honorable Discharge from Army gives ~~nm~~ name as Varold A. Baker. born May 14, 1912 date od Separation Mar. 24, 1945. viewed by V. S.

JAN 21 1975

Family group record fro Abraham Arnol Baker and Lena Annette Polson. sons name given as Carold Arnol Baker. born Mayl4, 1912. viewed by V. S.

443-410-006-236

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

No. 1 St.

Registration District No. 33

File No. 6576

Primary Registration District No. 2152

Registered No. 33

Hospital

FULL NAME OF CHILD CLAUDE CASSIUS MULL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	may 10 1912

FATHER		MOTHER	
FULL NAME	Clifford mull	FULL MAIDEN NAME	Eva L. Scott
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

.....19.....

Filed 6-1-1912 Edw. Cutler M.D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

FEB 6 1942

Certificate No. 6576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Claude Cassius Mull (Name on Original Certificate) who born (Was Born or Died) on May 10, 1912 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by actual knowledge (Bible Record, Insurance Policy, Etc.) as I am his mother prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Claude Cassius Mull

Subscribed and sworn to before me this 5th
day of February, 1942

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1943
(Seal)

Signed Esta L Scott Mull
mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of February, 1942

Notary Public, residing at Gooding, Idaho
My commission expires Dec. 8, 1943
(Seal)

Signed J. A. Lenker
(Signature of Any Credible Person Other Than Previous Year)

Gooding, Idaho
(Street Address, City, State)

FEB 14 1942

JUL 2 1975

493-104-030-666

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ____, ____ St.

Hospital ____

Registration District No. 27 File No. 6578

Primary Registration District No. 2716 Registered No. 22

FULL NAME OF CHILD ~~xxxxx xxxxxxxxx~~ ROBERT RULAND MILLS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			yes	May 4 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Joseph S. Mills	FULL MAIDEN NAME	Rachel F. Wardhaugh
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Hustler	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M. D.

(Physician or Midwife)

Address Salmon

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/5 1912 Chas. F. Hanson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 6578

Date Filed MAR 31

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Robert Ruland Mills (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on May 4th 1912 (DATE OF EVENT)
in Salmon Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Metroplitan Life Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan-28th-1918 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	Robert Ruland Mills

Subscribed and sworn to before me this 28th
day of March, 19 42

J.M. Clayton

Notary Public, residing at 1758 Atlantic L.B.

My commission expires April 6th 1942
(SEAL)

Signed Rachel Floy Mills Welch mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2460 Caspian ave Long Beach Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of March, 19 42

J.M. Clayton

Notary Public, residing at 1758 Atlantic Long Beach

My commission expires April 6th 1942
(SEAL)

Signed James W Welch
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2460 Caspian Ave Long Beach Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

854-106-030-295

PLACE OF BIRTH

County of Lemhi

City of Salmon

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 77 File No. 6579

Primary Registration District No. 716 Registered No. 78

FULL NAME OF CHILD Harry Allen Hodges

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 6 1912

FATHER		MOTHER	
FULL NAME	Harry Hodges	FULL MAIDEN NAME	Grace Kingsbury
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M.D

(Physician or Midwife)

Address Salmon

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/15 1912 Chas. F. Hammel

Registrar

S - YORK CO., PTRS. & BDRS. 17326

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

213-2161030-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6580

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. ....., ... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2116

Registered No. 24

FULL NAME OF CHILD ~~Lucille~~ LUCILLE Edna Kalbaugh.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Femal				Yes	May 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A. Kalbaugh	Harriet BOEHM Matilda ~~H. Kalbaugh~~
RESIDENCE	Leadore Ida.	Leadore Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Penn.	Penn.
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M. D.

(Physician or Midwife)

Address Leadore Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6/5 1912 Chas. F. Hammond

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lemhi County

Certificate No. 6580
Date Filed April 1943.

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lucille Edna Kalbaugh (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on May 16 1912. (DATE OF EVENT)
in Leadore Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 16th 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lucile	Lucille Edna Kalbaugh
Mother's maiden name	Matilda ~~Brown~~ Boehm	Matilda Harriett Boehm

Subscribed and sworn to before me this 6
day of April, 1943.
C. H. Franey
Notary Public, residing at Bakersfield Calif.
My commission expires 10-21-45
(SEAL)

Signed Matilda H. Boehm
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INTERMENT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1904-3rd St Bakersfield Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of ....., 19 .....

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 9 1943

381-23-030-385

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Baker

No ____, ____ St.

Hospital ____

Registration District No 17

Primary Registration District No 2116

File No 6581

Registered No 25

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	May 23 1917

FATHER		MOTHER	
FULL NAME	John Chaffin	FULL MAIDEN NAME	Vera Cheney
RESIDENCE	Baker	RESIDENCE	Baker
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer M.D.

(Physician or Midwife)

Address Salmon

Given names added from a supplemental report

....., 19....

Filed 6/5 1917 Chas. F. Hammer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

281-117-007-714

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St. .....

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 21

File No. 6583

Primary Registration District No. 2024

Registered No. 117

FULL NAME OF CHILD Paul Merle Shanafelt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X	X	Yes	June 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Merle Lewis Shanafelt	Hazel Ellen Paul
RESIDENCE	Arco	Arco
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Nebraska	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D'Omatthaei M. D.

Physician (Physician or Midwife)

Address Arco Ida

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed June 25 19 12 P. Worthington

Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 13 1942

595-24-007-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 21

File No. 6584

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 113

Hospital

FULL NAME OF CHILD Violet Nielson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 14, 1912

FATHER		MOTHER	
FULL NAME	Micheal Nielson	FULL MAIDEN NAME	Angarette Mallanson
RESIDENCE	Moore	RESIDENCE	White Moore
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Maroni Utah	BIRTHPLACE	Draper Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A on M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hattie S Haney

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moore Idaho

Filed June 20, 1912 Robert Hepworth

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Soc Sec No. 209-09-2-945

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 6585

No. ____, ____ St.

Primary Registration District No. 2022

Registered No. 112

Hospital

FULL NAME OF CHILD Muriel L. Osborn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	June 9, 191[illegible]

FATHER		MOTHER	
FULL NAME	T. M. Osborn	FULL MAIDEN NAME	Mable Eden
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn	BIRTHPLACE	Kas
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Kleinman

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Jun 15 19[illegible]

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 31 1962

DECEASED

21-216-007-659

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 6586

Primary Registration District No. 2022 Registered No. 124

FULL NAME OF CHILD Beulah Maxine Saunders

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 16, 1912

FATHER		MOTHER	
FULL NAME	A. Guy Saunders	FULL MAIDEN NAME	Mabel C. Werry
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Milton Oregon	BIRTHPLACE	Bellevue Ida
OCCUPATION	Sheep Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 20 1912 Robert H. Wright

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 10 1975

664-113-007-23

Form V. S. No. 11-C—15m-6-29-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 6587

Primary Registration District No. 2022 Registered No. 175

FULL NAME OF CHILD Nomark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 13, 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac Nomack	Veronica Bell
RESIDENCE	Deceased	Hailey, Ida
COLOR		White
AGE AT LAST BIRTHDAY (Years)		23
BIRTHPLACE		Wells, Nevada
OCCUPATION		Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed June 15 19 12 Robert H. Wright

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

K

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

449-130-006 356

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No West #1 St.

Hospital

Registration District No. 13 File No. 6588

Primary Registration District No. 2059 Registered No. 99

FULL NAME OF CHILD Henry Victor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			No	May 30 191[illegible]

FATHER	MOTHER
FULL NAME: Max Mummer	FULL MAIDEN NAME: Flora Lewis
RESIDENCE: Idaho State Penitentiary	RESIDENCE: Blackfoot Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Minn.
OCCUPATION: State Prisoner	OCCUPATION: Servant Girl

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 7 1912 W. E. Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 3 1974

759-207-006-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Moreland Mun

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 6589

No —, St.

Primary Registration District No. 2013 Registered No. 100

Hospital —

FULL NAME OF CHILD Hadrie Perkins

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	June 7 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Clarence E. Perkins	FULL MAIDEN NAME Goldie Webster
RESIDENCE Blackfoot R.F.D No 4	RESIDENCE do
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrick

Phys. Blackfoot Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 7 1912 M E Patrick

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

795·208·006-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 13 File No. 6590

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 101

Hospital ____

FULL NAME OF CHILD Cecelia Isabel Greening

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen Greening	Maria Gabrielson
RESIDENCE	Thomas Ward	Thomas Ward
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	39
BIRTHPLACE	Ireland	Sweden
OCCUPATION	Farmer	Wife & Mother

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Davis

Midwife (Physician or Midwife)

Address Blackfoot Ida

Given names added from a supplemental report

....., 19.....

Filed June 15 1912 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

dup of 1912-D74-4444

75-105-006-419

PLACE OF BIRTH

County of Bingham

City of Blackfoot, —

No. ——, —— St.

Hospital ——

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 6591

Primary Registration District No. 1007 Registered No. 102

FULL NAME OF CHILD Frederick G. Gerlach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick Gerlach	Minnie S. Marcus
RESIDENCE	Blackfoot, Ida	Blackfoot Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Switzerland	Georgia
OCCUPATION	Clerk Cigar Store	Housewife

Number of child of this mother, including present birth ——

Number of children, of this mother, now living, including present birth ——

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Brown (Physician or Midwife)

Address Blackfoot Ida

Given names added from a supplemental report

—— 19——

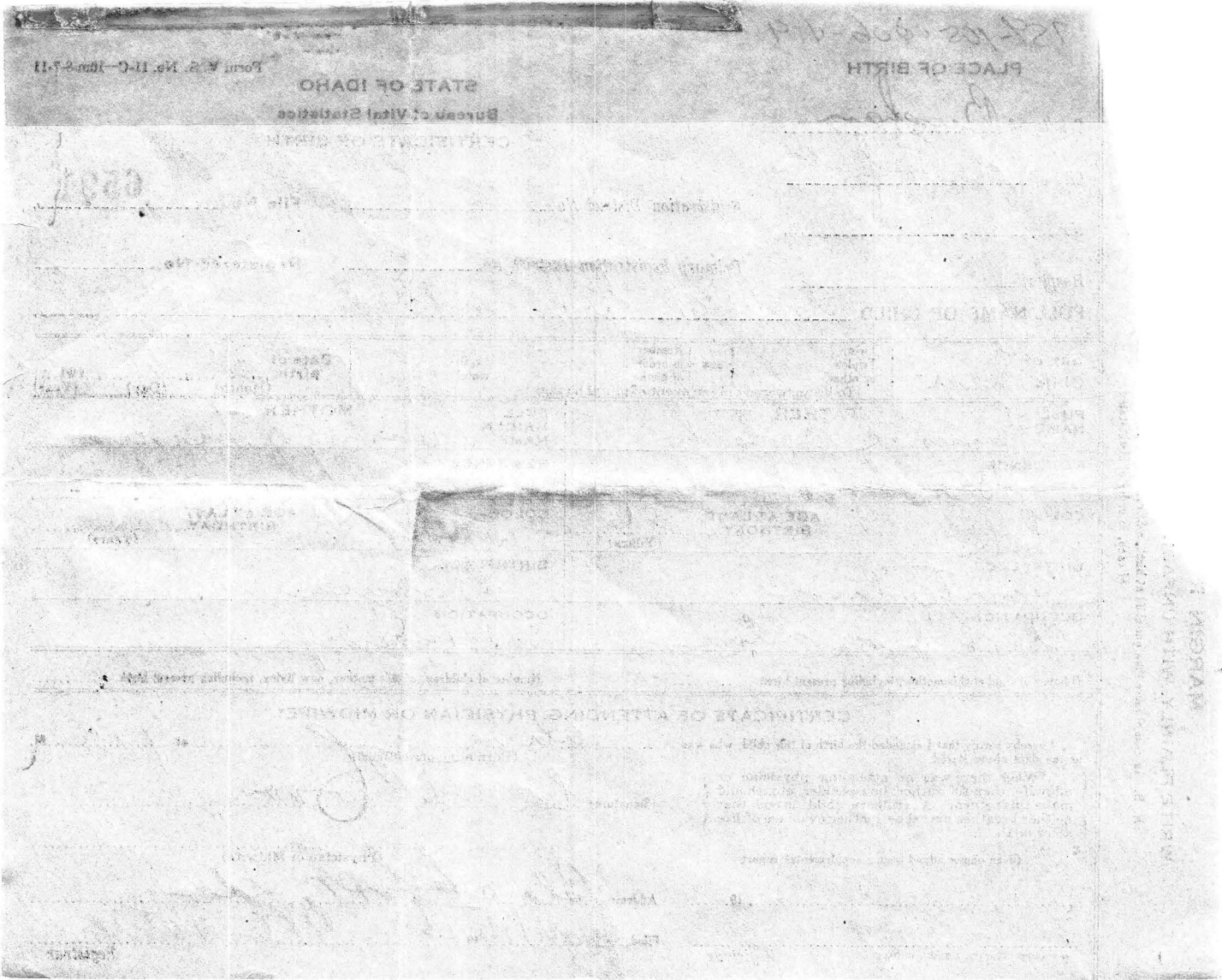
Filed June 15 1912 W. E. Patrie Registrar

—— Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN — WRITE PLAINLY, WITH UNFA...

N. B. In case of more than one child at birth, a SEP... of each, in order of birth stated



966105-006-552

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Inkland

No ____, ____ St.

Hospital ____

Registration District No 13 File No. 6592

Primary Registration District No. 853 Registered No. 103

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	6 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erick Rowbury	Ada West
RESIDENCE	Moreland, Ida	Moreland, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Sweden	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Blackfoot, Ida

Given names added from a supplemental report

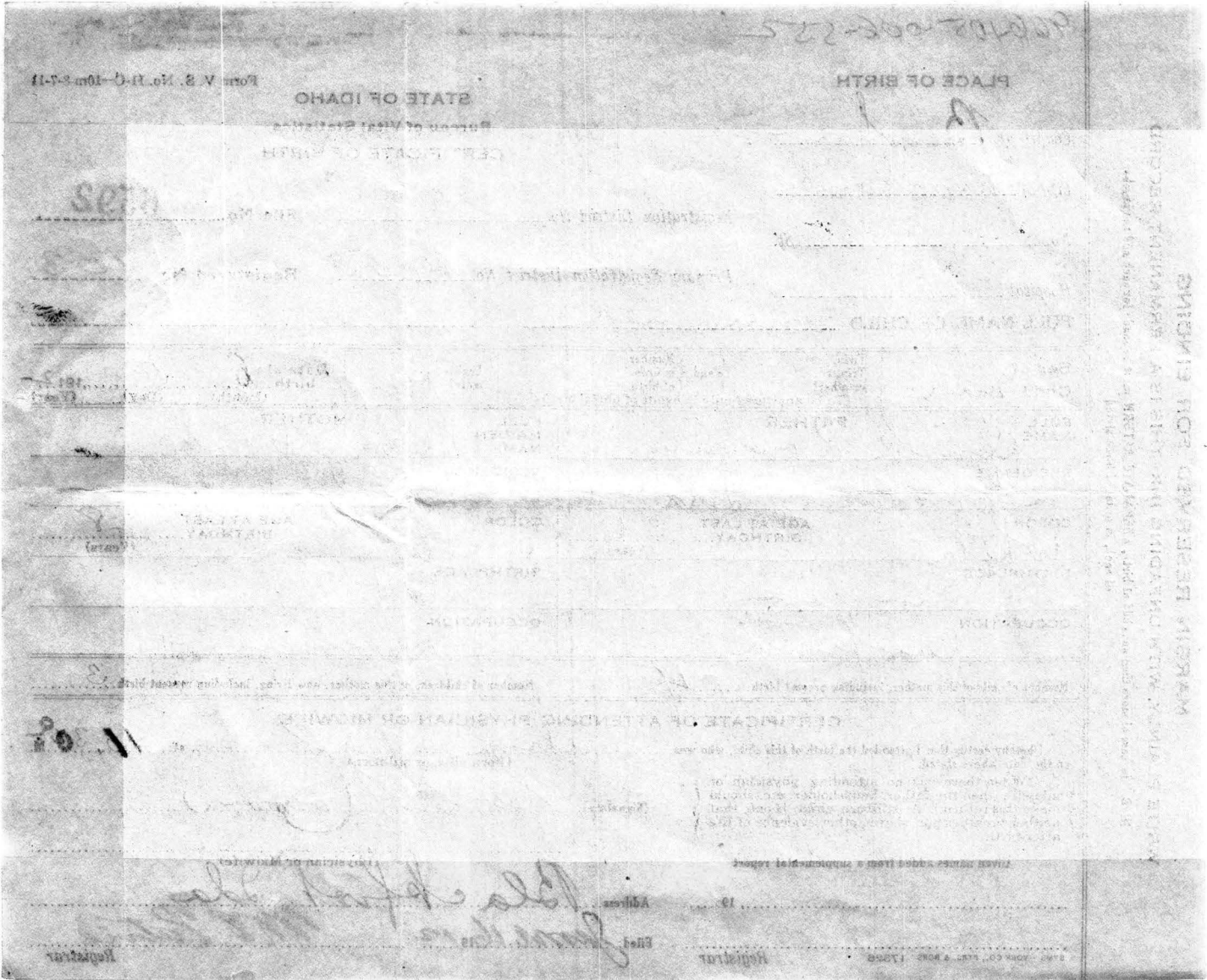
....., 19.....

Filed June 16 1912 [signature]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

Registrar



866-23-006-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 480 Stout St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 6593

Primary Registration District No. 1007 Registered No. 104

FULL NAME OF CHILD Julia Elizabeth

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: 5

Legitimate? Yes

Date of birth: 5 (Month) 31 (Day) 1912 (Year)

FATHER

FULL NAME: Clayton A. Brown

RESIDENCE: Blackfoot, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 58 (Years)

BIRTHPLACE: Washington, D. C.

OCCUPATION: Physician

MOTHER

FULL MAIDEN NAME: Bessie R. Brown

RESIDENCE: Blackfoot, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Salt Lake, Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2, 9 M. on the date above stated.

(Signature) C. A. Brown

(Physician or Midwife)

Address Blackfoot, Idaho

Filed June 16 1912 M. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF CLAIM

File No. .....

Registration District No. .....

Registered No. .....

Name of Child .....

Sex .....

Color or Race .....

Date of Birth .....

Name .....

Age at last birthday .....

Birthplace .....

Occupation .....

Name of Father .....

Residence .....

Birthplace .....

Occupation .....

Maiden Name of Mother .....

Residence .....

Birthplace .....

Occupation .....

I hereby claim the above child as my own, and request that a birth certificate be issued.

Signature .....

Address .....

Subscribed and sworn to before me this ..... day of ..... 19 .....

Registrar

195-212-006-556

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Farm 5 miles N & E. Blackfoot

Registration District No 13 File No. 6594

No ....., ... St.

Primary Registration District No. 1005 Registered No. 105

Hospital .....

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	Yes	6 12 1912

FATHER		MOTHER	
FULL NAME	Otto Arnesen	FULL MAIDEN NAME	Lina Arnbold
RESIDENCE	Farm 5 miles N & E. Blackfoot	RESIDENCE	Farm 5 miles N & E. Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. A. Thomson M.D.

(Physician or Midwife)

Address Blackfoot, Idaho

Filed June 16 1912 W. E. Fabric Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 0 1973

742-108-006-557

PLACE OF BIRTH

County of Bingham

City of Porterville

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6595

Primary Registration District No. 2053 Registered No. 106

FULL NAME OF CHILD LORIN Lawrence Neal Gushwa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 8 1912

FATHER		MOTHER	
FULL NAME	Leo Gushwa	FULL MAIDEN NAME	Flora Belle Neal
RESIDENCE	Idaho Blackfoot	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.48 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. O. Mitchell M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed June 24/12 W. E. Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

zj

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 6595

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Laurin	Lorin Neal Gushwa

Subscribed and sworn to before me this 30 day of June, 1942

Notary Public, residing at Blackfoot

My commission expires April 6 - 1946
(Seal)

Signed Flora Belle Gushwa (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 6 19

JUL 7 1942

MAY 9 1969

MAR 2 5 1974

292-113·006-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No ....., ... St.

Hospital Farm home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6596

Primary Registration District No. 2053 Registered No. 107

FULL NAME OF CHILD John Percival Bishoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes	June 13, 1912

FATHER		MOTHER	
FULL NAME	John Bishoff	FULL MAIDEN NAME	Rosalia Anna Jacobé
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... eleven

Number of children, of this mother, now living, including present birth eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. C. Batmon

a Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 23 1912 W. E. Patrie

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

JUN 27 1968

365-213-006217

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Binyham

City of Groveland

Registration District No 13 File No. 6597

No ____, ____ St.

Hospital Parents home Primary Registration District No. 2053 Registered No. 108

FULL NAME OF CHILD Pearl Lundholm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	June 13, 1912

FATHER		MOTHER	
FULL NAME	Samuel Lundholm	FULL MAIDEN NAME	Cynthia Bailey
RESIDENCE	Hamer	RESIDENCE	Hamer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth six

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Gertrude Batsing

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 23, 19 12 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 6 1973

231-108-006-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6598

Primary Registration District No. 2005 Registered No. 109

FULL NAME OF CHILD Unnamed Black

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	Ruben Black	FULL MAIDEN NAME	Carrie Christensen
RESIDENCE	Thomas R F # 2	RESIDENCE	Thomas R F. 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Dam

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

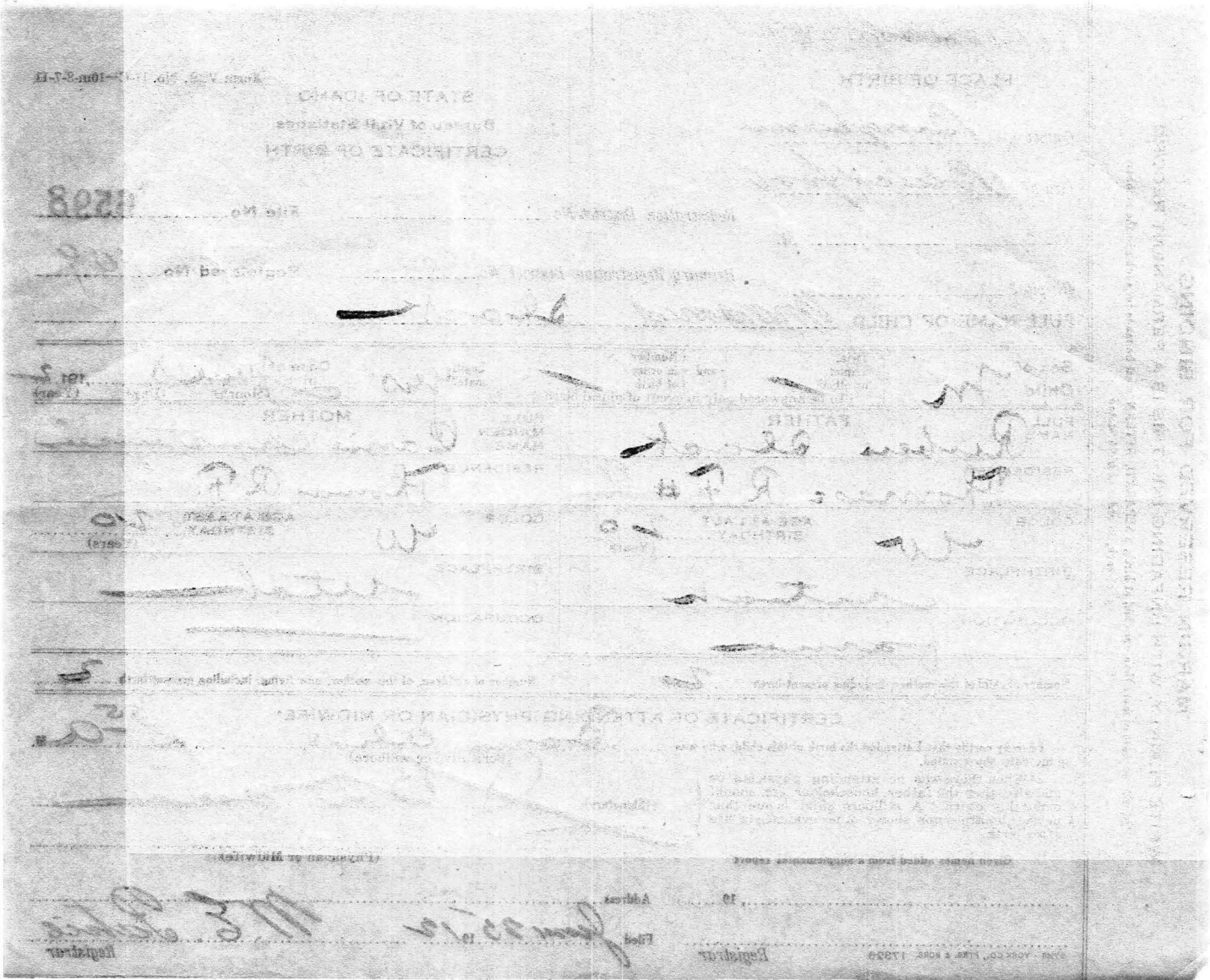
Address .....

Filed June 25 1912 W. E. Parkie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar



213.109.006-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Mapleton Mad

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 6599

Primary Registration District No 2153 Registered No. 110

FULL NAME OF CHILD Virgil P. Baldwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 9, 1912

FATHER

FULL NAME Virgil Baldwin

RESIDENCE Blackfoot R F # 3

COLOR W AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Cora Parker

RESIDENCE Blackfoot R 3

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Alabama

OCCUPATION .....

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Owen

Given names added from a supplemental report .....

(Physician or Midwife)

....., 19.....

Registrar

Address .....

Filed June 25 12 W. E. Patrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 20 1963

55A120-006-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot, Ward # 1

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6600

Primary Registration District No. 2053 Registered No. 111

FULL NAME OF CHILD Hansen Neff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 26 1912

FATHER

FULL NAME Karl Neff

RESIDENCE Blackfoot, Idaho # 1

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Habermann

RESIDENCE Blackfoot Idaho # 1

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 28 1912 W. E. Pahrie Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Registered

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 6600

Date Filed NOV 7 1941 RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Herman Neff (Name on original certificate) who born (Was born or died) on June 20th, 1912, (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name		
Date of birth	June 21, 1912	June 20, 1912

Subscribed and sworn to before me this 3rd day of November, 19 41

John O. McGee

Notary Public, residing at Blackfoot, Idaho

My commission expires

[SEAL]

Signed Mary E Neff
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Pingree, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bingham }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 19 41.

Notary Public, residing at Blackfoot, Idaho

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

Route #1, Pingree, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

79-110-026-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No 53 - Spruce St.

Hospital

Registration District No 13

Primary Registration District No 1007

File No. 6601

Registered No. 112

FULL NAME OF CHILD Edmund Gibbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	June 10 1912

FATHER		MOTHER	
FULL NAME	James Gibbs	FULL MAIDEN NAME	Myrtle Steers
RESIDENCE	Blackfoot Ida	RESIDENCE	Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Fireman	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Dana M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed June 30 1912 W. E. Lahee

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6601

Registration District No.

Primary Registration District No.

Registered No.

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

693-213-006-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 9-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

in Town

No. ____ Ward 3 ____ St.

Hospital No. 1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13

Primary Registration District No. 1007

File No. 6602

Registered No. 113

FULL NAME OF CHILD Charlotte Wilkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 13 1912

FATHER		MOTHER	
FULL NAME	Joseph Wilkinson	FULL MAIDEN NAME	Lottie Monserief
RESIDENCE	Blackfoot	RESIDENCE	Blkfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	———

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed June 20 1912

M. E. Patrie

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. B-C—10m-8-31

PLACE OF BIRTH

County of

3B-229.006-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. West Dobbee St.

Hospital No 2

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6603

Primary Registration District No. 1007 Registered No. 1114

FULL NAME OF CHILD Unnamed Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 29, 1912

FATHER		MOTHER	
FULL NAME	Louis Taylor	FULL MAIDEN NAME	Leta Stewart
RESIDENCE	Tent on West Dobbee St	RESIDENCE	Tent on West Dobbee St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Iowa
OCCUPATION	Labor	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 30 1912 M. E. Petrie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

695-102-006-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Riverside Ward

No No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No 6604

Primary Registration District No 2053 Registered No 115

FULL NAME OF CHILD Alden L Wintle

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Apr 2 12

(To be answered only in event of plural births)

FATHER

FULL NAME Geo L. Wintle

RESIDENCE Blackfoot R.F.D. No 2

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E. Peterson

RESIDENCE do

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys

(Physician or Midwife)

Address Blackfoot Idaho

Filed April 2 19 12 W. E. Patrie

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

APR 18 1944

386-22-006-266

Amended 11-15-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6605
Local Reg. No. 116
Reg. Dist. No. 13

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Springfield

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Springfield

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mildred b. (Middle): Ann c. (Last): Thompson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 22, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): Hirst c. (Last): Thompson

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Murray, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Pearl b. (Middle): c. (Last): Bowthorpe

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Holliday, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. C. McKinnon

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Aberdeen, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: June 22, 1912

22. REGISTRAR'S SIGNATURE: M.C. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 15 1966
Bureau of Vital Statistics

State of Oregon }
County of Union } ss.

Certificate No. 6605

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Thompson (female child) (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1912 (Date of Event)

in Springfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mildred Ann Thompson
Full Name of Father	James Hearst Thompson	James Hirst Thompson

Subscribed and sworn to before me this 8th day of September, 1966.

W. S. Thomas

Notary Public, residing at La Grande, Oregon

My commission expires 10/10/66

(Seal)

Signed James Hirst Thompson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2007 2nd St., La Grande, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Union } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 1966.

W. S. Thomas

Notary Public, residing at La Grande, Oregon

My commission expires 10/10/66

(Seal)

Signed Pearl R Thompson

(Signature of Any Credible Person)

2007 2nd St., La Grande, Oregon

(Street Address, City, State)

FORM DH 60-155

CL 9-7-66. one copy pd. rec. #18891.

L.D.S. Church Cert. of Blessing, Aug. 4, 1912 gives full name as Mildred Ann Thompson, daughter of James H. Thompson and Pearl R. Bowthorpe, born June 22, 1912 at Springfield, Idaho - viewed by V.S.

Certificate of Marriage, State of Utah, County of Salt Lake, married June 7, 1934 gives full name of groom as Leonard Strong and full name of bride as Mildred Ann Thompson - viewed by V.S.

Membership Card, Safe Driving, Automobile Owner's Association, 1956 gives full name as James Hirst Thompson, LaGrande, Oregon - viewed by V.S.

Retired Members Withdrawal Card, International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, No. 2584, dated Jan. 1, 1954 Reg. No. 473279 gives full name as James Hirst Thompson - Lodge Record - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Blackfoot~~ Springfield

Registration District No. 13 File No. 6605

No. ....., ... St.

Primary Registration District No. 2029 Registered No. 116

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	Yes	June 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Hearst-Thompson	Pearl Bowthorpe
RESIDENCE	Springfield - Ida	Springfield - Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	Murray, Utah	Holliday - Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 22 1912 M. C. MacKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 1 6 1966

135-225-606-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 6606

Primary Registration District No. 2029 Registered No. 117

FULL NAME OF CHILD Rose Alvord

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	June 25 1912

FATHER		MOTHER	
FULL NAME	Tom Edmon Alvord	FULL MAIDEN NAME	Mary Estelle Blair
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMaster Kinnaman MD

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed June 25 19 12 McMaster Kinnaman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 22 1967

213-225-006-993

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No ____, ____ St.

Registration District No 19 File No. 6607

Primary Registration District No. 2029 Registered No. 118

Hospital ____

FULL NAME OF CHILD LILA Florence Satterfield

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	—	Yes	June 25 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Luther Andrew Satterfield	FULL MAIDEN NAME: Laura Rice
RESIDENCE: Sterling	RESIDENCE: Sterling
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Alabama	BIRTHPLACE: Newland Nevada
OCCUPATION: Farmer	OCCUPATION: Housewife

[Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5-15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.

(Physician or Midwife)

Address Sterling Idaho

Given names added from a supplemental report

....., 19.....

Filed June 25 1912 M. C. Mackinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6607

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Florence	Lila Florence Satterfield

Subscribed and sworn to before me this 25
day of August 1942
O. E. Blackburn
Notary Public, residing at Springfield Idaho
My commission expires Sept 1-42
(Seal)

Signed Laura B Rice Satterfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

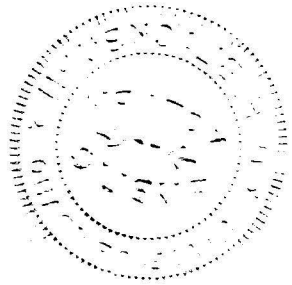
Subscribed and sworn to before me this 25
day of Aug 1942
O. E. Blackburn
Notary Public, residing at Springfield Idaho
My commission expires Sept 1-42
(Seal)

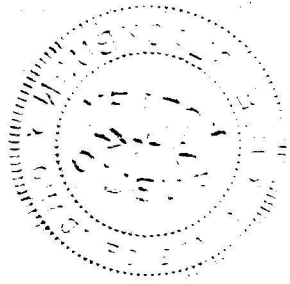
Signed Marian D Thurston
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 27 1942

AUG 31 1942





319-284-006-292

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6608

Primary Registration District No. 2029 Registered No. 119

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	June 24, 1912

FATHER		MOTHER	
FULL NAME	Carl Carpenter	FULL MAIDEN NAME	Lena Sisler
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed June 25 1912 M. C. MacKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

859-120-006-698

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No ....., ... St.

Registration District No. 13 File No. 6609

Primary Registration District No. 2029 Registered No. 120

Hospital .....

FULL NAME OF CHILD Ernest Edmond Heidebrecht

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— —	Yes	June 26 1912

FATHER	MOTHER
FULL NAME: George Washington Heidebrecht	FULL MAIDEN NAME: Margaret Frye
RESIDENCE: Aberdeen Ida.	RESIDENCE: Aberdeen Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

[Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or Midwife)

Address Aberdeen Ida.

Given names added from a supplemental report

....., 19.....

Filed June 26 1912 M. C. MacKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 0 1942

78-230-006-231

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No ....., ... St.

Hospital .....

Registration District No 13 File No. 6610

Primary Registration District No. 2029 Registered No. 121

FULL NAME OF CHILD Laura Elizabeth Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	June 30, 1912

FATHER		MOTHER	
FULL NAME	Leonard Harvey Phillips	FULL MAIDEN NAME	Jennie Slaught
RESIDENCE	Aberdeen. Ida.	RESIDENCE	Aberdeen. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mc Cornick Kinnon M D

(Physician or Midwife)

Address Aberdeen. Ida.

Given names added from a supplemental report

....., 19.....

Filed June 30 1912 Mc Cornick Kinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 6 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

RECEIVED BUREAU OF VITAL STATISTICS MAY 13 9 45 AM '74

Certificate No. 6610

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Phillips (female) (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1912 (Date of Event) in Alberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Laura Elizabeth Phillips

Subscribed and sworn to before me this 9th day of May, 19 74

Lavon L. Barnes

Notary Public, residing at Aberdeen

My commission expires 7-1-74

(Seal)

Signed Ella M. Phillips Duffin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen Idaho 83210

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are ~~true~~ to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 19 74

Lavon L. Barnes

Notary Public, residing at Aberdeen

My commission expires 7-1-74

(Seal)

Signed Esther Alice Phillips Mitchell

(Signature of Any Credible Person)

Aberdeen Idaho 83210

(Street Address, City, State)

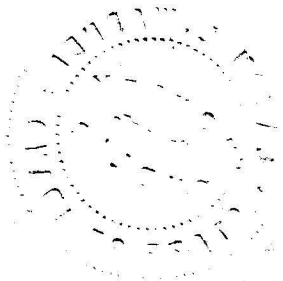
FORM DH 60-155

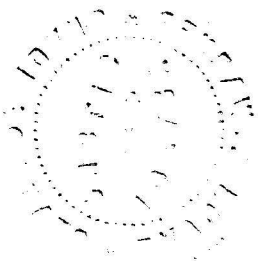
CL 4/26/74

Family Group record for Leonard Harvey Phillips and Jennie May Slaugh gives child's name as Laura Elizabeth ~~Ry~~ Phillips born June 30, 1912 at Aberdeen, Idaho. Married Clinton Lloyd July 16, 1936 Was Baptized Aug. 28, 1920. Viewed by V. S.

MAY 28 1974

Diploma from St. Anthony Mercy Hospital School of Nursing gives name as Laura E. ~~X~~ Phillips. dated May 27, 1935. viewed ~~by~~ by V. S.





369-106-006-168

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Portneuf Ward

Registration District No 13 File No. 6611

No —, St.

Hospital —

Primary Registration District No. 2013 Registered No. 122

FULL NAME OF CHILD ~~Merle~~ Merle Erven Corey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				yes	June 6 1912

FATHER

FULL NAME Ira Corey

RESIDENCE Blackfoot R.F.D. No 1

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Neb

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Stella Johnson

RESIDENCE Do

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Neb

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

(Physician or Midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed Jan 23 19 12 M E Patrie Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 2 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 6611

SEP 11 1941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Merril Irvin Corey (Name on original certificate) who was born (Was born or died) on June 6 - 1912 (Date of event)
in Blackfoot Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
		MERLE ERVEN COREY
Name	Merril Irvin Corey	Merle Erven Corey
	19	Merle Erven Corey

Subscribed and sworn to before me this July day of, 1941.

P. K. Johannesen

Notary Public, residing at Idaho Falls, Ida.

My commission expires March 11th 1942.

[SEAL]

Signed Ina Corey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

447 - 10th St. Idaho Falls, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of September 19 41

M. Hatch

Notary Public, residing at Pocatello Ida

My commission expires My Commission Expires May 2, 1944

[SEAL]

Signed A. M. Myers
(Signature of any credible person other than the previous affiant)

350 South 10th Pocatello Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

559-219006-168

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Wapello

No. ____, ____ St.

Hospital ____

Registration District No. 13 File No. 6612

Primary Registration District No. 2053 Registered No. 123

FULL NAME OF CHILD Edla Lucille [redacted] Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 19, 1912

FATHER	MOTHER
FULL NAME: Olive H. Nelson	FULL MAIDEN NAME: Astrid Johan[redacted]a
RESIDENCE: Blackfoot, Idaho. #3.	RESIDENCE: Blackfoot, #3.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Sweden.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 22, 1912 M. E. Patric Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 4 1942

695-220-006-546

RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 6613

Primary Registration District No. 2053 Registered No. 124

FULL NAME OF CHILD Ora Fredelton FRECKLETON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 20 1912

FATHER	MOTHER
FULL NAME Samuel S. Fredelton FRECKLETON	FULL MAIDEN NAME Mary Edwards
RESIDENCE Blue Spot, Idaho #3	RESIDENCE Blue Spot #3
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 27 1912 W. E. Patrie

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

JAN 5 1955

219-125-006-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 510, Mahuton Ave. Registration District No. 13 File No. 6614

Hospital No Primary Registration District No. 1007 Registered No. 125

FULL NAME OF CHILD ~~Xxxxxxxxx~~ Barker, HAROLD ROY

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	Yes	June 25 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold F. Barker	FULL MAIDEN NAME	Ada Blair
RESIDENCE	Blackfoot 23	RESIDENCE	do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Pahio

(Physician or Midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed June 3rd 1912 M. E. Pahio

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 6614

State of Utah } ss.
County of Salt Lake }

Date Filed Oct 4, 1941

The undersigned does solemnly swear that certain facts on the certificate of Harold Roy Barker (Birth or ~~death~~)

for dont remember ever having one (Name on original certificate) who June 22 (Was born ~~or died~~) on 1912 (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Blair family record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name (Nick name)	James Barker	Harold Roy Barker

Subscribed and sworn to before me this 6th day of October, 1941

Marjorie Morr

Notary Public, residing at 209 Med Arts Bldg

My commission expires April 26, 1945

[SEAL]

Signed Ada Blair Barker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1118-4 Ave Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 1941

Marjorie Morr

Notary Public, residing at 209 Med Arts Bldg

My commission expires April 26, 1945

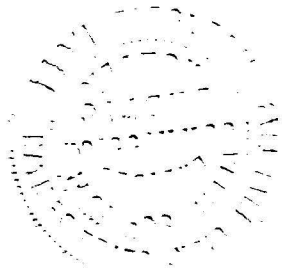
[SEAL]

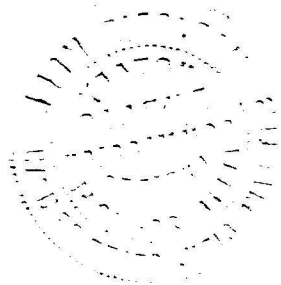
Signed Mrs. Vivian Allbert
(Signature of any credible person other than the previous affiant.)

214 Medical Arts Bldg
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 9 1941





[redacted] 574-22-1036-851

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 6615

Primary Registration District No. 2117 Registered No. 286

FULL NAME OF CHILD Mildred Estella Edmiston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 21, 1912

	FATHER	MOTHER
FULL NAME	John Edmiston	FULL MAIDEN NAME Estella Head
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY	35 (Years)	32 (Years)
BIRTHPLACE	Utah	Franklin, Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. m. on the date above stated.

(Signature) G. C. Emery M.D.

(Physician or Midwife)

Address Preston, Idaho

Filed July 1, 1912 G. C. Emery Sub Registrar

Given names added from a supplemental report

....., 19.....

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

536-125-036-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 6616

Primary Registration District No. 2119 Registered No. 2119

FULL NAME OF CHILD Ernest Leland Elwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	and	Yes	4 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac Elwell	Frances Louise Carter
RESIDENCE	Preston	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Birmingham England	Battle creek Ida
OCCUPATION	Tin Smith	House wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 10:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Curtis M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed July 7 1912 D.C. Ray Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order, should be stated

653-121-036-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 6617

Primary Registration District No. 2119 Registered No. 248

FULL NAME OF CHILD James Green Wells

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 21 1912

FATHER		MOTHER	
FULL NAME	Alfred Wells	FULL MAIDEN NAME	Bessie Taylor
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston, Ida	BIRTHPLACE	Fairview Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) A. R. Ryder M.D.

Physician

(Physician or Midwife)

Address Preston Idaho

Filed May 7 1912 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 17 1975

155-210-036-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6619

Primary Registration District No. 119 Registered No. 650

FULL NAME OF CHILD Govine Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	6 10 1912

FATHER		MOTHER	
FULL NAME	Antone E. Jensen	FULL MAIDEN NAME	Nellie Boreham
RESIDENCE	Preston	RESIDENCE	Preston Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Preston Ida	BIRTHPLACE	Macclesfield England
OCCUPATION	Cattleman	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Curtis M. D.

Physician

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 7 1912 D C Gay

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 5613

Registered No. 1

NAME OF CHILD

DATE OF BIRTH

SEX

COLOR OR RACE

NAME OF FATHER

MAIDEN NAME OF MOTHER

RESIDENCE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR NURSE

369-115-076-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 — File No. 6620

Primary Registration District No. 2119 — Registered No. 261

FULL NAME OF CHILD Leslie Adelbert Corbridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	6 15 1912

FATHER	MOTHER
FULL NAME: Leslie Corbridge	FULL MAIDEN NAME: Ruby Claypool
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Franklin Ida	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) A Wheeler M.D.

Physician Preston Idaho
(Physician or Midwife)

Address Preston Idaho

Filed May 7 1912 D C Grey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

893-107-036-236

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of Riverdale

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 6621

Primary Registration District No 2119 Registered No. 250

FULL NAME OF CHILD Armon J. Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	and	yes	6 7 1912

FATHER	MOTHER
FULL NAME: John E. Hill	FULL MAIDEN NAME: Ira Blood
RESIDENCE: Riverdale	RESIDENCE: Riverdale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Wellsville Utah	BIRTHPLACE: Hayesville Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. R. Ryckter M.D.
Physician
(Physician or Midwife)

Address Parker Idaho

Filed July 7 1912 W. L. Ray
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-17-41

NOV 25 1942

FEB 14 1972

469-118-036 469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 6622

Primary Registration District No. 2119 Registered No. 253

FULL NAME OF CHILD Preston Mori

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	5 15 1912

FATHER		MOTHER	
FULL NAME	I. K. Mori	FULL MAIDEN NAME	Nona Mori
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	~~Yellow~~ Dark	COLOR	Yellow ~~Dark~~
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Curtis M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed May 7 1912

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

Sex

Color

Number of child

Twin or triplet

Date of birth

FULL MAIDEN NAME

MOTHER

FULL NAME

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(Physician or Midwife)

Registrar

155-213-036-366

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6623

County of Oneida

City of Preston

Registration District No 18 File No.

No ....., ... St.

Primary Registration District No. 219 Registered No. 251

Hospital .....

FULL NAME OF CHILD Anna Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	5 13 1912

FATHER		MOTHER	
FULL NAME	Junius E Jensen	FULL MAIDEN NAME	Silvy E Low
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Preston	BIRTHPLACE	Smithfield Utah
OCCUPATION	Real estate man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A K Cutler M.D.

Physician

(Physician or Midwife)

Address Preston Idaho

Filed July 7 1912 D E Kerr

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 28 1960

JUN 13 1967

168-111-676-713

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Hospital .....

Registration District No 19

Primary Registration District No 2119

File No. 6624

Registered No. 155

FULL NAME OF CHILD James Packer Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	Yes	5 11 1912

FATHER	MOTHER
FULL NAME: Albert E. Johnson	FULL MAIDEN NAME: Luda Packer
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Smoville Utah	BIRTHPLACE: Franklin Idaho
OCCUPATION: Carpenter & Builder	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 12 40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler M. D.

Physician

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 D C Ray

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. IF THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form-V. S. No. 11-C—10m-8-7-41

1/13/41 EA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

435-202-036-553

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Hospital .....

Registration District No 19 File No. 6625

Primary Registration District No. 219 Registered No. 256

FULL NAME OF CHILD Mar. Mc Neil

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	5 — 2 — 1912

FATHER	MOTHER
FULL NAME: James R. Mc Neil	FULL MAIDEN NAME: M. E. Nelson
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 46 (Years)
BIRTHPLACE: Scotland	BIRTHPLACE: Utah
OCCUPATION: Gardner	OCCUPATION: Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) A. Cutler M.D.

Physician

(Physician or Midwife)

Address Preston Idaho

Filed July 7 1912

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

912-226-036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston Ida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 6626

Primary Registration District No 2119 Registered No. 257

FULL NAME OF CHILD Perl Sophia Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	and	yes	4 26 1912

FATHER

FULL NAME William Rasmussen

RESIDENCE Mink Creek Ida

COLOR white AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mink Creek Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Christina Jensen Rasmussen

RESIDENCE Mink Creek Ida

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Point Lookout Utah

OCCUPATION housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9.20 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cuellar M.D.

Physician

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed May 7 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

DUP. OF 1912-D 65-225

2 - RASMUSSEN

469-225-036-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Dayton

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6627

Primary Registration District No. 2119 Registered No. 25

FULL NAME OF CHILD Roma Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	5 25 1912

FATHER		MOTHER	
FULL NAME	John Earl Morrison	FULL MAIDEN NAME	Evaline Bowden
RESIDENCE	Dayton Ida	RESIDENCE	Dayton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nashville Idaho	BIRTHPLACE	Dayton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. K. Culter M. D.

Physician (Physician or Midwife)

Address Preston Idaho

Filed July 7 1912 D. C. Kay Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DECEASED

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6627

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Dayton
Street and House No.
County Oneida

Registered Number 258

Registration District No. 18

Sex of Child Female

Date of Birth, May (Month) 25 (Day) 1917 (Year)

Full Name Father John Earl Morrison

Full Maiden Name Mother Evaline Burden

I HEREBY CERTIFY that the child described herein has been named:

Roma Morrison
(Given name in full) (Surname)

as reported by mother
(Father or Mother)

D O Ray
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

APR 15 1974

NOV 28 1924

459201-036-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Clifton

No ____, ____ St.

Hospital ____

Registration District No 18 — File No. 6628

Primary Registration District No 219 — Registered No. 264

FULL NAME OF CHILD Elvira Mae Merritt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	7 (Month) 1 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Bradley Merritt	Mae E Marler
RESIDENCE	Clifton	Clifton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Utah	Clifton Idaho
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 1 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A K Culter M D

Physician

(Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed May 1, 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No. 6636

PLACE OF BIRTH

FULL NAME OF CHILD

MOTHER

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

MAIL A CERTIFIED COPY OF THIS CERTIFICATE TO

253-209-036-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Mink Creek — Registration District No. 18 — File No. 6629

No. ____, ____ St. — Primary Registration District No. 2119 — Registered No. 260

Hospital ____

FULL NAME OF CHILD Thelma Keller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sylvester Adonald Keller	Maren Hanna Larsen
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Manti Utah	Mink Creek Ida
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ~ p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 20, 1912 D. Clay Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6629

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Musk Creek
Street and House No. ____
County Oneida

Registered Number 260

Registration District No. 18

Sex of Child Female

Date of Birth, June (Month) 9 (Day) 1912 (Year)

Full Name of Father Sylvester Keller

Full Maiden Name of Mother Marentt Larsen

I HEREBY CERTIFY that the child described herein has been named:

Thelma Keller
(Given name in full) (Surname)

as reported by father
(Father or Mother)

D C Kay
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

259-125-036-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital Home

Registration District No. 18 File No. 6630

Primary Registration District No. 2119 Registered No. 261

FULL NAME OF CHILD Paul Davis Kershaw

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	June 25 1912

FATHER		MOTHER	
FULL NAME	Thomas Kershaw	FULL MAIDEN NAME	Margret Ann Davis
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Yorkshire, Eng.	BIRTHPLACE	South Wales
OCCUPATION	Carpenter	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~Physician or~~ midwife)

Address Preston Oneida Co. Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 25 June 1912 D C Kay Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/25/41. w.h.

229-222-036-465

Form V.S. No. 41-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 6631

Registered No. 267 258

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital At home

Registration District No. 18

Primary Registration District No. 9 19

FULL NAME OF CHILD Marval Skidmore

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	June 22 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William A. Skidmore	FULL MAIDEN NAME	Ellen Marinda Monson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Home keeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

Midwife (Physician or midwife)

Address Preston Oneida Co. Idaho.

Given names added from a supplemental report

..... 19.....

Filed 24 June 1912

D. C. Kay Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1960

693-22-3036493

Form V. S. No. 11-C—Rev. 8-15-42

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital Home

Registration District No. 18

Primary Registration District No. 2119

File No. 6632

Registered No. 2326 3763

FULL NAME OF CHILD Dora Orpha Nickelson Wilcox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	May 23 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Wilcox	Dora Nickelson
RESIDENCE	Preston Idaho	Preston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	19
BIRTHPLACE	Preston Idaho	Dayton Idaho
OCCUPATION	Farmer	Home keeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(Physician or midwife)

Address Preston Oneida Co. Idaho

Given names added from a supplemental report

..... 19.....

Filed June 13 1912 M. Kay Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

20- 29061

NUT

Dup001912-66618

4/5-113-036433

PLACE OF BIRTH

County of Gooding

City of Neeley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 6633

Primary Registration District No. 2111a Registered No. 264

FULL NAME OF CHILD Lester Merritt Davis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	One	One	yes	5 — 13 — 1912

FATHER		MOTHER	
FULL NAME	Charles Nelson Davis	FULL MAIDEN NAME	Flora Miranda Allen
RESIDENCE	Colfax Washington	RESIDENCE	Neeley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colfax Washington	BIRTHPLACE	Roscol S Dakota
OCCUPATION	Cook	OCCUPATION	Waitress

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 9:20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Greer of

(Physician or midwife)

Address Neeley Idaho

Given names added from a supplemental report

....19....

Filed 6-16-1917 L L Hay Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/22/41 L. B.

815-206-036-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Stone

No. ____, ____ St.

Hospital ____

Registration District No. 18 — File No. 6634

Primary Registration District No. 2071 — Registered No. 265

FULL NAME OF CHILD Lurinda Isis Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 6 1912

FATHER		MOTHER	
FULL NAME	Fredrick A. Hansen	FULL MAIDEN NAME	Julia Cox
RESIDENCE	Stone	RESIDENCE	Stone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth: fifth

Number of children, of this mother, now living, including present birth: five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rhoda B. Lawson

Midwife, Snowville Utah (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 15 1912 D C Ray Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE report must be made for each and the number of each in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6634

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Paris
Street and House No.
County Oneida

Registered Number 265

Registration District No. 18

Sex of Child Female

Date of Birth June 6 (Month) (Day) 1912 (Year)

Full Name of Father Frederick A Hansen

Full Maiden Name of Mother Julia Carl

I HEREBY CERTIFY that the child described herein has been named:

Lucinda Dora Hansen
(Given name in full) (Surname)

as reported by mother
(Father or Mother)

D Nelson
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

819.2091076-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18

Primary Registration District No. 2069

File No. 6635

Registered No. 766

FULL NAME OF CHILD Isabelle Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	YES	June 9, 1912

FATHER		MOTHER	
FULL NAME	Hank Harrison	FULL MAIDEN NAME	Rachel Vanderwood
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Hack Driver	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Alcorn M. D.

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed June 17, 1912 D. C. Kay

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

359-11-036-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Malad

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 6636

Primary Registration District No. 2064 Registered No. 967

FULL NAME OF CHILD Myrle Guy Leigh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 11, 1912

FATHER		MOTHER	
FULL NAME	Guyles Leigh	FULL MAIDEN NAME	Mable Paterson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Leigh

M.D. (Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed June 17, 1912 D. C. Leigh Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

DEC 8 1966

DEC 13 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

165.107.036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form U. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ....., ... St.

Hospital .....

Registration District No 18 File No. 6637

Primary Registration District No. 2069 Registered No. 766

FULL NAME OF CHILD William Clifford Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		1st	YES	the 7 of June 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert D Jones	Fairlie Jenkins
RESIDENCE	Malad	Malad
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 35	White / 29
BIRTHPLACE	Malad Idaho	Liston utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 7:[redacted]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A McAllister

Midwife (Physician or Midwife)

Address St. John Idaho

Given names added from a supplemental report

....., 19.....

Filed June 15 1912 D C Kay Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

637

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Midland
Street and House No. ____
County Oneida

Registered Number 268

Registration District No. 18

Sex of Child Male

Date of Birth, June (Month) 7 (Day) 1912 (Year)

Full Name Father Albert D James

Full Maiden Name Mother Laurie Jenkins

I HEREBY CERTIFY that the child described herein has been named:

William Clifford James
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

D C Ray
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD . BOISE

693-107-036-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Registration District No. 18

File No. 6638

Primary Registration District No. 2069

Registered No. 269

Hospital ____

FULL NAME OF CHILD Lester Jones Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		One	Yes	June 7- 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin Williams	Bertha Jones
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	24 (Years)
BIRTHPLACE	Cherry Creek Idaho	Malad Oneida Co Idaho
OCCUPATION	Farmer	Farmer's Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male born alive (Born alive or stillborn) at 12-40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bating Locke midwife

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed July 1 19 12 D. C. Ray

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued 2-17-1941. dp

Oneida County, Idaho

John H. McAllister

CLERK OF DISTRICT COURT AND EX-OFFICIO
AUDITOR AND RECORDER

Malad City, Idaho

This is to certify that Lester Williams was born June 7,1912 instead of June 14,1912

Bertha Jones.
Mother

Subscribed and sworn to before me this 18th.day of February 1941

John H. McAllister
Clerk of the District Court

249.203.236-23X

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18

Primary Registration District No 069

File No. 6640

Registered No. 271

FULL NAME OF CHILD Annie Kamalee Burnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			Yes	June (Month) 3 (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME David J Burdett	FULL MAIDEN NAME Agnes Stuart
RESIDENCE Fielding Utah	RESIDENCE Fielding Utah
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) W. Hoffman
M D
(Physician or Midwife)

Address Malad, Idaho

Filed June 5 19 12 L C Ray
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MAY 2 8 1974

469.1091.036-955

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Lamaria

No. 1, St.

Hospital

Registration District No. 18 File No. 6641

Primary Registration District No. 1069 Registered No. 21

FULL NAME OF CHILD John R. Morris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6th	Yes.	6 — 9, 1912

FATHER	MOTHER
FULL NAME: James H. Morris	FULL MAIDEN NAME: Marion Rose
RESIDENCE: Lamaria Ida.	RESIDENCE: Lamaria Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Ogden Utah	BIRTHPLACE: Lamaria Ida.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6th

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 1:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Reeves M. D.

(Physician or Midwife)

Address Malad Idaho.

Given names added from a supplemental report

June 7, 1912

Filed Jun 16 1912

S-Y CO., 16670

Registrar

W. C. Ray

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S, No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6641

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Samaria

Street and House No.

County Oneida

Registered Number 222

Registration District No. 15

Sex of Child Male

Date of Birth, June 9 1912
(Month) (Day) (Year)

Full Name Father James H Morris

Full Maiden Name Mother Maria Rose

I HEREBY CERTIFY that the child described herein has been named:

John R Morris
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

D C Ray
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

APR 9 1971

165-114036-359

PLACE OF BIRTH,

County of Oneida

City of Malad

No. ——, ——— St.

Hospital ———

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18 File No. 6642

Primary Registration District No. 2 679 Registered No. 21[illegible]

FULL NAME OF CHILD Jedd Glen Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	6 — 14, 1912

	FATHER	MOTHER
FULL NAME	Jedd Jones Jr.	FULL MAIDEN NAME Sophia Light
RESIDENCE	Malad Ida	RESIDENCE Malad Ida
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE	Malad Ida	BIRTHPLACE Malad Ida
OCCUPATION	Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 9:20 P.M. on the date above stated.

(Signature) J. M. Nevins M.D.

(Physician or Midwife)

Address Malad Ida.

Filed June 16 1912 D. C. Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 6642

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Jedd Allen Jones

Subscribed and sworn to before me this 25th day of November, 1942

Notary Public, residing at Boise, Idaho.

My commission expires Nov. 10, 1944
(Seal)

Signed T. L. McCarthy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

614 Hays, Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

NOV 25 1942

Child's name amended 4-6-92 MCM

551-04-0736-51

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

-PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18 File No 6643

Primary Registration District No 2069 Registered No 274

FULL NAME OF CHILD DARHL E. Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	6 4 1932

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David R Evans	Muggie Evans
RESIDENCE	Malad Idaho	same
COLOR / AGE AT LAST BIRTHDAY (Years)	white 31	white 27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 6/6 19 32 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

• AUG 12 1960

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

3-5-92

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 1992

VITAL STATISTICS UNIT

State of Idaho
County of Ada } ss.

Certificate No. 6643
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Merlin Evans (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 4, 1912 (Date of Event)
in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Merlin Evans	Darhl E Evans

Subscribed and sworn to before me this 5 day of March, 19 92.
Notary Public, Melanie Metzger
Residing at Boise, ID
My commission expires 2-22-95
(Seal)

Paul R Evans
Signature of Applicant
67 West Hwy 38 Malad Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS church record shows Darhl Evans born June 4, 1912 in Malad to David Reese Evans and Margaret Evans and blessed Aug 4, 1912 by David S Thomas. Viewed by VS.

APR 6 1992

UT death certificate shows Darhl E Evans born June 4, 1912 in Malad, ID and died Nov 21, 1962 in Ogden, UT and filed Dec 3, 1962. Viewed by VS.

847-211086-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Downaria

*No*_____, _____ *St.*

Hospital _____

Registration District No 18 **File No.** 6644

Primary Registration District No. 7069 **Registered No.** 275

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	6 - 11 - 12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Hughes	Elizabeth Ann Thomas
RESIDENCE	Downaria Idaho	Same
COLOR	wh	white
AGE AT LAST BIRTHDAY	41 (Years)	37 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	same

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 99 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Inland

Given names added from a supplemental report

_____, 19____

Filed 6/12 19 12

_____ *Registrar*

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

693 123076-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

*No*_____, _____ *St.*

Hospital _____

Registration District No _____ **File No.** 6645

Primary Registration District No. _____ **Registered No.** 296

FULL NAME OF CHILD Robert Weller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	6 23 1912

	FATHER	MOTHER
FULL NAME	Robert Weller	FULL MAIDEN NAME Letitia Thomas
RESIDENCE	Lolbrook Idaho	RESIDENCE same
COLOR	white	white
AGE AT LAST BIRTHDAY	27 (Years)	23 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	merchant	housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Ray M.D.

(Physician or Midwife)

Address Malad

Filed 6/24 1912

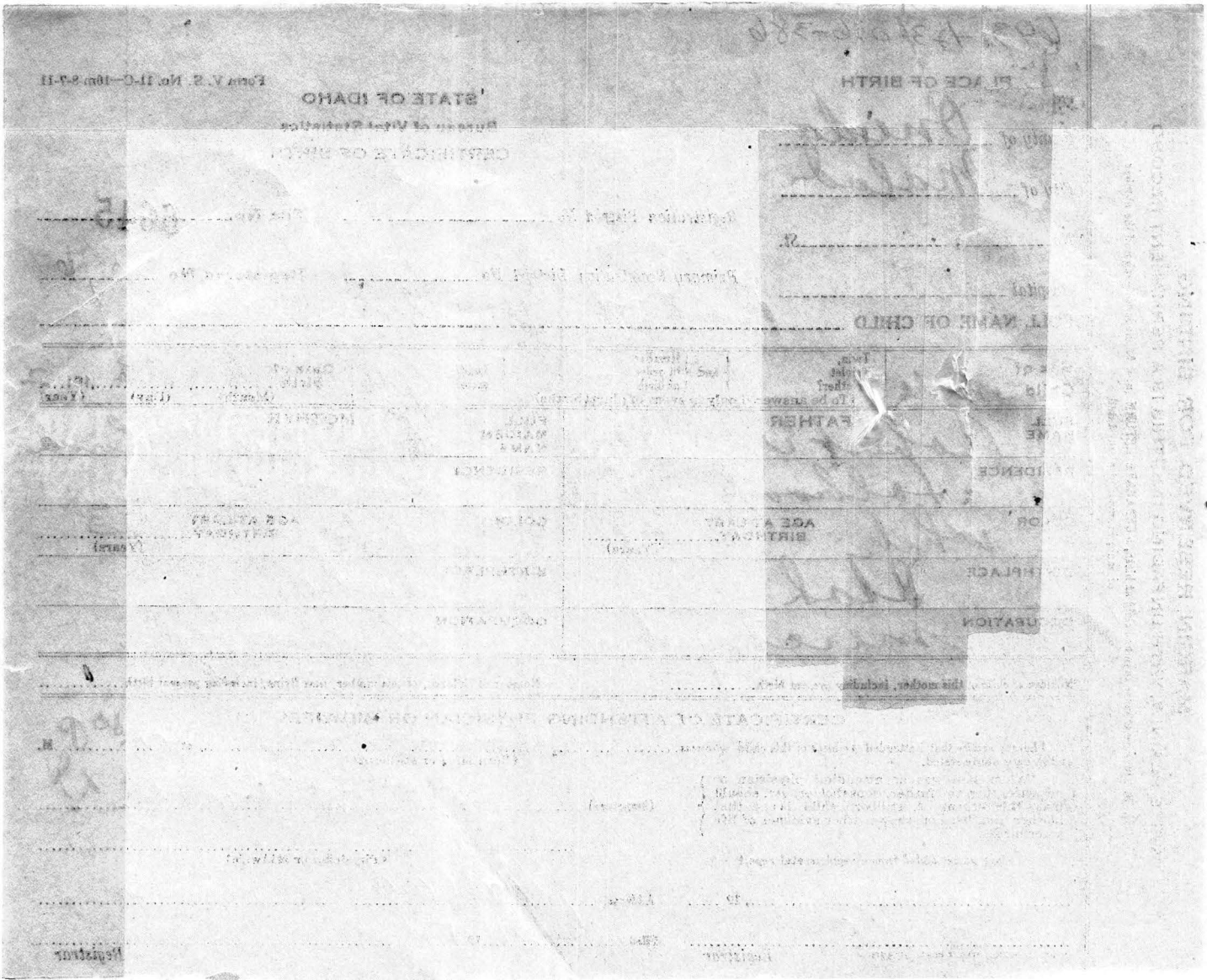
Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



391-[redacted]-108-012-469

[redacted] OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Heyburn Registration District No. 29 File No. 6646

No. ____, ____ St. Primary Registration District No. 2102 Registered No. 35

Hospital ____

FULL NAME OF CHILD Donald Eugene Crabtree

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	Ellis Crabtree	FULL MAIDEN NAME	Mabel Morgan
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kansas
OCCUPATION	Minister	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

(Physician or Midwife)

Address Heyburn

Given names added from a supplemental report

....., 19.....

Filed July 9, 1912 V. R. Killen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CC issued Jan. 31, 1941 Z.J.

954-1-27.032-915

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of _____

No. _____, _____ St.

Hospital _____

Registration District No. 29 File No. 6647

Primary Registration District No. 2102 Registered No. 34

FULL NAME OF CHILD ~~[illegible]~~ Hugh Redford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 7, 1912

FATHER		MOTHER	
FULL NAME	H. B. Redford	FULL MAIDEN NAME	Josephine Ramnow
RESIDENCE	Hayburn	RESIDENCE	Hayburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Lawyer	OCCUPATION	House

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killam M. D.

(Physician or Midwife)

Address Hayburn

Given names added from a supplemental report

....., 19.....

Filed July 9, 1912 V. R. Killam

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 6647

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ranolda Hugh Redford (Name on Original Certificate) who born (Was Born or Died) on June 7, 1912 (Date of Event)
in Lincoln County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by affidavit (Bible Record, Insurance Policy, Etc.) prepared on July 7, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ranolda Hugh Redford	Hugh Redford

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at Rupert, Ida
My commission expires Feb. 20th 1946
(Seal)

Signed H B Redford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at Rupert, Ida
My commission expires Feb 20th 1946
(Seal)

Signed Josephine Redford
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 7 1942

FEB 11 1943

316-106-032-215

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Heyburn

Registration District No. 29 File No. 6648

No. ____, ____ St.

Primary Registration District No. 2102 Registered No. 33

Hospital ____

FULL NAME OF CHILD Leslie Lafranchi

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one		Yes	6/6, 1912

FATHER		MOTHER	
FULL NAME	A. S. Lafranchi	FULL MAIDEN NAME	Leand M. Sanders
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	America	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Mexico
		OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda M. Shallman

Midwife (Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19.....

Filed July 9. 1912 V. R. Killen Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 23 1942

269 103 032 -795

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted] Lincoln

City of Burley

No ....., ... St.

Registration District No. 29 File No. 6649

Primary Registration District No. 2102 Registered No. 92

Hospital .....

FULL NAME OF CHILD Clarence Theodore Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 3 1912

FATHER		MOTHER	
FULL NAME	Theodore Sorensen	FULL MAIDEN NAME	Loretta Prescott
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Mt Peliers Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter MD

(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

....., 19.....

Filed July 9 1912 W. R. Allen Registrar

SYMS - YORK CO., PTRS. & BDRS 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1973

236-18-032-532

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 29 File No. 6650

No. _____, _____ St. Primary Registration District No. 2102 Registered No. 38

Hospital _____

FULL NAME OF CHILD Earl Scott, Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 18, 1912

FATHER		MOTHER	
FULL NAME	Earl Scott.	FULL MAIDEN NAME	Grace Elbow
RESIDENCE	Huyburn	RESIDENCE	Huyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Virginia	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Nebraska
		OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 9, 1912 V. R. Killen

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

418-21-1032-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of ____ Registration District No. 29 File No. 6651

No. ____, ____ St. Primary Registration District No. 2015 Registered No. 37

Hospital ____

FULL NAME OF CHILD Gladys Mayes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 17, 1912

FATHER		MOTHER	
FULL NAME	James Mayes	FULL MAIDEN NAME	Artie Kendall
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Penn.	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M. D.

Rupert Ida

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 9. 1912 V. R. Killen

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 17 1975

28-114032-792

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

No. ____, ____ St.

Hospital ____

Registration District No. 29

File No. 6652

Primary Registration District No. 2015

Registered No. 36

FULL NAME OF CHILD David Francis Shaver

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 14, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jay F. Shaver	Frances Gibson
RESIDENCE	Rupert, Ida.	Rupert, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Kansas	Nebraska
OCCUPATION	Real estate	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 6 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Scott M.D.

Rupert, Ida.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

____, 19____

Address ____

Filed July 9, 1912 V. R. Killam

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4/29/41

493 [redacted] 035-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 6653

No. 9th & 7-1st St.

Primary Registration District No. 1009 Registered No. 108

Hospital

FULL NAME OF CHILD Elizabeth L. Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	3rd	yes	June 2, 1912

	FATHER	MOTHER
FULL NAME	Jerry Miller	FULL MAIDEN NAME Mathilda Wilson
RESIDENCE	Nez Perce Ida	RESIDENCE Nez Perce Ida
COLOR	Wht	COLOR Wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years) 29
BIRTHPLACE	Missouri	BIRTHPLACE Idaho
OCCUPATION	Blacksmith	OCCUPATION Blacksmith

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 145 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Carson

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

K....., 19.....

Filed 7-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 7 1943

691-210-035-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Jefferson

City of Gifford Idaho, Registration District No. 216 File No. 6655

No. ____, ____ St.

Primary Registration District No. 2514 Registered No. 110

Hospital ____

FULL NAME OF CHILD McNamee, Sylvia Frazier

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fire	Single (To be answered only in event of plural births)	4	yes	June 10th, 1912

FATHER		MOTHER	
FULL NAME	Joe Frazier	FULL MAIDEN NAME	Dora Carter
RESIDENCE	Gifford Idaho,	RESIDENCE	Gifford Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho.	BIRTHPLACE	Virginia
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. J. Kennington

Gifford Idaho.

(Physician or Midwife)

Physician & Surgeon.

Address .....

Filed 7-1 1912 E. E. Watts Registrar

7-10-1912 L. J. Perkins

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

3 3 114 035-314

PLACE OF BIRTH

County of Nezperce

City of Gifford Idaho

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 6656

Primary Registration District No. 2074 Registered No. 171

FULL NAME OF CHILD [redacted] Walter Elvin Talbott

Sex of Child	Twin, Triplet, or other	Number in order of birth	Legitimate?	Date of birth
Male	Single	One	yes	June 14, 1912.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Talbott	FULL MAIDEN NAME	Myrtle Campbell
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27 yrs.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Washington	BIRTHPLACE	Washington.
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 3 30p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington

Physician Surgeon

(Physician or Midwife)

Address Gifford - Idaho

Given names added from a supplemental report

____, 19____

Filed 7-1 1912 E E Watts

7-10 1912 - L J Perkins

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-218-035-154

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital St Josephs

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 6657

Primary Registration District No. 1007

Registered No. 112

FULL NAME OF CHILD Mary M Blaker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		4th	yes	6 Feb 1912

	FATHER	MOTHER
FULL NAME	P H Blaker	FULL MAIDEN NAME Grace M Anderson
RESIDENCE	Grangeville Idaho	RESIDENCE Grangeville Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE U. S.
OCCUPATION	Banker	OCCUPATION housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Hurlburt

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address

....., 19.....

Filed 7-10 1912 E. J. Perkins

Registrar

S-Y CO., 16670

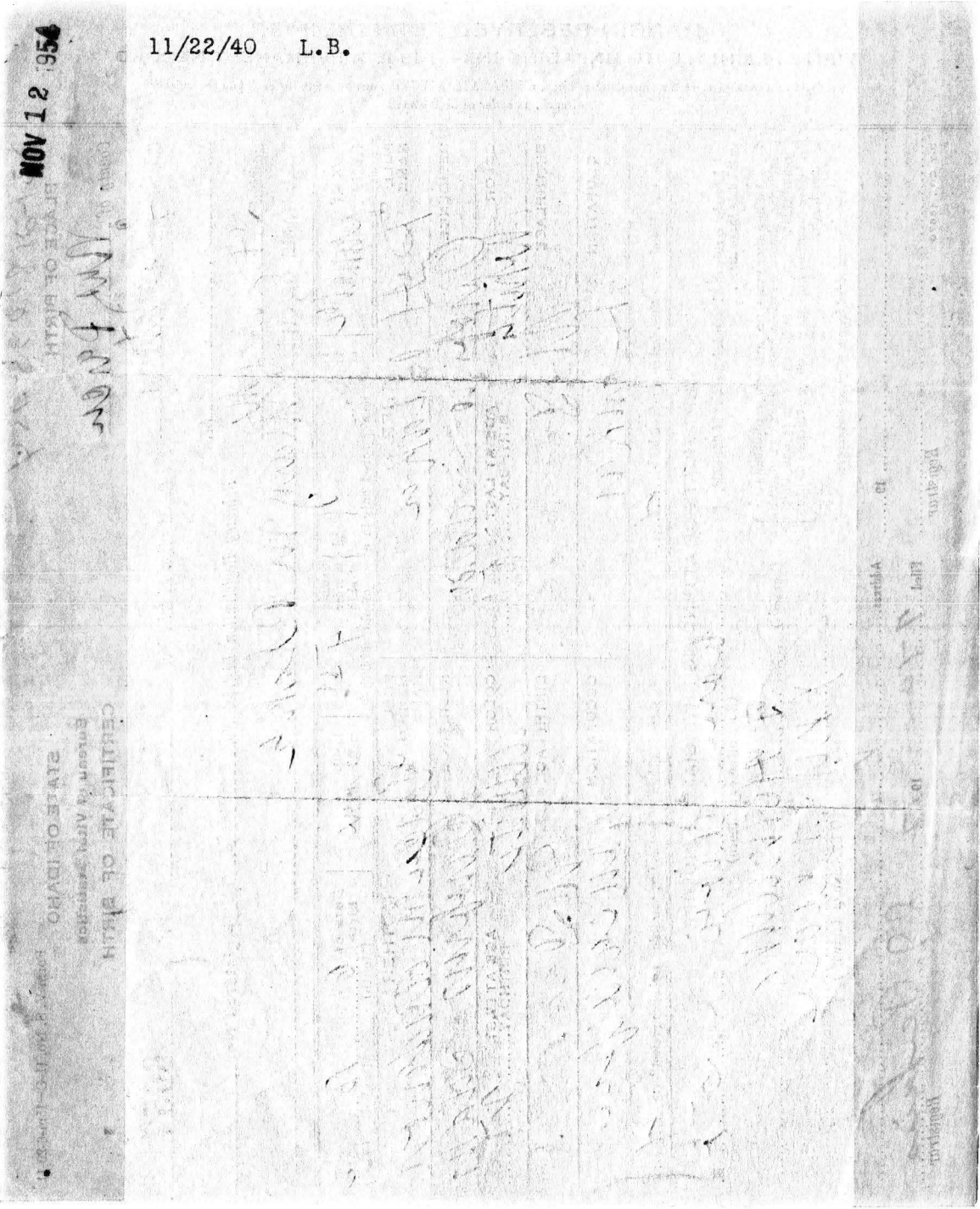
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

11/22/40 L.B.



291-220-035-758

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Registration District No. 16 File No. 6658

No. ____, ____ St.

Primary Registration District No. 1009 Registered No. 113

Hospital No

FULL NAME OF CHILD Hazel Bulean Bradley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 20th 1912

FATHER		MOTHER	
FULL NAME	Lee R Bradley	FULL MAIDEN NAME	Lucile Gehrke
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Glendale Oregon	COLOR	White
OCCUPATION	Band Saw Gyer	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Blue Earth Minn
		OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 8— P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A T Peterson MD

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-10 1912 S J Watkins

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 3 1971

Amended 7/17/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6659
Local Reg. No.
Reg. Dist. No. 16

719422-035-345

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spaulding

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Spaulding

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Earl

b. (Middle): Mauresse

c. (Last): Parkins

4. SEX: M

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH — (Month) June (Day) 22, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Linn

b. (Middle):

c. (Last): Parkins

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Merchant

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Pearl

b. (Middle):

c. (Last): Cunningham

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Missouri

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John N. Alley

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lapwai, Idaho

20. DATE SIGNED: Juen25, 1912

21. DATE REC'D BY LOCAL REG.: 7-10-12

22. REGISTRAR'S SIGNATURE: L. J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
TAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Spalding

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 16 — File No. **6659**

No. ____, ____ St.

Primary Registration District No. 2117 — Registered No. 114

Hospital ____

FULL NAME OF CHILD Millford Parkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Son	—	7	yes	June 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Linn Parkins	Pearl Cunningham
RESIDENCE	Spalding	Spalding
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Kan	Neb
OCCUPATION	Merchant	House wife

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (alive) Millford Parkins at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley
Physician
(Physician or Midwife)

Address Payson, Ida.

Given names added from a supplemental report

June 25, 1912
John N. Alley
Registrar

Filed 7-10 1912 L J Perkins
Registrar

S/Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 22 1968

JUL 17 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 9 1969
Bureau of Vital Statistics

State of IDAHO } ss.
County of NEZ PERCE

Certificate No. 6659

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Millford Parkins (Name on Original Certificate) who was born (Was Born or Died) on June 22, 1912 (Date of Event)
in Spaulding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ATTACHED DOCUMENTS (Bible Record, Insurance Policy, Etc.) prepared on VARIOUS DATES (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Millford Parkins	Earl Mauresse Parkins

Subscribed and sworn to before me this 24th day of January, 1969
Ethel Louise Robertson
Notary Public, residing at Culdesac
My commission expires April 14, 1969
(Seal)

Signed Greeta Parkins Paris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Culdesac, Idaho
(Street Address, City, State) (Older sister)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1969
Ethel Louise Robertson
Notary Public, residing at Culdesac
My commission expires April 14, 1969
(Seal)

Signed Iris Brundage Anderson
(Signature of Any Credible Person)
Box 275 Lapwai, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 12-21-68. nm

Armed Services Notice of Classification gives namea as Earl Mauresse Parkins Dated 5-10-45. Viewed by V. S.

Premium Receipt from Sun Life Assurance Company of Canada gives name as Earl Mauresse Parkins . Dated Feb. 15, 1949. Viewed by V. S.

296-222-035-555

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Jefferson

City of Gifford Idaho, Registration District No. 16 File No. 6660

No. ____ St. Primary Registration District No. 2074 Registered No. 116

Hospital ____

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	Two	Yes	June 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Brownell	Winnie Reeves
RESIDENCE	Gifford Ida. No 1, R F D.	Gifford Idaho R F D No 1.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Michigan	Washington
OCCUPATION	Engineer	Home Wife

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M. D.

(Physician or Midwife)

Address Gifford Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-1 1912 E. E. Watts Registrar

7-10-1912 L. J. Parker

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

318-24.035-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Sweet Water

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

Primary Registration District No. 2117

File No. 6661

Registered No. 116

FULL NAME OF CHILD Clyde Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		7	yes	6 24 1912

FATHER		MOTHER	
FULL NAME	Amos Taylor	FULL MAIDEN NAME	Lena Steinfield
RESIDENCE	Sweet Water	RESIDENCE	Sweet Water
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Clyde Taylor (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Alley

Physician

(Physician or Midwife)

Address Lafferson Idaho

Given names added from a supplemental report

June 25, 1912

John M Alley

Registrar

Filed 7-10 1912 L. J. Perkins

Registrar

BY CO., 16670

495-12-035-789

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital St Josephs

FULL NAME OF CHILD Phillip Edward Duncan

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 6662

Primary Registration District No. 1009

Registered No. 117

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	6 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh B Duncan	Emma R Phillips
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	U S	U S
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was was alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Hurlburt

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7-10 1912 D. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

995.125 (035-235

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 6663

Primary Registration District No. 1009 Registered No. 118

FULL NAME OF CHILD Richard Verne Ruland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			yes	June 25 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Roy L. Ruland	FULL MAIDEN NAME: Bessie Stevens
RESIDENCE: Lewiston	RESIDENCE: Lewiston
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Ohio
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Paul W. Johnson

Physician

(Physician or Midwife)

Address Clarkston, Washington

Filed 7-10 1912 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—1M-8-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

46-63

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lewiston
Street and House No.
County Nez Perce

Registered Number 118
Registration District No. 16

Sex of Child Male

Date of Birth, June (Month) 25 (Day) 191- (Year)

Full Name Father Roy L. Rinard

Full Maiden Name Mother Bessie Steven

I HEREBY CERTIFY that the child described herein has been named:

Richard Verne Rinard
(Given name in full) (Surname)

as reported by R. L. Rinard
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JAN 23 1961

MAR 11 1974

967-126-035-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lenore

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 — File No. 6664

Primary Registration District No. 2073 — Registered No. 117

FULL NAME OF CHILD Arelue Hughes Rogers

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	June 26 1912

FATHER		MOTHER	
FULL NAME	Ernest Hugh Rogers	FULL MAIDEN NAME	Kate Johnston
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or [illegible]), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Jul Johnston

Midwife

(Physician or Midwife)

Address Asotin Idaho

Given names added from a supplemental report

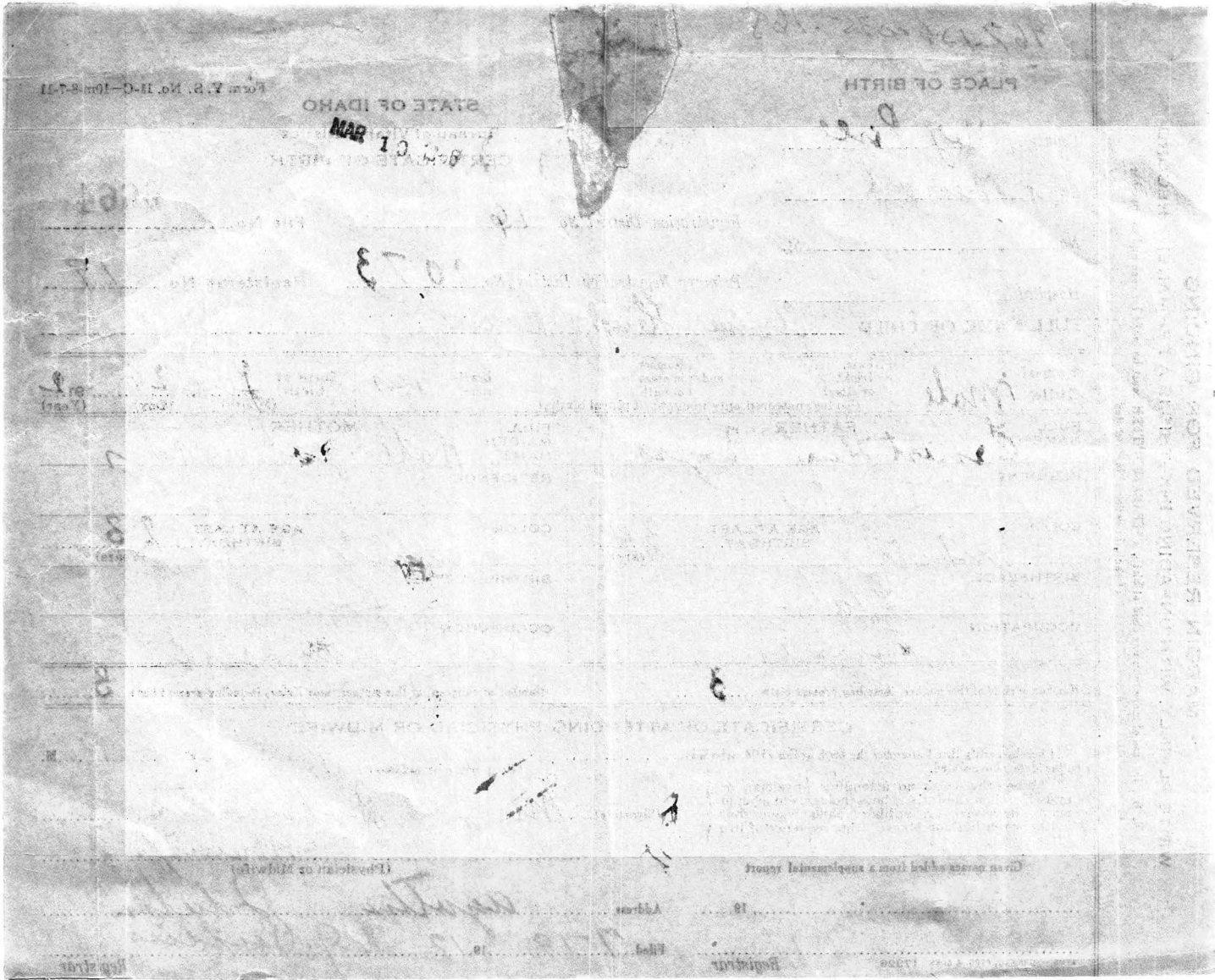
____, 19____

Filed 7-10 1912 D. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326



294-126-035-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No ....., ... St.

Hospital .....

Registration District No 16 File No. 6665

Primary Registration District No. 1009 Registered No. 120

FULL NAME OF CHILD HAROLD Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	June 26, 1912

FATHER		MOTHER	
FULL NAME	George Edward Simpson	FULL MAIDEN NAME	Lucy Stevens
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Physician

(Physician or Midwife)

Address Clarkston Wash

Given names added from a supplemental report

....., 19.....

Filed 7-10 1912 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 9 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lewis } ss.

Certificate No. 6665

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ralph E.	Harold Simpson

Subscribed and sworn to before me this 21
day of July, 1942

Signed Leeo M. Simpson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

Notary Public, residing at Hansen Idaho

My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

JUL 23 1942

JUL 9 1970

JUL 2 4 1942

419-127035-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Myrtle

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 6666

Primary Registration District No. 2074 Registered No. 121

FULL NAME OF CHILD EARL WALTER DARRAH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	O		Yes	6, 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Darrah	Cora Stevens
RESIDENCE	Montana	Mont
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Kans	Ida
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E. Watts

Clifford Idle (Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-27 1912 E.E. Watts Registrar

7-10-1912-L.J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT REC(

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 19

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6666

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Mystic
Street and House No.
County Nez Perce

Registered Number 121
Registration District No. 16

Sex of Child Male

Date of Birth, 6 (Month) — 27 (Day) 1912 (Year)

	Father	Mother
Full Name	Hoke Darrah	
Full Maiden Name		Dora Stevens

I HEREBY CERTIFY that the child described herein has been named:

Earl Walter Darrah
(Given name in full) (Surname)

as reported by Mrs Dora Darrah
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

234229.035-259

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ney Perce

City of Webb

Registration District No. 16 File No. 6667

No. ____, ____ St.

Primary Registration District No. 217 Registered No. 122

Hospital ____

FULL NAME OF CHILD Dooley Elezabelle Studer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Three	yes	6, 29, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leon Studer	Jessie M Berber
RESIDENCE	Webb	Webb
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Iowa	Minn.
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dooley Elezabelle Studer at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John M. Alley

Physician

(Physician or Midwife)

Address Lapwai Ida.

John M. Alley, 19....

Registrar

Filed 7-10 19.12 D. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of South Dakota } ss.
County of Roberts }

Certificate No. 6667
Date Filed APR 1 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Dorothy Elizabeth Studer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 29, 1912 (DATE OF EVENT)
in Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 29, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Birthdate	June 29, 1912	June 29, 1912
name of mother	Lucy Rowen	Jessie S. Barber
birthplace of mother	Mich.	Minnesota
birthplace of father	Kan.	Iowa

Subscribed and sworn to before me this 14th day of April, 19 42

Charles H. Jones.
Notary Public, residing at Sisseton, S. Dak.
My commission expires Dec. 3, 1942.
(SEAL)

Signed Louis Studer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Sisseton, South Dakota
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of South Dakota } ss.
County of Roberts }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

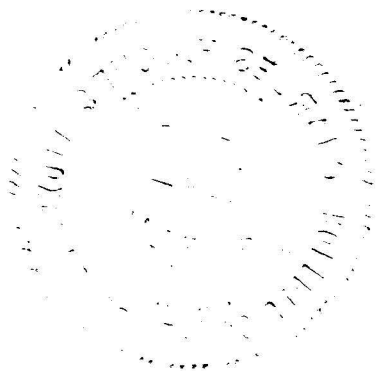
Subscribed and sworn to before me this 14th day of April, 19 42

Charles H. Jones.
Notary Public, residing at Sisseton, S. Dak.
My commission expires Dec. 3, 1942.
(SEAL)

Signed Jessie S. Studer.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Sisseton, South Dakota
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 0 1942



239-228-035-555

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Juliaetta

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 6668

Primary Registration District No. 2076 Registered No. 123

FULL NAME OF CHILD Grace Inez Stinsma

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. J. Stinsma.	Virgie Inary Neel.
RESIDENCE	Juliaetta Ida.	Juliaetta Ida
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Wayne Co Nebraska	Sullivan Co Tenn.
OCCUPATION	Farmer.	Housework.

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5—15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Chas. H. Hoskin

(Physician or midwife)

Address Agatha Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-10 1912 S. J. Perkins

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912 D65-300

458-121-035-818

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 6669

Primary Registration District No. 2074 Registered No. 125

FULL NAME OF CHILD Harry Clifford Mehl

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1-21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H Mehl	Lula B Hays
RESIDENCE	Gifford Ida	Gifford Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Kans	Iowa
OCCUPATION	Merchant	house wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Watts M D

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed 7-10 1912 L J Perkins Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-8-41

Form V. S. No. 27B—1M-8-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6669 L

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Gifford
Street and House No.
County Lemhi

Registered Number 125
Registration District No. 16

Sex of Child male

Date of Birth, Jan (Month) 21 (Day) 1912 (Year)

Full Name of Father: John H. Mehl

Full Maiden Name of Mother: Lula B Hays

I HEREBY CERTIFY that the child described herein has been named:

Harry Clifford Mehl.
(Given name in full) (Surname)

as reported by J. H. Mehl
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

343.120 035-369

PLACE OF BIRTH

Amended Aug. 19, 1955

County of Nez Perce

City of near Summit

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 6670

Primary Registration District No. 2074 Registered No. 124

FULL NAME OF CHILD BERTLE CULBERTSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M			Yes	Jan. 20 (Month) (Day) 1912 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	A. M. Culbertson	FULL MAIDEN NAME	Etta Cornwall
RESIDENCE	Summit	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Douglas, M.D.

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7-10 1912 L. J. Perkins Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Alex Pence

City or near Summit

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6670

Registration District No. 16 File No. .....

Primary Registration District No. 2074 Registered No. 124

FULL NAME OF CHILD Burtil Culbertson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Jan. 20, 1912

FATHER		MOTHER	
FULL NAME	A. M. Culbertson	FULL MAIDEN NAME	Ella Carnwall
RESIDENCE	Summit	RESIDENCE	Same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Douglass M.D.

Gifford Ida.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

..... Registrar

Address .....

Filed Jan 10 1912 L. J. Carlson Registrar

S-Y CO., 16670

AUG 22 1955

RECEIVED
AUG 5 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 6670

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Burtil Culbertson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 20, 1912 (Date of Event)
in Nez Perce County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Premium (Bible Record, Insurance Policy, Etc.) taken out some years ago prepared on Jan. 22 - 1913 (Give Date), are:
Viewed by D.V. of Vital Stat.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First name of child	Burtil (See Below)	Bertle

Subscribed and sworn to before me this 2 day of August, 19 55

E O Fenton

Notary Public, residing at Seattle

My commission expires May 29, 1956

(Seal)

Signed XEtta Culbertson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2 Hillsboro, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of August, 1955

E O Fenton

Notary Public, residing at Seattle

My commission expires May 29, 1956

(Seal)

Signed James L Culbertson
(Signature of Any Credible Person)

9363-46th S.W.
(Street Address, City, State)

Seattle, Wash

DPH 52-155

1 Copy Pd Other documents are Marriage License-Feb. 6, 1934 Service Enrollment-May 21, 1945

743-230 253

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6671

County of Bannock

City of Pocatello

No 1242 N. 3rd Ave. St.

Registration District No 19 File No.

Primary Registration District No. 1002 Registered No. 118

Hospital

FULL NAME OF CHILD Ester Fern Guthrie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	1	Yes	June 30th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford Guthrie	Lena Kelley
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Lincoln, Neb.	Indian Territory
OCCUPATION	Teamster - Ida. Wholesale Grocery	H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) June 30th 1912, at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

Dr.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-3 1912 Earl D Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 19 1959

864-229-003-254

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 245 So. Grant St.

Hospital home

Registration District No. 19 File No. 6672

Primary Registration District No. 1009 Registered No. 117

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 29, 1912

FATHER		MOTHER	
FULL NAME	Charles Georg Houseman	FULL MAIDEN NAME	Annie Mars Keding
RESIDENCE	245 So. Grant	RESIDENCE	245 So. Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	common labor	OCCUPATION	housekeeping

Number of child of this mother, including present birth three

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Birch

Midwife (Physician or Midwife)

Address 905 So. Main St

Given names added from a supplemental report

....., 19.....

Filed 6-20 1912 Earl D. Jones Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-28-1003-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 936 E. Center St.

Registration District No 19 File No. 6673

Primary Registration District No. 1002 Registered No. 116

Hospital

FULL NAME OF CHILD Helen Marjorie Burnside

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 28" 1912

FATHER		MOTHER	
FULL NAME	Donald D Burnside	FULL MAIDEN NAME	Callie J. Gray
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Shoshone Idaho	BIRTHPLACE	Gunnison, Colo.
OCCUPATION	Real Estate & Insurance	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive June 28/12, at 1:33 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Castle Dr.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-29 1912 Earl D Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

219-225-007-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 636 S. 4th Ave. St.

Registration District No 19 File No. 6674

Primary Registration District No. 1002 Registered No. 115

Hospital

FULL NAME OF CHILD Agnes Muriel Barons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	1	Yes	June 25th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Phyllis Bason	Marguerite Long.
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	17
BIRTHPLACE	Canada	Cheyenne Wyo.
OCCUPATION	Brakeman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive June 25/12, at 2:57 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Castle

Dr.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-29 1912 Earl D Jones Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826 Registrar

392-122-003-135

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19

File No. 6675

No. 752 S. 2nd Av.

Primary Registration District No. 1002

Registered No. 113

Hospital

FULL NAME OF CHILD — — Fish

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	June 22, 1912

	FATHER	MOTHER
FULL NAME	Jesse Allan Fish	FULL MAIDEN NAME Leah Elnora Alvord
RESIDENCE	Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years) 25
BIRTHPLACE	Kopt River Idaho	BIRTHPLACE Park City, Utah.
OCCUPATION	Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 3rd

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ at 7.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Howard M.D.

(Physician or ~~Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-3 1912 Earl D. Lanes

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 17 1993

713.221.003-162

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 626 N 4th St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19 File No. 6676

Primary Registration District No. 1002 Registered No. 112

FULL NAME OF CHILD Christina Mary Gales

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	June 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mike Gales	Rebecca Joseph
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	34
BIRTHPLACE	St. Daniel Italy	North Wales England
OCCUPATION	Coal Contractor	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 11.25 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Howard M D

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 7-3 1912 Earl D Lanes

Registrar

S-Y CO., 16670

9.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 8 1971

84-121-003-319

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 744 S. 2nd Ave

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19

File No. 6677

Primary Registration District No. 1002

Registered No. 111

FULL NAME OF CHILD — — Hadley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	June 21, 1912

FATHER		MOTHER	
FULL NAME	Ether R. Hadley	FULL MAIDEN NAME	Laney Carlson
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Swan Lake Idaho	BIRTHPLACE	Clifton Idaho.
OCCUPATION	Car Inspector	OCCUPATION	Hswf.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or ~~Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-3 1912. Earl D. Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-77612

639-191003-639

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 310 No -10th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 6678

Primary Registration District No. 1007 Registered No. 110

FULL NAME OF CHILD Catherine Mary Flint

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	June 17 1912

	FATHER	MOTHER
FULL NAME	George Martin Flint	Hilda May Flint
RESIDENCE	Pocatello Idaho	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Salt Lake City	Denmark
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. K. Roberts M.D.

Physician

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-24 1912 Earl D. Ward

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

FEB 4 1974

[redacted] IDAHO

Form V. S. No. 11-C—15m-6-26-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 231 S Main St.

Hospital —

Registration District No. 19 — File No. 6679

Primary Registration District No. 1002 — Registered No. 109

FULL NAME OF CHILD — — Bailey Edgar Farrell

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		1	Yes	June (Month) 19 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar F Bailey	FULL MAIDEN NAME	Katherine Farrell
RESIDENCE	Laramie Wyoming	RESIDENCE	Laramie Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Augusta Maine	BIRTHPLACE	Phillipsburg Kansas
OCCUPATION	Stock raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 1.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-3 1912 Earl D Jones
a.
Registrar

S-Y CO., 16670

FEB 14 1957

Jan. 11, 1941/ EA

662-11971003-V69

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 840, S. Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 6680

Primary Registration District No. 1002 Registered No. 108

FULL NAME OF CHILD Gerald Arthur Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	June 19, 1912

FATHER		MOTHER	
FULL NAME	Jacob Arthur Foster	FULL MAIDEN NAME	Anna Morgan
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	~~Nebraska~~ Iowa	BIRTHPLACE	West Virginia
OCCUPATION	Carpenter	OCCUPATION	Domestic

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 6:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

(Physician or Midwife)

Address Inkom Ida,

Given names added from a supplemental report

....., 19.....

Filed 6-25 1912 Earl D. Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

FEB 19 1971

NOV 24 1943

296-219-0003-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 851 N., Arthur St.

Hospital

Registration District No. 19 File No. 6681

Primary Registration District No. 1002 Registered No. 107

FULL NAME OF CHILD Helen Lucile Brookhart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female	—	—	—	Yes	June 19th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Newton D. Brookhart	FULL MAIDEN NAME	Bessie E. Brewster
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Memphis. Mo.	BIRTHPLACE	Selma Iowa
OCCUPATION	Bridge & Building Dept O.S.L. Railway	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) June 19th 1912 at 1:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

Physician

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 6—22 1912 Earl J. Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 10 1943

296-218-603-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 325 E. Carlo St.

Hospital —

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 6682

Primary Registration District No. 1002 Registered No. 106

FULL NAME OF CHILD Venda Clara Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	June 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George William Brown	Clara Woolsey
RESIDENCE	St. Anthony Idaho	St. Anthony Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Payson Utah	Lemington, Utah
OCCUPATION	Rancher	Home

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 9:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., '19.....

Address .....

Filed 7-3 1912 Earl D. Jones a.

S-Y CO., 16670 Registrar

Registrar

APR 8 1976

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

RECEIVED BUREAU OF VITAL STATISTICS 9 59 AM '43

Certificate No. 6682

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for Venda Clara Brown (Name on Original Certificate) who born (Was Born or Died) on June 18-1912. (Date of Event)
in Pocatello, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on July 2nd, 1912. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	- - Brown	Venda Clara Brown

Subscribed and sworn to before me this 12
day of April, 1943.
Notary Public, residing at Rigby, Idaho
My commission expires Nov. 9th, 1946.
(Seal)

Signed George Wellington Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rigby, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 12th
day of April, 1943.
Notary Public, residing at Rigby, Idaho.
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)
Rigby, Idaho.
(Street Address, City, State)

4-8-76

Patriarchial Blessing for Venda Clara Castleberry dated April 22, 1958 by Byron C. Peacock. daughter of William Borwn and Clara Jean Woolsey. - born June 18, 1912. viewed by V. S.

MAY 4 1976

Certificat of Baptism and Confirmation from the LDS Church gives nameas Venda Clara Brown daughter of G. William Brown and Clara J. Woolsen. Born June 18, 1912 at Pocatello, Idaho. . Baptized Aug 17, 1924. vie ed by V. S.

849.11.1003-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 407, Center St.

Hospital

Form V. S. No. 11-C—10m-8-7-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 6683

Primary Registration District No. 1002 Registered No. 105

FULL NAME OF CHILD John Francis Quinn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		✓	Yes	June 17, 1912

FATHER		MOTHER	
FULL NAME	John Arthur Quinn	FULL MAIDEN NAME	Josie Carey Quinn
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Pocatello	BIRTHPLACE	Green River Wyo.
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. Roberts M.D.

Physician

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-24 1912 Earl D. Davis

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JAN 14 1942

319.213.003-289

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ——, ——— St.

Hospital General

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19 File No. 6684

Primary Registration District No. 1092 Registered No. 104

FULL NAME OF CHILD Jane LaRue

Sex of Child Female | Twin, Triplet, or other? — | Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June (Month) 13 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Frank J. LaRue	FULL MAIDEN NAME Lucille Shilling
RESIDENCE Rupert, Idaho	RESIDENCE Rupert, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Corning Iowa	BIRTHPLACE Ogden Utah
OCCUPATION Hardware Lumber	OCCUPATION Asst

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-17 1912 Earl D. Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 7 1944

867-112-6003-819

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19

File No. 6685

No. 905 S. 3rd Ave

Primary Registration District No. 1902

Registered No. 103

Hospital —

FULL NAME OF CHILD Robert Howard Hopkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	June 12, 1912

FATHER		MOTHER	
FULL NAME	Robert F. Hopkins	FULL MAIDEN NAME	Maude Harrison
RESIDENCE	905 S. 3rd Ave, Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Rockingham Co, N C	BIRTHPLACE	Rockingham Co, N C
OCCUPATION	Confectioner (Ice cream)	OCCUPATION	Howf

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 11 28 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 6-17 1912 Earl D. Jones

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 8-31

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

613-112-003-553

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1150 N Harrison Ave

Hospital ~

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19

File No. 6686

Primary Registration District No. 1002

Registered No. 102

FULL NAME OF CHILD Albert Floyd Waldraun

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	~	~	Yes	June 12, 1912

FATHER	MOTHER
FULL NAME: Albert W. Waldraun	FULL MAIDEN NAME: May Stella Nelson
RESIDENCE: 1150 N Harrison Ave Pocatello Ida	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Rexburg Idaho	BIRTHPLACE: Blackfoot, Idaho
OCCUPATION: Driver (Grocery)	OCCUPATION: None

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 2 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard M.D.

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6-17 1912 Earl D Jones
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 3 1974

155-111-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 1054 N. Main St.
Hospital Home

Registration District No. 19
File No. 6687
Primary Registration District No. 1002
Registered No. 101

FULL NAME OF CHILD George Leonard Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jargen G. Jensen	Agnes Jensen
RESIDENCE	1054 N. Main St	1054 N. Main St.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Common labor	housekeeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
midwife (Physician or Midwife)
Address 905 So. Main St

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-20 1912 Earl D. Jones
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 5687

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	George Leonard Jensen

Subscribed and sworn to before me this 18
day of May, 1942

Notary Public, residing at Preston Ida

My commission expires May 1 - 1945
(Seal)

Signed Agnes J Jensen Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Mother)

Dayton Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 May
day of May, 1942

Notary Public, residing at Preston Ida

My commission expires May 1 - 1945
(Seal)

Signed La Rue Anderson
(Signature of Any Credible Person Other Than Previous Year)

Preston Ida
(Street Address, City, State)

MAY 21 1942

AUG 10 1966

MAY 25 1942

699-210-003-523

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 628 S Arthur St.

Registration District No. 19 File No. 6688

Primary Registration District No. 1002 Registered No. 100

Hospital —

FULL NAME OF CHILD Norma Viola Fridenstine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	June 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert E. Fridenstine	Cora H. Esler
RESIDENCE	628 S. Arthur Ave Pocatello Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Antwerp Ohio	Oskaloosa Kansas.
OCCUPATION	Music Dealer.	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 5-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard MD

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 6-17 1912 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

636-205-003-231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 224 S 8th Ave

Registration District No. 19

File No. 6689

Primary Registration District No. 1002

Registered No. 99

Hospital —

FULL NAME OF CHILD Helen Mary O'Connell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	—	Yes	June (Month) 5 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James D O'Connell	FULL MAIDEN NAME	Sadie Stark
RESIDENCE	224 S. 8th Ave Pocatello Idaho	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Blue Earth Minn.	COLOR	White
OCCUPATION	Conductor	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Denver Colorado.
		OCCUPATION	

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed 6-17 1912 Earl D Jones
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 0 1967

168-101:007-816

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 552 E. Clark St.

Hospital home

Registration District No. 19 File No. 6690

Primary Registration District No. 1007 Registered No. 93

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 1, 1912

FATHER		MOTHER	
FULL NAME	James Johnson	FULL MAIDEN NAME	Ella Alice Hawkley
RESIDENCE	552 E. Clark	RESIDENCE	552 E. Clark
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

midwife (Physician or Midwife)

Address 705 So. Main St

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6-20 1912 Earl D. Ames
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

286-106-032 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

No —, —St.

Hospital —

Registration District No 5-H

Primary Registration District No 2018

File No. 6691

Registered No. 101

FULL NAME OF CHILD Earl B. Shook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		6	yes	5 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard M Shook	Ethel Baldwin
RESIDENCE	Wendell	Wendell
COLOR	W	W
AGE AT LAST BIRTHDAY	40 (Years)	32 (Years)
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H E Lamb

Physician

(Physician or Midwife)

Address Wendell, Idaho

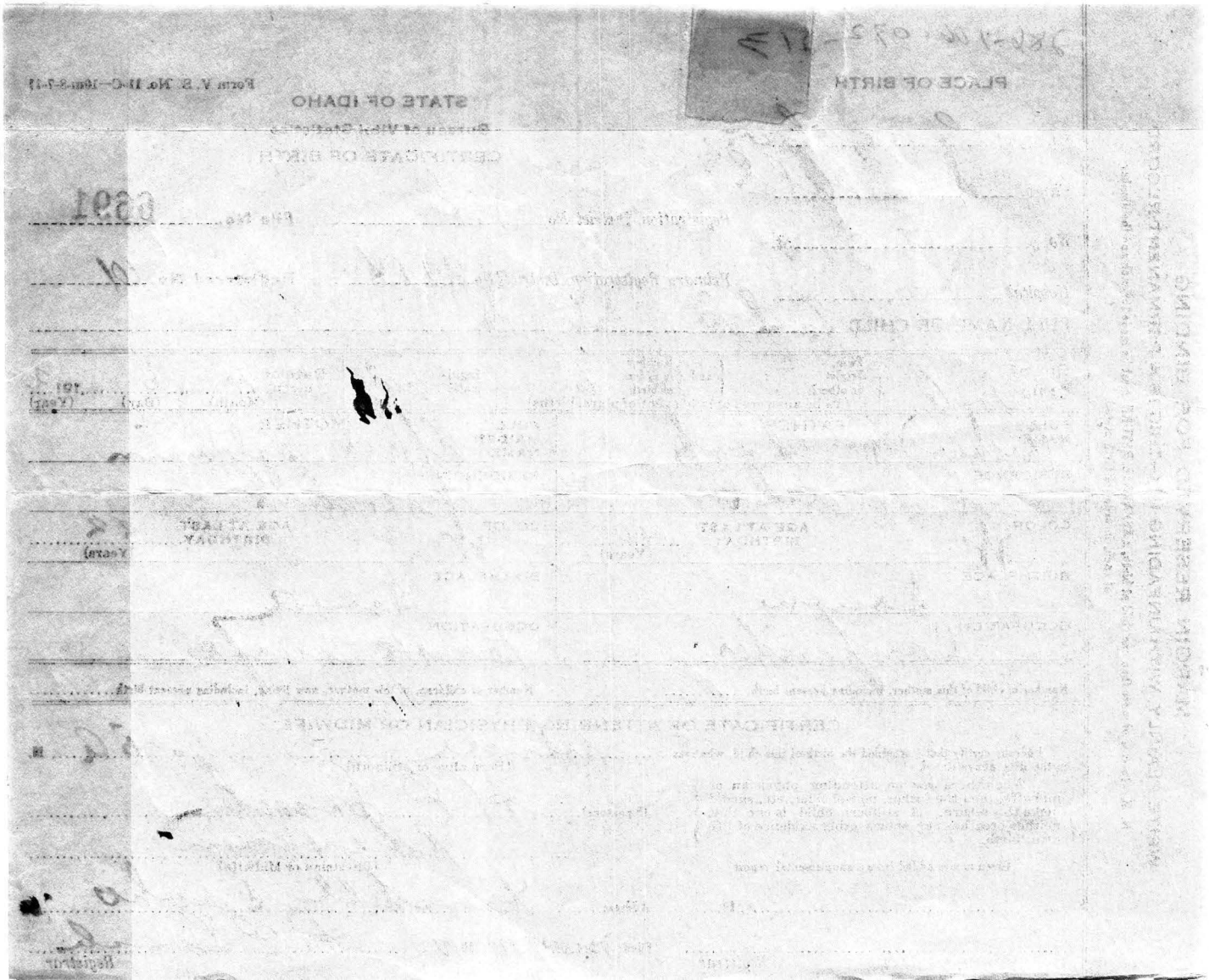
Filed May 10 1912 H E Lamb
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



154-228-032-812

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hendell

Registration District No. 5th

File No. 6692

No. —, St.

Primary Registration District No. 2018

Registered No. 703

Hospital —

FULL NAME OF CHILD Boyne Alva Anderson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	2	yes	April 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	La Anderson	Eva Hastings
RESIDENCE	Hendell	Hendell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	22
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician

(Physician or Midwife)

Address Hendell

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 5 1912 H. E. Lamb

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-108072-243

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. —, —St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6693

Primary Registration District No. 2018 Registered No. 104

FULL NAME OF CHILD Joshua Dale Barrett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		5	yes	5 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward P. Barrett	Cora M Butts
RESIDENCE	Wendell	Wendell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	49	42
BIRTHPLACE	Penn	Kan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or Midwife)

Address Wendell

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 9 1912 H E Lamb
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/29/41 L. B.

693-125 : 632-242

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. —, —St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6th File No. 6694

Primary Registration District No. 2018 Registered No. 109

FULL NAME OF CHILD Baby Chris Wilson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			Yes.	3 — 25 — 1912

FATHER		MOTHER	
FULL NAME	James Wilson	FULL MAIDEN NAME	Lillie Bubb
RESIDENCE	Wendell.	RESIDENCE	Wendell.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Marysville Ark.	BIRTHPLACE	Salisbury Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Culbertson M. D.

(Physician or Midwife)

Given names added from a supplemental report

April 9, 1912 Address Wendell Idaho

H. E. Lamb Registrar

Filed April 9 1912 H. E. Lamb Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 31, 1940. E.W.

53-4112032-354

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hendell

Registration District No. 32

File No. 6695

No. —, — St.

Primary Registration District No. 2018

Registered No. 110

Hospital —

FULL NAME OF CHILD Arthur Lemuel Eldridge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	6 12 1912

	FATHER	MOTHER
FULL NAME	Arthur W Eldridge	Fanny Lemuel
RESIDENCE	Hendell Idaho	Hendell, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	48 (Years)	32 (Years)
BIRTHPLACE	Ill	Ill
OCCUPATION	Shoemaker	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

(Signature) F C Lamb

Physician

(Physician or Midwife)

Address Hendell Idaho

Filed June 17 1912 F C Lamb

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

393-221-032-419

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Registration District No. 3

File No. 6696

Primary Registration District No. 2017

Registered No. 99

Hospital ____

FULL NAME OF CHILD Mary Aldrian Tillman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes	May 24, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis a Tillman	Aldrian Marshall (Aldrin)
RESIDENCE	Jerome	Jerome
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	42	29
BIRTHPLACE	Penn.	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Piper M.D.

(Physician or ~~Midwife~~)

Address Jerome Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 1 19 12 E. D. Piper
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 21 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6696

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary ~~Alvin~~ ALDRIAN,	Mary [redacted] Tillman ALDRIAN.

Subscribed and sworn to before me this 29th day of August 1942.

William G. Comstock Jr.
~~Notary Public~~, residing at Probate Judge & Ex-Offico Cler

My commission expires .....
(Seal)

Signed Aldriann Tillman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

K

SEP 2 1942

142-127:032-544

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 5

File No. 6697

Primary Registration District No. 2017

Registered No. 98

Hospital ..... Kermit Roosevelt

FULL NAME OF CHILD ~~Baby~~ Ambrose

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X	X	Yes	May 27, 1912

FATHER		MOTHER	
FULL NAME	Delon H. Ambrose	FULL MAIDEN NAME	Mary Eddy
RESIDENCE	7 mi N W of Jerome	RESIDENCE	7 mi. N. W. Jerome
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Piper M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 1 19 12 E. D. Piper

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued 2-18-1941. dp

JUL 1 1974

NOV 16 1943

614-110-032-285

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6698

Primary Registration District No. 2017 Registered No. 97

FULL NAME OF CHILD John Carroll Faucher Jr.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X (To be answered only in event of plural births)		X	Yes	May 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Carroll Faucher	May Sheffard
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Hardware Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Pfau M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 1 1912

E. D. Pfau
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 10 1942

449-205032-814

PLACE OF BIRTH
Amended 9-7-76

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6699

Primary Registration District No. 2017 Registered No. 96

Ida May Murphy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	May 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin D Murphy	Marguerite Hadley
RESIDENCE	Jerome	Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	W. Virginia	Utah
OCCUPATION	Foreman O. S. Railroad	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Piper M. D.
(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19....

Filed June 1 1912 E. D. Piper
Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 8 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Davis } ss.

RECEIVED
BUREAU OF
VITAL STATISTICS
2 33 PM '72

Certificate No. 6699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margarite Murphy (Name on Original Certificate) who was born (Was Born or Died) on May 5, 1911 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Margarite Murphy	Ida May Murphy
Birth date	May 5, 1911	May 5, 1912

Subscribed and sworn to before me this 25th day of July, 1972

Notary Public, residing at Clearfield, Utah
My commission expires 8-19-72
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

79 Center St Clearfield (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of July, 1972

Notary Public, residing at Clearfield, Utah
My commission expires 8-19-72
(Seal)

Signed [signature] (Signature of Any Credible Person)

311 Center St. Clearfield Utah (Street Address, City, State)

FORM DH 60-155

CL 6/28/72

lc

SEP 9 1976

Sister's certificate issued by the state of Idaho, Della Hadley Murphy was born January 5, 1911 in Davis County [redacted] Town of Centerville. Father Martin Murphy and Mother Maggie Jane Hadley [redacted] Copy issued Feb. 2, 1970 by Director of Vital Statistics John E. Brockert, State of Utah.
Viewed by V.S.

Statement regarding church records issued by the L.D.S.Church, Bishop Rondo H. Erickson of the Clearfield Utah 8th Ward, Ida May Murphy was born on May 5, 1912 in Jerome, Idaho to Martin Delbert Murphy and Margaret Jane hadley.
Ida May Murhpy was blessed on March 30, 1913, and Baptized on June 29, 1922 and Confirmed on July 23, 1922. On May 5, 1939, Ida May Murphy married Franklin Fife Terry.
Viewed by V.S.

918-101-032-157

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital

Registration District No. 6 File No. 6700

Primary Registration District No. 207 Registered No. 95

FULL NAME OF CHILD Leon Lloyd Zahn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	May 1, 1912

FATHER		MOTHER	
FULL NAME	William F Zahn	FULL MAIDEN NAME	Libby Anguish
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John F Schmenshall

(Physician or ~~Midwife~~)

Address Jerome, Idaho

Filed June 1, 1912 E. D. Piper Registrar

S-Y CO., 16670

K

DEC 2 0 1972

DECEASED

458-126-032-168

PLACE OF BIRTH

Form V. S. No. 11 — 1...

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone — Registration District No. 5 — File No. 6701

No. ..... St. — Primary Registration District No. 2016 — Registered No. 100

Hospital Home

FULL NAME OF CHILD Baby Meyers TED W.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
M.	other	5	yes	4 / 26 / 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Chas. Meyers	FULL MAIDEN NAME Anna Johnson
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Utah
OCCUPATION Bandsman	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.
(Physician or Midwife)

Address Shoshone, Ida.

Given name added from a supplemental report

....., 19.....

Registrar

Filed April 27, 1912 C. F. Zeller
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 1 1974

APR 2 1 1951

25-1170-2-962

PLACE OF BIRTH

of Lincoln

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

City of Shoshone Registration District No. 5 File No. 6702

No. ____, ____ St.

Primary Registration District No. 2016 Registered No. 102

Hospital OWEN FREDERICK

FULL NAME OF CHILD Baby Keefer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	yes	June 17, 1912

FATHER	MOTHER
FULL NAME Jno. L. Keefer	FULL MAIDEN NAME Elnor J. Robinson
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE California	BIRTHPLACE California
OCCUPATION Asst Cashier Bank	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P. M. on the date above stated.

(Signature) C. F. Zeller M.D.

(Physician ~~or Midwife~~)

Address Shoshone, Ida.

Filed 7/8 19 12 C. F. Zeller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 6702
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Keefer (Name on original certificate) who was born (Was born or died) on June 17th 1912 (Date of event)
in Shoshone, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Keefer	Owen Frederick Keefer

Subscribed and sworn to before me this 14th
day of January, 19 43

Notary Public, residing at Twin Falls, Ida
My commission expires January 28, 1944
[SEAL]

Signed [signature] Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
420 Third Avenue North, Twin Falls,
(Street Address, City, State) Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of January 14" , 19 43

Notary Public, residing at Twin Falls, Idaho
My commission expires July 24, 1943
[SEAL]

Signed [signature]
(Signature of any credible person other than the previous affiant.)
#275 Lincoln Street, Twin Falls,
(Street Address, City, State) Idaho

Received for filing on By
(Registrar's signature)

APR 1 8 1975

JAN 1 9 1947

319-22910 32-753

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. x, x St.

Hospital x

Registration District No. 5 File No. 6703

Primary Registration District No. 7016 Registered No. 108

FULL NAME OF CHILD No Name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	x	x	yes	June 29, 191x

FATHER		MOTHER	
FULL NAME	Salem Carpenter	FULL MAIDEN NAME	Emily Peck
RESIDENCE	Shoshone	RESIDENCE	Shoshone Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kansas	BIRTHPLACE	Soldier Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Baugh M.D.

(Physician ~~or Midwife~~)

Address Shoshone Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 30 1917 C. F. Feller
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Form V. S. No. 11-C Jan-6-20-11

6703

Address

Filed 19

Registrar

Registrar

B-V Co. 15870

154-22/1032-365

PLACE OF BIRTH

County of Lincoln

City of Dietrich

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6704

Primary Registration District No. 2016 Registered No. 116

FULL NAME OF CHILD Mary Andrew

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 21, 1912

FATHER		MOTHER	
FULL NAME	Peter Andrew	FULL MAIDEN NAME	Margaret Loehr
RESIDENCE	Dietrich Ida.	RESIDENCE	Dietrich Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:45 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Lighthall M.D.

Physician

(Physician or Midwife)

Address Dietrich Idaho.

Given names added from a supplemental report

....., 19.....

Filed June 22, 1912 C. F. Feller

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

29-208-032-293

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 6705

Primary Registration District No. 2014 Registered No. 105

FULL NAME OF CHILD Alice Braga

Sex of Child	Twin, Triplet, or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin (To be answered only in event of plural births)	9	yes	May 8, 1912

FATHER		MOTHER	
FULL NAME	Antonio C Braga	FULL MAIDEN NAME	Mary Ann Silva
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Portugal	BIRTHPLACE	Portugal
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was David Alice (Born alive or stillborn) at 8 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Boyd Sweet

Physician

(Physician or Midwife)

Address Gooding Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed May 9th 1912 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

29-208-032293

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6706

Primary Registration District No. 2014 Registered No. 106

FULL NAME OF CHILD Mary Braga

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth
Female	twin	8	yes	May 8, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Antoine C Braga	FULL MAIDEN NAME Mary Ann Sierra
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Portugal	BIRTHPLACE Portugal
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P M. on the date above stated.

(Signature) W Boyd Everett

Physician

(Physician or Midwife)

Address Gooding Ida

Filed May 9th 1912 C. H. Zeller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. H.C.-15m-6-30-11

PLACE OF BIRTH

County of

413-20-032-142

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 6 File No. 6707

No. ____, ____ St.

Primary Registration District No. 2014 Registered No. 107

Hospital ____

FULL NAME OF CHILD Baby Mathis, OPAL JUNE MATHIS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	Single	1	Yes.	6-1-1917.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Mathis.	Pearl Adkins.
RESIDENCE	Gooding.	Gooding.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22.	19.
BIRTHPLACE	Texas.	Nebraska.
OCCUPATION	Farming.	Wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Carey M.D.

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed June 7 1917 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gem } ss.

FEB 10 1942

Certificate No. 6707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Opal June Mathis (Name on Original Certificate) who Born (Was Born or Died) on June 1, 1912 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on June 1, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Mathis	Opal June Mathis

Subscribed and sworn to before me this 9th. day of February, 19 42.

Notary Public, residing at Emmett, Idaho

My commission expires Nov 20-1944
(Seal)

Signed Pearl May Mathis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 955, Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 21 1942

454/30 1032-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5 File No. 6708

No. ....., ... St.

Primary Registration District No. 2014 Registered No. 111

Hospital .....

FULL NAME OF CHILD Richard Bruce Wenning

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	June 30 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ward L. Wenning	FULL MAIDEN NAME Nellie M. Bruce
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White. AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Genoa Nebr.	BIRTHPLACE Denver Colo.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:32 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Boyd Secrest

Physician

(Physician or Midwife)

Address Gooding Ida.

Given names added from a supplemental report

....., 19.....

Filed July 2nd 1912 C. H. Zeller

Registrar

.....

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

295-219-032-219

PLACE OF BIRTH

County of Lincoln

City of Gurley

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6709

Primary Registration District No. 2014 Registered No. 112

FULL NAME OF CHILD Lillian Adelia Kinsey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 19, 1912

FATHER	MOTHER
FULL NAME Ben Lee Kinsey	FULL MAIDEN NAME Minnie Adelia Bain
RESIDENCE Gurley	RESIDENCE Gurley
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Harlan Iowa	BIRTHPLACE Idaho Falls
OCCUPATION Printer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Wm Lloyd Sweet

Physician

(Physician or Midwife)

Address Gurley Idaho

Filed June 20 1912 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

JAN 26 1960

Dup of 1913-283045

523-205-032-345

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6710

Primary Registration District No. 2014 Registered No. 113

FULL NAME OF CHILD Mary Pauline Epler

Sex of Child: Female

Twin, Triplet, or other? Twin and Number in order of birth 4

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth June 5, 1914 (Month) (Day) (Year)

FATHER

FULL NAME: Martin E Epler

RESIDENCE: Gooding

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Elbert Colo

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ella Mary Lundy

RESIDENCE: Gooding

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Elbert Colo

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Boyd Secrest

Physician (Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 6 1914 C. A. Feller

Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 17 1950

APR 11 1950

449-14-032-618

PLACE OF BIRTH

County of Lincoln

City of Goodings

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 6711

Primary Registration District No. 2014 Registered No. 114

FULL NAME OF CHILD Arthur James Murray

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 14, 1912

FATHER		MOTHER	
FULL NAME	Art J. Murray	FULL MAIDEN NAME	Julia Fay
RESIDENCE	Goodings	RESIDENCE	Goodings
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Nebraska
OCCUPATION	Inn-Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or Midwife)

Address Goodings Idaho

Given names added from a supplemental report

..... 19.....

Filed June 15 1912 C. F. Zeller

..... Registrar

S-Y CO., 15670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

395-120-012-285

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln.

City of Goodrey

No. ____, ____ St.

Registration District No. 5

File No. 6712

Primary Registration District No. 2014

Registered No. 115

Hospital ____

FULL NAME OF CHILD Frank Linehens.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M.	Single	1	yes	6 (Month) — 20 (Day) — 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Joe Linehens.	FULL MAIDEN NAME	Mary Shubonky.
RESIDENCE	Goodrey.	RESIDENCE	Goodrey.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Azores.	BIRTHPLACE	Azores.
OCCUPATION	Farmer.	OCCUPATION	H. wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:9, M. on the date above stated.

(Signature) C. Kay M D

Goodrey Idaho

(Physician or Midwife)

Address Goodrey Idaho.

Filed June 22 1912 R. F. Zeller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

165-203-032-136

Amended 3-24-64

(Be sure the information is complete and accurate)

State File No. 6713
Local Reg. No. 117
Reg. Dist. No. 5

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Maxine
b. (Middle): Elizabeth
c. (Last): Jones

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) June (Day) 3, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Almer
b. (Middle): M.
c. (Last): Jones

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Missouri

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Imelda
b. (Middle):
c. (Last): Atwell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. H. Cromwell, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Gooding, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: June 3, 1912

20. REGISTRAR'S SIGNATURE: C. F. Zeller

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

In the district where the birth occurred, file to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of X Indiana } ss.
County of X St. Joseph }

Certificate No. 6713

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Maxine Jones (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1912 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Maxine Jones	Maxine Elizabeth Jones
Child's Date of Birth	June 2, 1912	June 3, 1912
Mother's Maiden Name	Amelda Atwell	Imelda Atwell

Subscribed and sworn to before me this 1st day of August, 1961

X Gaynale McKesson
Notary Public, residing at Walkerton, Indiana
My commission expires 8-4-63
(Seal)

Signed X Mrs. Howard Sexton (Bernadean Jones Sexton)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1113 Harrison St = Walkerton Ind.
(Street Address, City, State)
Older Sister (Parents Deceased)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Oklahoma }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of August, 1961

Helen M. Rust
Notary Public, residing at 6301 N. 16th Oklahoma City, Okla.
My commission expires 2-29-64
(Seal)

Signed James R. York
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 7-26-61. nm

Photostatic Copy of Family Record, appears old and unaltered gives full names as Imelda Jane Atwell, born Sept. 24, 1884 at Douglas, Kan., married Almer Jones on April 4, 1906 at Chandler, Oklahoma - gives one of their children as Maxine Elizabeth Jones, born June 3, 1912 at Gooding, Idaho - viewed by V.S.

Statement from Attending Physician concerning his records on this child's birth-form and statement written and signed on Aug. 7, 1942 gives full name of child as Maxine Elizabeth Jones, born June 3, 1912 at Gooding, Idaho to Alfred M. Jones and Amelia Atwell - Dr. J.H. Cromwell was attending physician - viewed by V.S.

Cert. Copy of Marriage Certificate, State of Oklahoma, County of Lincoln, married April 4, 1906 gives full name of groom as Almer Jones, age 23 and full name of bride as Miss Imelda Atwell, age 21. - viewed by V.S.

Maxine Elizabeth Jones, born June 3, 1912 at Gooding, Idaho married Fred Fuller on March 9, 1940 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Goodwig

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 6713

Primary Registration District No. 2014 Registered No. 117

FULL NAME OF CHILD Maxine Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer M Jones	Amelda Atwell
RESIDENCE	Goodwig	Goodwig
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or Midwife)

Address Goodwig Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 3 1912 C. F. Zeller
Registrar

S-Y CO., 16670

JAN 31 1948

MAR 24 1964

395-20408-713

PLACE OF BIRTH

[redacted] County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 6714.

Primary Registration District No. 2078 Registered No. 37

FULL NAME OF CHILD Edith Marie Lindstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 4 1912

FATHER		MOTHER	
FULL NAME	Nels Lindstrom	FULL MAIDEN NAME	Bertha Palmer
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 4 1912 J. M. Fairly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6714

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Orofino, Idaho
Street and House No.
County Clearwater

Registered Number 37
Registration District No. 17

Sex of Child Female

Date of Birth, June 4 (Month) (Day) 1917 (Year)

Full Name — Father: Nels. Lindstrom

Full Maiden Name — Mother: Bertha Palmer

I HEREBY CERTIFY that the child described herein has been named:

Edith Marie Lindstrom
(Given name in full) (Surname)

as reported by Nels Lindstrom
(Father or Mother)

(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JUL 15 1944

632-20-018-743

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 17 File No. 6715

Primary Registration District No. 3078 Registered No. 38

FULL NAME OF CHILD Leonard Erwin Olson

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 20 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	L. E. Olson	FULL MAIDEN NAME Della Gustavson
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Minn	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tarky

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report

..... 19.....

Filed June 20 1912 J. M. Tarky Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of child, in order of birth, must be stated.

Form V. S. No. H-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Form V. S. No. 27B—5M-12-11

[redacted] IDAHO
[redacted] HEALTH
BUREAU OF VITAL STATISTICS

6715

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Orofino, Idaho
Street and House No.
County Clearwater

Registered Number
Registration District No. 17

Sex of Child Male

Date of Birth, June 20 1912
(Month) (Day) (Year)

Full Name of Father Louis E. Olson

Full Maiden Name of Mother Della Gustafson

I HEREBY CERTIFY that the child described herein has been named:

Leonard Ermin Olson
(Given name in full) (Surname)

as reported by L. E. Olson
(Father or Mother)

J. M. Family
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MAR 22
1967

125-019-249

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

RTH

Coun[illegible] Lou Amended 7/7/76 - CERTIFICATE OF BIRTH

City of Challis Registration District No. 14 File No. 5 6716

No. ____, ____ St. Primary Registration District No. 2061 Registered No. 67

Hospital ____

FULL NAME OF CHILD Mae Gray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Berk W. Gray	Caroline Burnett
RESIDENCE	Darling Cou	Darling Cou
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Missouri	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M.D. (Physician or Midwife)

Address Challis Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 6 1912 C. L. Kistler Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 1 0 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 3 11 37 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 6716

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed female Gray (Name on Original Certificate) who was born (Was Born or Died) on June 26, 1912 (Date of Event) in Challis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Baby Gray	Mae Gray
date of birth	June 26, 1912	June 25, 1912

Subscribed and sworn to before me this 10th day of May, 1976.

Notary Public, residing at Idaho

My commission expires Sept 15, 1976

(Seal)

Signed Henry H. Gehrke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1228 Cent. Queens Payette ID 83661
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

in office 5/10/76 mm. ~~Exempt~~, pg 13746 2 copy

Beneficial Life Insurance of Utah #54616 gives the name as Mae Gray and the birth date as June 25, 1912. Viewed by V. S.

JUL 7 1976

Social Security Card Form DA-702-1 12-42 gives name as May Gray Gehrke. Viewed by V.S.

Transcript from Fruitland High School states that the birth date of Mae Gray was 6/25/12. Viewed by V.S.

813.103.0197665

PLACE OF BIRTH

County of Custer

City of Challis

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-1

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 6717

Primary Registration District No. 2061 Registered No. 49

FULL NAME OF CHILD George Martin Yacomella

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 3, 1912

FATHER	MOTHER
FULL NAME: Marco Yacomella	FULL MAIDEN NAME: Celest Fontena
RESIDENCE: Challis, Ida.	RESIDENCE: Challis, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kistler M.D. (Physician or Midwife)

Address Challis, Ida.

Given names added from a supplemental report

____, 19____ Registrar

Filed June 4th, 1912 C. L. Kistler Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 5 1975

MARGIN RESERVED FOR BINDING

666123-019-964

PLACE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Custer

City of Challis. Registration District No. 14 File No. 6718

No. ____, ____ St. Primary Registration District No. 2061 Registered No. 50

Hospital ____

FULL NAME OF CHILD John Rodgers Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	June 23rd., 1912

FATHER		MOTHER	
FULL NAME	John A. Wood	FULL MAIDEN NAME	Vada Rodgers
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Thistle

(Physician or Midwife)

Address Challis, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 25th. 1912. C. L. Thistle Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MAR 26 1951

PLACE OF BIRTH

3/6-214 231

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 32 File No. 6719

Primary Registration District No. 2127 Registered No. 99

FULL NAME OF CHILD Unnamed Died

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 14, 1912

FATHER		MOTHER	
FULL NAME	Jerry Lafreniere	FULL MAIDEN NAME	Myrtle B Stanford
RESIDENCE	Nez Perce	RESIDENCE	Nez Perce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Bay City, Mich	BIRTHPLACE	Cornwall, Idaho
OCCUPATION	Driverman	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.d.

(Physician or Midwife)

Address Flo. Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6-16-1912 Elton P. Rozell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BIRTH

45-120-03-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Teton

City of Tlo

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6720

Primary Registration District No. 2127 Registered No. 100

FULL NAME OF CHILD Albert Delvin Deatley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 20, 1912

FATHER		MOTHER	
FULL NAME	Frank H Deatley	FULL MAIDEN NAME	Clara Irene Newton
RESIDENCE	Tlo Idaho	RESIDENCE	Tlo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bluemound Ill	BIRTHPLACE	Butler Co Kansas
OCCUPATION	A Millman Lumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician

(Physician or Midwife)

Address Tlo. Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-3-1912 Elton B. Rogers

Registrar

S-Y CO., 16670

Form V.S. No. B-C - Rev. 6-59-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

2/2-228-03-765

PLACE OF BIRTH

County of Lewis

City of Slo

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 32 File No. 6721

Primary Registration District No. 2127 Registered No. 101

FULL NAME OF CHILD Bernadine Bernice Sasse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 28, 1912

FATHER		MOTHER	
FULL NAME	Henry A. Sasse	FULL MAIDEN NAME	Sarah M Goetz
RESIDENCE	Slo Idaho	RESIDENCE	Slo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Oshkosh, Wis,	BIRTHPLACE	Fairmont Minn
OCCUPATION	Journalist	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Parrish

Slo Physician

(Physician or Midwife)

Address Slo, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-3-1912 Elton D. Rogers

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1974

319-229-031-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 32 File No. 6722

No. St. Primary Registration District No. 2127 Registered No. 102

Hospital

FULL NAME OF CHILD Helen Gertrude Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6-29-1912

FATHER		MOTHER	
FULL NAME	Lee Carter	FULL MAIDEN NAME	Mabel Barkley
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Dealer	OCCUPATION	Nur

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6-29 1912 Elton P. Rogers
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

813-130-031-245

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32

File No. 6723

No. ..... St.

Primary Registration District No. 2127

Registered No. 103

Hospital .....

FULL NAME OF CHILD Arthur James Hall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	6 - 30 - 1912

FATHER		MOTHER	
FULL NAME	W. C. Hall	FULL MAIDEN NAME	Emma M. Kunkelmann
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Filed 7-1-1912 Elton B. Rogers Registrar

Given names added from a supplemental report

.....19.....

..... Registrar

S-Y CO. 20174

MARGIN TO BE SERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1944

141-130-03/-365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

Registration District No. 32 File No. 6724

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 104

Hospital ____

FULL NAME OF CHILD Robert Homer Adams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 30, 1912

FATHER		MOTHER	
FULL NAME	Robert Homer Adams	FULL MAIDEN NAME	Lula Long
RESIDENCE	Vollmer, Idaho.	RESIDENCE	Vollmer Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Bert Co. Neb	BIRTHPLACE	Missouri
OCCUPATION	Gumbermen	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

Physician

(Physician or Midwife)

Address Vollmer, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-3-1912 Elton B. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 19 1942

617-202 · 031-851

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Vollmer

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6726

Primary Registration District No. 2127 Registered No. 106

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	6 2 1912

FATHER		MOTHER	
FULL NAME	Jasper B. Fagg.	FULL MAIDEN NAME	Nellie Jane Heston
RESIDENCE	White Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Jasper Co. Mo.	BIRTHPLACE	Center Co. Penn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Eleventh

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) E. L. Burtz

(Physician or Midwife)

Address Vollmer, Ida.

Filed 7-10-1912 Elton A. Rogers

.....
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

719-2111031-812

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 6727

No. ____ St.

Primary Registration District No. 2127 Registered No. 98

Hospital ____

FULL NAME OF CHILD (3) Died

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	6 – 11 – 1912

FATHER		MOTHER	
FULL NAME	Olif Garlen	FULL MAIDEN NAME	Mary Hasenohrl
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	COLOR	White
OCCUPATION	Grader	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Wisc
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth Five dead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert B. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6-12-1912 Elbert B. Rogers
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-208031-259

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6729

Primary Registration District No. 2127 Registered No. 85

FULL NAME OF CHILD Antonia Marie Backsen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Y	1 - 8 - 191-

FATHER		MOTHER	
FULL NAME	Henry Backsen	FULL MAIDEN NAME	Mary Leinaah
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	AGE AT LAST BIRTHDAY (Years)	49
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ger.	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 - 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jaffray

(Physician or ~~Midwife~~)

Address Nezperce Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 6-19-1912 Elsie B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Dup of 1912-363782

962-112-031-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6730

Primary Registration District No. 2127 Registered No. 86

FULL NAME OF CHILD Rolland Clair Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	2 17 191-

FATHER		MOTHER	
FULL NAME	T. R. Robertson	FULL MAIDEN NAME	Clara Williams
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wis.	BIRTHPLACE	Ohio.
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 10 9 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce Idaho

Given names added from a supplemental report

____, 19____

Filed 6-19-12 19 12 Elbert R. Rogers

____ Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

FEB 5 1942

FEB 7 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Idaho~~ Wash }
County of ~~Lewis~~ Whitman } ss.

Certificate No. 6730

Date Filed APR 16 1947

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rolland Clair Robertson (Name on Original Certificate) who was born (Was Born or Died) on February 12, 1912 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mrs. Clara Robertson (Bible Record, Insurance Policy, Etc.) prepared on 4-14-47 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Feb. 2, 1912	Feb. 12, 1912

Subscribed and sworn to before me this 14
day of April, 1947

Notary Public, residing at Pullman

My commission expires 6-28-47
(Seal)

Signed Clara Robertson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pullman Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 30 1942

DEC 17 1974

795.106.031.261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6731

Primary Registration District No. 2127 Registered No. 87

FULL NAME OF CHILD Leroy Howard Greek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Y	3 6 191~

FATHER		MOTHER	
FULL NAME	Fred Greek	FULL MAIDEN NAME	Ina Searey
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 10 10 P M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffords

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

Filed 8-18 1912 Elton B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

960-119-03-386

[redacted] STATE OF IDAHO

County of [redacted]

City of [redacted]

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6732

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 88

Hospital ____

FULL NAME OF CHILD Arthur Paul Rowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	3 19 1917

FATHER		MOTHER	
FULL NAME	Arthur Rowe	FULL MAIDEN NAME	Effie Thompson
RESIDENCE	[redacted]	RESIDENCE	[redacted]
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N C	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 9.30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or ~~Midwife~~)

Address [redacted]

Given names added from a supplemental report

....., 19.....

Filed 6-19-1917 Elbert B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

445-28-0734-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6733

Primary Registration District No. 2127 Registered No. 89

FULL NAME OF CHILD Helen Maud Dunham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			y	3 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. R. Dunham	Maud Crumpacker
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	19
BIRTHPLACE	Mo.	Wash
OCCUPATION	Farmer	Hm

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 6-18-1912 Ellen B. Rogers Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

V1

OCT 2 0 1971

669-116031-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 1 C—Rev. 8-7-11

PLACE OF BIRTH

County of Lemhi

City of Russell

No. ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6734

Primary Registration District No. 2127 Registered No. 90

FULL NAME OF CHILD ~~Stephen~~ Raymond Lee Gomez

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		4	4	16 1912

FATHER		MOTHER	
FULL NAME	Stephen Gomez	FULL MAIDEN NAME	Nellie James
RESIDENCE	Russell	RESIDENCE	Russell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mexico	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hm

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Jaffray

(Physician or ~~Midwife~~)

Address Russell

Given names added from a supplemental report

....., 19.....

Filed 6-1-12 1912 Ellora B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 6734

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Stephen Ramond Forney	Raymond Lee Forney

Subscribed and sworn to before me this 29 day of May, 1942

J. W. B. Coy

Notary Public, residing at Boise Ida

My commission expires 7/14/45
(Seal)

Signed Raymond Lee Forney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 29 1942

242-105-091-244

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 13 6735

Primary Registration District No. 2128 Registered No. 91

FULL NAME OF CHILD Claude Lee Buster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 5th. 191 2

FATHER		MOTHER	
FULL NAME	F.B.Buster	FULL MAIDEN NAME	Mamie Sumpter
RESIDENCE	Kamiah, Idaho.	RESIDENCE	Kamiah, IdahoL
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	carpenter	OCCUPATION	house-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilbur G. McMahan

Physician

(Physician or Midwife)

Given names added from a supplemental report

May 27 1912

E Taylor M.D.

Registrar

Address ____

Filed May 27 1912 E Taylor M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Lewis

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. Indent or more than one child in birth, [illegible] for each.

433-125-037-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32

File No. 15-6736

Primary Registration District No. 228

Registered No. 92

FULL NAME OF CHILD Wilber Lawrence McCallie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	First	yes	May 25, 1912

FATHER		MOTHER	
FULL NAME	R. Hugh McCallie	FULL MAIDEN NAME	Mabel E. Hair
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Calif.
OCCUPATION	Daryman	OCCUPATION	House-wife

Number of child of this mother, including present birth 1st.

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilber F. McMahan

Physician (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

June 8, 1912

E. Taylor M.D. Registrar

Filed June 9, 1912

E. Taylor Pike M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 31 1942

OCT 4 1972

433-125-031-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 14 6737

Primary Registration District No. 2128 Registered No. # 93

FULL NAME OF CHILD Walter Hugh McCallie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	Second	yes	May 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R.Hugh McCallie	Mabel E.Hair
RESIDENCE	Kamiah	Kamiah
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Idaho	Calif.
OCCUPATION	Daryman	House-wife

Number of child of this mother, including present birth Second

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:37 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter F. McMahan

Physician (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

June 9 1912

E Taylor MD

Registrar

Filed June 9 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 31 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

266-102-091-216

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 6738

Primary Registration District No. 2127 Registered No. 94

FULL NAME OF CHILD William Warren Bowles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 2, 1912

FATHER		MOTHER	
FULL NAME	Robert L. Bowles	FULL MAIDEN NAME	Nellie E Sawin
RESIDENCE	Flo	RESIDENCE	Flo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Flo Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-4- 1912 Elton B. Rogers

Registrar

S-Y CO., 16670

349-105-031-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 6739

Primary Registration District No. 2127 Registered No. 95

FULL NAME OF CHILD Ralph Edward Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	6 5 1912

FATHER		MOTHER	
FULL NAME	Arthur Turner	FULL MAIDEN NAME	Fern Long
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Jeffcoat

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

Filed 6-18-1912 Ellen B. Rogers

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

4-4-7

695-105-031-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of P.O. Westlake

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 6740

Primary Registration District No. 2127 Registered No. 96

FULL NAME OF CHILD Unnamed Lewis Leroy Frederick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W Frederick	Dessie Deanie Davidson
RESIDENCE	Westlake	Westlake
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	35	21
BIRTHPLACE	Ohio	Colorado
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parrish

Physician

(Physician or Midwife)

Address Ilo Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-12- 1912 Elwood S. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

183-208-031-83

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Forest

No. 6 M. So. Forest St.

Hospital

Registration District No. 32 File No. 6741

Primary Registration District No. 2127 Registered No. 97

FULL NAME OF CHILD Adeline Aytch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			No	June 8, 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Ada Aytch
RESIDENCE		RESIDENCE	Forest
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	White — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE		BIRTHPLACE	Oregon
OCCUPATION		OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended ~~the birth~~ one hour after birth of this child, who was Born alive (Born alive or stillborn) at 11 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Lew Laughlin

Physician

(Physician or Midwife)

Address Winchester, Idaho.

Filed 7-1-1912 Elton B. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 D53-685

692-125-1040

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No ____, ____ St.

Registration District No 28 File No. 6742

Primary Registration District No. 1022 Registered No. 27

Hospital —

FULL NAME OF CHILD John Henry Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	4	yes	May 25, 1912

FATHER	MOTHER
FULL NAME Chas Fisher	FULL MAIDEN NAME Frances Bales
RESIDENCE Wallace	RESIDENCE Wallace
COLOR W AGE AT LAST BIRTHDAY 43 (Years)	COLOR W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Illinois
OCCUPATION Mine Promoter	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Filed June 3, 19 12 H. Lee Lindley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6742

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Wallace
Street and House No. Fifth
County Shoshone

Registered Number 28
Registration District No. 1011

Sex of Child Male

Date of Birth, May (Month) 25 (Day) 1912 (Year)

Full Name Father Chas. T. Fisher

Full Maiden Name Mother Frances Bates

I HEREBY CERTIFY that the child described herein has been named: John Henry Fisher
(Given name in full) (Surname)
as reported by Mrs. Chas. T. Fisher
(Father or Mother)

H. Leo Langley
(Local Registrar)

IDAHO STATIONERY & PRINTING CO- LTD., BOISE

JUL 2 0 1976

8647 215-040-331

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 6743

No. ____, ____ St. Primary Registration District No. 1011 Registered No. 28

Hospital Koze

FULL NAME OF CHILD not yet named Anna June Hodgins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 11 1912

FATHER		MOTHER	
FULL NAME	Jas. L Hodgins	FULL MAIDEN NAME	Maud Clark
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wis	BIRTHPLACE	N Dak
OCCUPATION	Baker	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Smith

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19....

Filed June 25, 1912 A Leo Quigley

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOF

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V S. No. 27B—1M-6-20-11.

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6745

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City... Wallace
Street and House No.... Hope Hospital
County ..... Shoshone

Registered Number,.... 28
Registration District No. 28

Sex of Child..... Female

Date of Birth, June 15, 1912
(Month) (Day) 191 (Year)

Full Name — Father: James G. Hodgins

Full Maiden Name — Mother: Maud Clark

I HEREBY CERTIFY that the child described herein has been named:

Anna June Hodgins
(Given name in full) (Surname)

as reported by James G. Hodgins
(Father or Mother)

F. Leo Langley
(Local Registrar)

S-Y CO. 16659

APR 1 1 1972
MAR 2 1956

293-127-040-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No ____, ____ St.

Registration District No 28 File No. 6744

Hospital Providence Primary Registration District No. 1011 Registered No. 29

FULL NAME OF CHILD John Edward Tilby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 27, 1912

FATHER		MOTHER	
FULL NAME	James A. Tilby	FULL MAIDEN NAME	Winifred Bowen
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ireland
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 9. M. on the date above stated.

(Signature) F. Leo Langley

(Physician or Midwife)

Address .....

Filed January 30 1913 F. Leo Langley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & SORS. 17326

MAY 22 1944

847-223-003-089

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 541 N. Arthur St.
Registration District No. 19
File No. 6745
Primary Registration District No. 1002
Registered No. 114
Hospital
FULL NAME OF CHILD Margaret Elizabeth Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	June 23rd, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Moscus Edward Hughes	Maud Whitson
RESIDENCE	Pocatello Idaho	Pocatello, Idaho.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Louisville, Ky.	Louisville Ky.
OCCUPATION	Mngr. Idaho Consolidated Power Co.	H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) June 23/12, at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle
Dr.
(Physician or Midwife)
Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 6-29 1912 Earl D. Jones
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 7 1974

816-102-020-753

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6746

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6746

County of Elmore

City of Mt Home

Registration District No. 20

File No. —

No. ——, ——— St.

Primary Registration District No. 2020

Registered No. 41

Hospital ———

FULL NAME OF CHILD ~~not named~~ Charles Calvin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 2nd, 191 2

FATHER	MOTHER
FULL NAME: Frank S. Hawley	FULL MAIDEN NAME: Dora Peterson
RESIDENCE: Mountain Home	RESIDENCE: Mountain Home
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: N. Y	BIRTHPLACE: Ill.
OCCUPATION: Physician	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

———, 19——

———— Registrar

Filed July 3 1912 W. L. Troyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

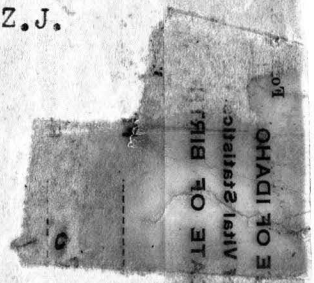
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Feb. 1, 1941

CC issued ~~xxx~~.

Z.J.



MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH INKADING INK--THIS IS A PERMANENT RECORD

259-222-020-417

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

6747

Registration District No. 20

File No. ____

Primary Registration District No. 2020

Registered No. 40

FULL NAME OF CHILD Sarah Berry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 22, 1912

FATHER		MOTHER	
FULL NAME	Noah N. Berry	FULL MAIDEN NAME	Nona E. Daugherty
RESIDENCE	Mayfield	RESIDENCE	Mayfield
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Dakota	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live (Born alive or stillborn) at 10.20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Hensya

midwife (Physician or Midwife)

Address Mt Home

Given names added from a supplemental report

____, 19____

Filed July 4 1912 W. L. Trayer

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

569-21-02-281

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6748

County of Elmore

City of Mountain Home Registration District No. 20 File No. [redacted]

No. —, St.

Primary Registration District No. 2020 Registered No. 39

Hospital —

FULL NAME OF CHILD Doris Irene Morell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes,	June 10, 1912

FATHER		MOTHER	
FULL NAME	Oliver E. Morell	FULL MAIDEN NAME	Hattie V. Shaver
RESIDENCE	Mountain Home, Ida	RESIDENCE	Mountain Home, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Welch, Minn	BIRTHPLACE	Lamentine, Penn.
OCCUPATION	Abstracter & Insurance	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 9, at 12:45 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Hanger

Midwife

(Physician or Midwife)

Address Mountain Home, Idaho.

Given names added from a supplemental report

....., 19.....

Filed June 13 1912 W. L. Trapp

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 2 1975

Dup of 1912-32575

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

291-103 [illegible]

PLACE OF [illegible]

County of [illegible]

City of Mt Home

Registration District No. 22

File No. [illegible]

No. ____, ____ St.

Primary Registration District No. 2220

Registered No. 42

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6749

FULL NAME OF CHILD Emmett G. Brady

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 3, 1912

FATHER		MOTHER	
FULL NAME	John E Brady	FULL MAIDEN NAME	Mary Glenn
RESIDENCE	Mt Home	RESIDENCE	Mt Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nevada	BIRTHPLACE	Weiser Idaho
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 3, 1912 at 5.45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Fraizer

Physician

(Physician or Midwife)

Address Mt Home Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 3 1912 W. L. Fraizer Registrar

S-Y CO., 16670

DEC 2 6 1941

452-126-016-689 7

[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6750

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Registration District No. 31 File No. _____

Primary Registration District No. 216 Registered No. 117

FULL NAME OF CHILD DeLaMar

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	June 16 1917

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. De La Mar	Primrose Whitby
RESIDENCE	Oakley	Oakley
COLOR / AGE AT LAST BIRTHDAY (Years)	White 34	White 25
BIRTHPLACE	Utah	Idaho
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Dohrmann M.D.

(Physician or midwife) Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed July 12 1917 L. B. Stocksleger Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 5-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

399-217-016418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6751

County of Cassia

City of _____

No. _____ St.

Hospital _____

Registration District No. 31 File No. [redacted]

Primary Registration District No. 216 Registered No. 118

FULL NAME OF CHILD Critchfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	yes	June 17 191 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred A Critchfield	Matilda Dayley
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Texas	Utah
OCCUPATION	Sheepraiser	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normaline (Born alive or stillborn), at 5 33 P. M. on the date above stated.

(Signature) E P Richardson

(Physician or midwife) Oakley Idaho

Address _____

Filed July 12 19 17 C B Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No

Address

Filed

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17-1171016-418

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6752

County of Cassia

City of Oakley, Idaho

Registration District No. 31 File No.

No. St.

Primary Registration District No. 2116 Registered No. 119

Hospital

FULL NAME OF CHILD William May Sagers

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	yes	June 17 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oliver L Sagers	FULL MAIDEN NAME	Marguerite May
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E J O Lawrence

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

19

Registrar

Filed July 12 1912 L B Stanley

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Com-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

RECEIVED
SEP 14 1964
Bureau of Vital Statistics

Certificate No. 6752

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sagers (Name on Original Certificate) who born (Was Born or Died) on June 17, 1912 (Date of Event)
in Cassia County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	William May Sagers
Child's Place of Birth	Not Given	Oakley, Idaho
Full Maiden Name of Mother	Marguerite May	Marguerite May

Subscribed and sworn to before me this 25th day of April, 1964

Notary Public, residing at Sandy, Utah
My commission expires 5/15/64
(Seal)

Signed Marguerite M. S.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
599 So 7th E Sandy Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of April, 1964

Notary Public, residing at Sandy, Utah
My commission expires 5/15/64
(Seal)

Signed Dean P. Barton (Ward Clerk)
(Signature of Any Credible Person)
965 So 2nd E. Sandy, Utah
(Street Address, City, State)

FORM DPH 55.155

CL 4-20-60. 2 copies pd. receipt #00843.

Photo Copy of Family Register Record, Marriage Record, of Beatrice Genevieve Magnuson, born June 23, 1911 at Sandy, Utah and William May Sagers, born June 17, 1912 at Oakley, Idaho - married in civil marriage Nov. 7, 1930 at Tooele, Utah and Temple Marriage May 25, 1945 at Salt Lake City, Utah - viewed by V.S APR 13 1966

Photo Copy of L.D.S. Church Certificate of Birth, ~~enete~~ entered on record July 7, 1912 gives full name as William May Sagers, born June 17, 1912 at Oakley, Idaho to Oliver L. Sagers and Marguaritte May - viewed by V.S.

464/116·016-619

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C ~~Rev. 4-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6753

Registration District No. 31 File No. _____

Primary Registration District No. 2126 Registered No. 120

FULL NAME OF CHILD Mouldrie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	June 16 1917

FATHER	MOTHER
FULL NAME: Fred Mouldrie	FULL MAIDEN NAME: Florence Fairchild
RESIDENCE: Basin	RESIDENCE: Basin
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Basin Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 12 1917 L B Stockslager Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-212 1016-669

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6754

Registration District No. 31

File No. [redacted]

Primary Registration District No. 712

Registered No. 121

FULL NAME OF CHILD Haight

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	June 12, 1912

FATHER		MOTHER	
FULL NAME	Horton D. Haight	FULL MAIDEN NAME	P. Genevieve Worthington
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] Goldhammond

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 12 1912 L B Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-214-016-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6755

Registration District No. 31 File No. 1

Primary Registration District No. 1176 Registered No. 122

FULL NAME OF CHILD Martin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	6 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm N. Martin	Mary Jane Whittle
RESIDENCE	~~Oakley~~ Marion Idaho	Marion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 12 1912 L B Stockdale Registrar

S-Y CO. 20174

OCT 12 1966

363-2091016-365

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6756

County of Cassia

City of Albion

No ____, ____ St.

Hospital ____

Registration District No 31 File No. ____

Primary Registration District No 2125 Registered No. 123

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 9, 1912

FATHER	MOTHER
FULL NAME George O. Folman	FULL MAIDEN NAME Katherine Loveland
RESIDENCE Albion	RESIDENCE Albion
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Telephone man	OCCUPATION Housemaid

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Shackelford

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 10 1912 L B Shackelford

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

869-224-037-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6757

PLACE OF BIRTH

County of Dwyhee

City of D'Lamar

No. ..... St.

Hospital .....

Registration District No. 30 File No. 1

Primary Registration District No. 3133 Registered No. 21

FULL NAME OF CHILD Marion Hoge

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth 2

Legitimate? Yes.

Date of birth June 24 (Month) (Day) 1917 (Year)

FATHER

FULL NAME James H Hoge

RESIDENCE D'Lamar

COLOR White. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Eng.

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Edith Henderson

RESIDENCE D'Lamar

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Eng.

OCCUPATION H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farris

Physician (Physician or Midwife)

Address D'Lamar Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 10 1917 T. D. Farris Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

APR 1 1965

47-121-037-943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6758

County of Owyhee

City of D'Lamar

Registration District No. 30 File No. 1

No. ____, ____ St.

Primary Registration District No. 2123 Registered No. 20

Hospital ____

FULL NAME OF CHILD Ugalde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 21, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ignacio Ugalde	Lona Zubieta
RESIDENCE	D'Lamar	D'Lamar
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Spain	Spain
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farris M.D.

Physician

(Physician or Midwife)

Address D'Lamar Idaho

Given names added from a supplemental report

....., 19.....

Filed July 10 1913 T. D. Farris

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

DUP OF 1912-10227

612-103-037281.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6759

County of Owyhee

City of D'Lamar

Registration District No 30 File No. 1

No ____, ____ St.

Hospital ____ Primary Registration District No. 2123 Registered No. 25

FULL NAME OF CHILD George Antone Wassler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	July 3rd, 1917

FATHER		MOTHER	
FULL NAME	Alfons. Wassler	FULL MAIDEN NAME	Barbara Schaller
RESIDENCE	D'Lamar	RESIDENCE	D'Lamar,
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Germany	BIRTHPLACE	Germany.
OCCUPATION	Butcher	OCCUPATION	H.W.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician (Physician or Midwife)

Address D'Lamar Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 9 1917 T. D. Farrer

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

SEP 15 1959

249-105 : 037-281

PLACE OF BIRTH

County of Owyhee

City of Homedale

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6760

Registration District No. ____ File No. [redacted]

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Shelton Peyton Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	June 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ruben W. Smith	Lucy Shaw
RESIDENCE	Homedale	Homedale
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Missouri	Missouri
OCCUPATION	farmer	housewife

Number of children of this mother, including present birth first

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or Midwife)

Address Parma, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 1912 T. S. Foster

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Country of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—Rev-6-20-11

6760

19

Address

Filed

By

Registrar

313-102-001-313

PLACE OF BIRTH

Form V. S. No. 11-C—15m-0-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6761

County of Ada

City of ~~Star~~ Boise Registration District No. 2 File No. [redacted]

No. 416, Grove St. Primary Registration District No. 1004 Registered No. 151

Hospital

FULL NAME OF CHILD Lester Francis Talent

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Dist	four	Yes	May 2, 1912

FATHER		MOTHER	
FULL NAME	John Talent	FULL MAIDEN NAME	Ivy Talent
RESIDENCE	Mayfield	RESIDENCE	
COLOR	Wh	AGE AT LAST BIRTHDAY (Years)	24
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L C Bowers

(Physician or ~~Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 5/9/12 19.. W E Hoppes

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6-761

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Boise

Street and House No.

County Ada

Registered Number

Registration District No. 2

Sex of Child

Date of Birth, May (Month) 2 (Day) 1912 (Year)

	Father	Mother
Full Name	Lester Talent	
Full Maiden Name		Nora Sizemore

I HEREBY CERTIFY that the child described herein has been named:

Lester Francis Talent
(Given name in full) (Surname)

as reported by Lester Talent
(Father or Mother)

Jay McConnell
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

DEC 6 1948

JUL 1 194

38-215-003-394

PLACE OF BIRTH

County of Kootenai

City of Robin

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

6762

Registration District No. 11

File No. ____

Primary Registration District No. 2047

Registered No. 167

FULL NAME OF CHILD Bertha Chatterton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	April 15 1912

FATHER		MOTHER	
FULL NAME	Wilford Chatterton	FULL MAIDEN NAME	Myrtle Crump
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Farmington	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Robin
		OCCUPATION	farmer's wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Agnes B. Jensen

(Physician or midwife)

Address Marsh Center

Given names added from a supplemental report

____ 19____

Ellis Haney
Registrar

S-Y CO. 20174

Filed July 2 1912 July 8

Ellis Haney
Regist

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 3 1976

74-5-22-003-296

PLACE OF BIRTH

Form V. S. No. 11-B—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

63

County of Bonneville

City of Marsh Center

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2047

Registered No. 168

Hospital

FULL NAME OF CHILD Frances Emma Gunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 23 1912

FATHER		MOTHER	
FULL NAME	Thomas Gunter	FULL MAIDEN NAME	Lawra L. Brooks
RESIDENCE	Hawkins	RESIDENCE	Hawkins
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 46 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Address Marsh Center

Given names added from a supplemental report

..... 19.....

Ellis Casey
Registrar

Filed July 8 1912

Ellis Casey
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

290-114-003-369

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-B

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6764

Registration District No. 11 File No. ____

Primary Registration District No. 2047 Registered No. 166

FULL NAME OF CHILD Joseph Brower

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		2	yes	June 14 1912

FATHER	MOTHER
FULL NAME Joseph L. Brower	FULL MAIDEN NAME Lina Larsen
RESIDENCE Hawkins	RESIDENCE Hawkins
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Lewiston	BIRTHPLACE Logan
OCCUPATION Farmer	OCCUPATION Farmer's Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Nancy
Registrar

(Signature) Amma B. Jensen
Midwife
(Physician or midwife)

Address Marsh Center

Filed ~~July 2~~ July 8, 19 12 Ellis Nancy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

318-126-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

6765

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2047 Registered No. 170

Hospital

FULL NAME OF CHILD Lawys Taylor

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 26 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Jay Taylor	Eva Frair Bair
RESIDENCE	McCammon Ida	McCammon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Fairview Ida	Richmond Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

McCammon Ida

(Physician or midwife)

Physician

Address

Given names added from a supplemental report

19

Ellis Kearsley
Registrar

Filed July 8, 1912 Ellis Kearsley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

656-218-003-851

PLACE OF BIRTH

County of Bannock

City of McCammon.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6766

Registration District No. 11 File No. [redacted]

Primary Registration District No. 2047 Registered No. 171

FULL NAME OF CHILD May Hewel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 8 1912

FATHER		MOTHER	
FULL NAME	James Howell	FULL MAIDEN NAME	Martha Heaton
RESIDENCE	McCammon	RESIDENCE	McCammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Lynn Co. Utah	BIRTHPLACE	Kanosville, Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Address McCammon. Ida

Given names added from a supplemental report

..... 19.....

Ellis Carey Registrar

Filed July 8, 1912 Ellis Carey Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6766

PLACE OF BIRTH

County of

Amended 5/26/70
319-203-603-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

6767

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 11 File No.

No. St.

Primary Registration District No. 2047 Registered No. 169

Hospital

FULL NAME OF CHILD Ida Marie Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				May 3 — 191 2

FATHER		MOTHER	
FULL NAME	James Larsen	FULL MAIDEN NAME	Mary Olsen
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12. Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Corbett

Physician

(Physician or midwife)

Address McCammon Ida.

Given names added from a supplemental report

19

Ellis Carey
Registrar

Filed July 8, 1912 Ellis Carey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6767

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Susan Maud Larsen (Name on Original Certificate) who was born (Was Born or Died) on May 3, 1912 (Date of Event)
in Mc. Cammon, ID (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by Blessing Certificate and Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Susan Maud Larsen	Ida Marie Larsen

Subscribed and sworn to before me this 13th day of March, 1970

Notary Public, residing at Inkom, Idaho

My commission expires 7/28/71

(Seal)

Signed Elsie L. Peterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

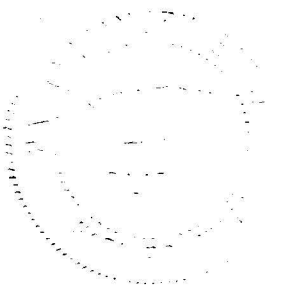
(Street Address, City, State)

FORM DH 60-155 L. 12/23/69 nm

Certificate of Blessing from LDS Church, McCammon WardRecord of Children Book 1 No. 341. Gives child's name as Ida Marie Larson daughter of James Larson and Mary Olson. Born May 3, 1912. Signed by. John H. Stinger, Clerk. Viewed by V. S.

MAY 26 1970

Application for Employment at the Idaho Portland Cement company, Inkom, Idaho gives name as Ida Marie Boster (married). date of birth May 3, 1912. Date of Application 5/6/46. Place of birth McCammon, Idaho. Social Security Number 518-28-2990. Viewed by V. S.



793-123.003-369

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6768

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 159

FULL NAME OF CHILD Mathias Gillett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	June 23 1912

FATHER		MOTHER	
FULL NAME	Mathis Gillett	FULL MAIDEN NAME	Mary Lemmon
RESIDENCE	Alexander, Idaho	RESIDENCE	Alexander, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Rasmussen

(Physician or midwife)

Address Soda Springs, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Rasmussen
Registrar

Filed July 5, 1912

Ellis Rasmussen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-39950

266/23·007-962

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6770

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 160

FULL NAME OF CHILD Ellis Bowdin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	June 23, 1912

FATHER		MOTHER	
FULL NAME	Fred Bowdin	FULL MAIDEN NAME	Bessie Roberts
RESIDENCE	Soda Springs Idaho	RESIDENCE	Soda Springs Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Ranches	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kinney

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Ellis Kinney
Registrar

Address .....

Filed July 5, 1912 Ellis Kinney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-250143

213-120-003-113

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

6771

CERTIFICATE OF BIRTH

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 161

FULL NAME OF CHILD VICTOR LEROY Baltzell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	June 20 1912

FATHER	MOTHER
FULL NAME Ray Baltzell	FULL MAIDEN NAME Emma Jacobs
RESIDENCE Neb.	RESIDENCE Neb
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb
OCCUPATION Operater (Telegraph)	OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaucky

Physician (Physician or midwife)

Address Soda Springs Ida

Given names added from a supplemental report

....., 19.....

Ellis Kaucky
Registrar

Filed June 5, 1916 Ellis Kaucky
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 6 1976

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6771

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ray Batzell (Name on Original Certificate) who born (Was Born or Died) on June 22, 1912 (Date of Event) in Soda Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy. (Bible Record, Insurance Policy, Etc.) Security Mutual Life Ins. Co. prepared on December 23, 1930. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Batzell	Baltzell
name of child	Ray Batzell	Victor Leroy Baltzell

Subscribed and sworn to before me this 14 day of May, 1942

Notary Public, residing at Lincoln, Nebr.

My commission expires Sept 17, 1942
(Seal)

Signed Mrs Emma K. Baltzell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1142 K - Lincoln Nebraska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 18 1942

JAN 29 1969

MAY 20 1942

849-112-003-389

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6772

County of Bannock

City of Last Logo

No. ——, S Idaho St.

Registration District No. 11 File No. ——

Primary Registration District No. 2048 Registered No. 162

Hospital ——

FULL NAME OF CHILD Homer Hurd

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
boy			yes	may 12 (Month) may (Day) 12 1912 (Year)

	FATHER	MOTHER
FULL NAME	William Hurd	FULL MAIDEN NAME Dosa Christron
RESIDENCE	Thatcher Idaho	RESIDENCE Thatcher Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	28 1912	AGE AT LAST BIRTHDAY (Years) 26 1912
BIRTHPLACE	Idaho	BIRTHPLACE denmark
OCCUPATION	farmer	OCCUPATION

Number of child of this mother, including present birth ——

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——, at 2 M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Mary A Turner

Midwife

(~~Physician~~ or Midwife)

Address Logan Idaho

—— 19——

Ellis Ranck

Registrar

Filed July 5 1912 Logan Idaho

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

385-229-603-231

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6773

County of Bannock

City of Sterrett

Registration District No. 11 File No. —

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 163

Hospital ____

FULL NAME OF CHILD Helen Dorothy Lyon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 29, 1912

FATHER		MOTHER	
FULL NAME	Roy A. Lyon	FULL MAIDEN NAME	Claudia Stark
RESIDENCE	Sterrett	RESIDENCE	Sterrett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	— Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Dr. R. J. Smith

(Physician or Midwife)

Address Inkom Ida

____ 19____

Ellis Kaseley Registrar

S-Y CO., 16670

Filed July 5 1912 Ellis Kaseley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 7 1973

995-125-003-238

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

6774

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2048 Registered No. 164

Hospital

FULL NAME OF CHILD Frederick Ruddlisbacher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			Yes	June 25 1913

FATHER		MOTHER	
FULL NAME	Fred K. A. Ruddlisbacher	FULL MAIDEN NAME	Wilhelmina Schneider
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Smith

(Physician or Midwife)

Address Bancroft Ida

Given names added from a supplemental report

, 19

Ellis Casey
Registrar

Filed July 9 1913 Ellis Casey
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 26 1967

485-207-603-279

PLACE OF BIRTH

Form V. S. No. 11-C—15m-

STATE O...

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6775

County of Bannock

City of Grace

No. ____, ____ St.

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 175

Hospital ____

FULL NAME OF CHILD RUBY ~~xxxxxxx~~ ELLEN Myers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 7, (Year) 1912
Female	—	—	Yes.	

FATHER		MOTHER	
FULL NAME	Alonzo Myers	FULL MAIDEN NAME	Grace Spencer
RESIDENCE	Grace - Idaho	RESIDENCE	Grace - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Ellis Kaley Registrar

Filed July 8, 1912 Ellis Kaley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR

385-207-003-183

PLACE OF BIRTH

STATE OF [redacted] V. S. No. 11-C—15m-[redacted] 677

Bureau of Vital [redacted]

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

Registration District No. 11 File No.

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 174

Hospital

FULL NAME OF CHILD Maud Fern Cherry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	-	-	Yes	May 1 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Cherry	Mary Fern Aylett
RESIDENCE	Grace - Idaho	Grace - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpenter	Housekeeper

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 - a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaufley
Registrar

(Signature) Louis F Hubbard
Physician
(Physician or Midwife)

Address Grace - Idaho

Filed July 8, 1912 Ellis Kaufley
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 1964

753-102-003-815

PLACE OF BIRTH

County of Bannock

City of Turner

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6777

Registration District No. 11

File No. ____

Primary Registration District No. 2048

Registered No. 173

FULL NAME OF CHILD Thomas Elihu Pettingill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 2, 1912

	FATHER	MOTHER
FULL NAME	Arnold Harvey Pettingill	FULL MAIDEN NAME May Ula Hancock
RESIDENCE	Turner Idaho	RESIDENCE Turner Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Oklahoma
OCCUPATION	Farm Laborer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

(Signature) John F. Hubbard

Physician

(Physician or Midwife)

Address Grace Idaho

Filed July 8 1912

Ellis Kaercy
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

Ellis Kaercy
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 20 1962

318-217-603-236

PLACE OF BIRTH Amended 11/10/51

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Thatcher
No. ____ St.
Hospital ____

Registration District No. 11 File No. 6778
Primary Registration District No. 2048 Registered No. 178

FULL NAME OF CHILD EDNA TAYLOR
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 17, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Alexander (Pud) Taylor	FULL MAIDEN NAME: Ethel Scott
RESIDENCE: Thatcher, Idaho	RESIDENCE: Thatcher, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Painter & farmer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 192....

.... Registrar.

(Signature) John H. Hubbard

Physician
(Physician or midwife)

Address Grace, Idaho

Filed July 8 1912 Ellis Kackly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

6778

PLACE OF BIRTH

County of Bannock

City of Thatcher

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 178

FULL NAME OF CHILD Ethel Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	May 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander (Jud) Taylor	Ethel Scott
RESIDENCE	Thatcher - Idaho	Thatcher - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Painter & Farmer	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) John Hubbard

Physician

(Physician or Midwife)

Address Grace - Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaney

Registrar

Filed July 8, 1912 Ellis Kaney

Registrar

S-Y CO., 16670

NOV 10 1950

CMC
PERMANENT RECORD
Made for each sold file number

NOV 16 1951

A F F I D A V I T

STATE OF IDAHO)
) ss.
County of Bannock)

C. W. Pond, M. D., being first duly sworn upon his oath deposes and says: I was born at Thatcher, Idaho. I am a practicing physician and surgeon. I know Edna Taylor Hogge, whose maiden name was Edna Taylor and have known her from birth. She is my niece.

I have had exhibited to me a photostatic copy of birth certificate #6778 of the Bureau of Vital Statistics of the State of Idaho, showing a child named "Ethel Taylor" born to Alexander (Pud) Taylor, my brother-in-law, and Ethel Scott, my sister-in-law, on the 17th day of May, 1912, with Dr. John H. Hubbard as the attending physician.

I personally know that the name of the child, "Ethel Taylor" as it appears in this birth certificate is an error and this child's true name was "Edna Taylor" and she was so christened and said birth certificate should be amended accordingly to show that the correct name of this child mentioned in this birth certificate should read "Edna Taylor."

C. W. Pond MD

Subscribed and sworn to before me this the 8th day of November, 1951.

Robert M. Terrell
Notary Public for Idaho
Residence, Pocatello, Idaho

A F F I D A V I T

STATE OF IDAHO)
) ss
County of Bannock)

Edna Taylor Hogge of Pocatello, Bannock County, Idaho, being first duly sworn upon her oath deposes and says: That her maiden name was Edna Taylor which name she has always borne and used until the date of her marriage to Melton R. Hogge.

That her name as shown in her birth certificate #6778 in the Bureau of Vital Statistics, Boise, Idaho, appears as "Ethel Taylor," which is an error and should read "Edna Taylor."

Affiant further states that she never discovered this error until recently and for this reason has ~~not earlier~~ moved to have this error corrected.

Affiant is unable to submit proof of said error by any of the persons whose names appear on the face of said birth certificate, to-wit: Her father, Alexander (Pud) Taylor and her mother, Ethel Scott; her attending physician John H. Hubbard and the registrar, Dr. Ellis Kackley, for the reason that they are all deceased, but that her uncle, Dr. C. W. Pond, who was born at Thatcher, Idaho, where affiant was born, is familiar with the facts and has personal knowledge of the error in the name of this affiant as it appears on her original birth certificate and she submits herewith the affidavit of Dr. C. W. Pond in corroboration of this affidavit and of the fact that the name "Edna Taylor" was affiant's true maiden name and that the aforesaid birth certificate should be amended to show that said affiant's true name at birth was, to-wit: "Edna Taylor."

Edna Taylor Hogge

Subscribed and sworn to before me this the 8th day of November, 1951.

Robert M. Jurrell
Notary Public for Idaho
Residence, Pocatello, Idaho

413-203-003-714

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6779

County of Bannock

City of Pocatello Registration District No. 11 File No.

No. , St.

Primary Registration District No. 2048 Registered No. 177

Hospital

FULL NAME OF CHILD Violet Matney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 3, 1912

FATHER		MOTHER	
FULL NAME	Thomas B Matney	FULL MAIDEN NAME	Violet Paulson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ohio.	BIRTHPLACE	Colorado.
OCCUPATION	School Teacher	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Hubbard

Physician

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

, 19

Ellis Kaercy
Registrar

Filed July 8, 1912 Ellis Kaercy
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 1974

MAR 2 6 2014

795-116-003-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

6780

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon.

No. ..... St.

Registration District No. 11 File No. [redacted]

Primary Registration District No. 2048 Registered No. 180

Hospital .....

FULL NAME OF CHILD Brigham Green.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	April 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Brigham Green Jr.	Myrtle Stewart
RESIDENCE	McCammon Ida	McCammon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Malad, Ida.	Benjamin Utah
OCCUPATION	Farmer.	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G A Cooper.

Physician.
(Physician or midwife)

Address McCammon, Ida.

Given names added from a supplemental report

..... 19.....

Ellis Kaney
Registrar

Filed July 8, 1912 Ellis Kaney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

168-119-003.215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

6781

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Bancroft

No ....., ... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 179

FULL NAME OF CHILD ~~Benjamin Joseph~~ JOSEPH LEWIS Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy				19 June 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph LeRoy Johnson	Luretta Banks
RESIDENCE	Bancroft	
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	23 (Years)
BIRTHPLACE	Logan Utah	Lake Shore Utah
OCCUPATION	farmer	house wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

(Signature) Alice Aston

Midwife

(Physician or Midwife)

Address Bancroft, Idaho

Filed July 8, 1912 Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 6781

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Lewis Johnson (Name on Original Certificate) who Born (Was Born or Died) on June 19, 1912 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on August 27, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Benjamin	Joseph Lewis Johnson

Subscribed and sworn to before me this 1st
day of July, 1942

Notary Public, residing at Bancroft, Idaho

My commission expires November 25, 1943
(Seal)

Signed Lurretta Banks Johnson
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bancroft Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 3 1942

JUL 6 1942

243-109-003699

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6782

County of Bannock

City of Hatch

Registration District No. 11 File No. [redacted]

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 188

Hospital ____

FULL NAME OF CHILD James A Buckendorf

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	None	5	Yes	May 9, 191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME James H Buckendorf	FULL MAIDEN NAME Nora May Wrieuger
RESIDENCE Hatch	RESIDENCE Hatch
COLOR W	AGE AT LAST BIRTHDAY 38 (Years)
COLOR W	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell J Smith

(Physician or Midwife)

Address Bancroft Idaho

Given names added from a supplemental report

____, 19____

Ellis Carey Registrar

Filed July 8, 1912 Ellis Carey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-344028

857-208-003-617

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6783

County of Bannock

City of Central

Registration District No. 11 File No.

No. ....., ... St.

Primary Registration District No. 2048 Registered No. 184

Hospital .....

FULL NAME OF CHILD Elsie Hagstrom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	Gust Hagstrom	FULL MAIDEN NAME	Edna Hagerd
RESIDENCE	Central, Ida	RESIDENCE	Central
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or Midwife)

Address Bancroft, Ida

Given names added from a supplemental report

....., 19.....

Ellis Bourke Registrar

Filed July 8, 1912 Ellis Bourke Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6783

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elsa Hegstrom (Name on Original Certificate) who born (Was Born or Died) on June 8, 1912 (Date of Event) in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elsa Hegstrom	Elsie Hegstrom

Subscribed and sworn to before me this 18 day of April, 1944

Pauline Carlson
Notary Public, residing at Boise

My commission expires 1/4/47
(Seal)

Signed Elsa Maria Hegstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAR 29 1966

133-206-003-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6784

County of Bannock

City of Bancroft

Registration District No. 11 File No. —

No. ——, —— St.

Primary Registration District No. 2048 Registered No. 189

Hospital ——

FULL NAME OF CHILD Phyllis Emma Alley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	Other		Yes	June 6, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Alley	Henrietta Johnson
RESIDENCE	Bancroft	Bancroft
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Bear Lake Co	Oxford-Ida
OCCUPATION	General Merchant	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe J Smithurst

(Physician or Midwife)

Address Bancroft Ida

Given names added from a supplemental report

——, 19—

Ellis Kacy Registrar

Filed July 8, 19 12 Ellis Kacy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6784

493-111-003-819

PLACE OF BIRTH

County of Bannock

City of Lago

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6785

Registration District No. 11 File No. [redacted]

Primary Registration District No. 2048 Registered No. 176

FULL NAME OF CHILD Alexander Mickelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes.	May 11, 1912

FATHER		MOTHER	
FULL NAME	Michael Mickelson	FULL MAIDEN NAME	Sarah Harris.
RESIDENCE	Lago - Idaho	RESIDENCE	Lago - Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Hubbard.

Physician

(Physician or Midwife)

Address Grace - Idaho

Given names added from a supplemental report

____, 19____

Ellis Kaley Registrar

Filed July 8, 1912 Ellis Kaley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

495-22110242-865

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____, ____ St.

Hospital

STATE OF IDAH[redacted] No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6786

Registration District No. 23 File No. [redacted]

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD Mary Elizabeth Minton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	June 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E Minton	Lucy Hansel
RESIDENCE	Kimberley	Kimb.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls Ida

Filed June 25 19 12 John L Coughlan Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S

1
84

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 6786

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mary Elizabeth Mintun (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 21, 1912 (DATE OF EVENT)
in Kimberly, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 21, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Minton	Mintun
Name	Unnamed	Mary Elizabeth Mintun

Subscribed and sworn to before me this 4 th
day of Dec, 19 44
Mabel Sandgren
Notary Public, residing at Buhl
My commission expires 12-17-46
(SEAL)

Signed Lucy E. Mintun Hatfield Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Buhl, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

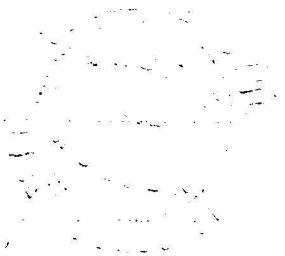
Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)



DEC 8 1944

515-123-042-281

MARGIN RESERVED FOR BINDING

PLEASE WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

No. 6787

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

Registration District No. 23 File No. ____

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD HOWARD GUY VANCE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	and	Yes	6 23 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Vance	Jessie Shay
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	Illinois	Idaho
OCCUPATION	Market Gardener	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H. G. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida

Filed 6-30 19 17 Julie L Coughlin Registrar

YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6787

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Howard Guy Vance

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California.
City and
County of San Francisco. } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th,
day of July, 19 42

C. L. Parish
Notary Public, residing at San Francisco,
My commission expires September 12, 1942.
(SEAL) Notary Public inand for the City, and County of San Francisco, State of California.

Signed Earl Wm Vance.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1101 Oak Street, City and County
San Francisco, State of California.
(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 16 1942 By .....
(REGISTRAR'S SIGNATURE)

JUL 20 1942

897-114-082-857

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11 Cr-15m-6-20-11

6788

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of ____

Registration District No. 23 File No. ____

No. ____, ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Not Known~~ Elmer Leroy Higley

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	June 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Higley	Vinnie Hepworth
RESIDENCE	T. Falls	T. Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Common Labor.	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) June 14-1912, at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. R. Morgan M. D.
(Physician or Midwife)

Address Twin Falls Ida.

Filed June 20 1912 Johnt Coughlan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/27/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

229-108-042-619

PLACE OF BIRTH

County of Twin Falls

" "

City of _____

No. _____, _____ St.

Hospital _____

FULL NAME OF CHILD Not Known

Form V. S. No. 11-C—15m-6-20-11

6789

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. _____

Primary Registration District No. 2085 Registered No. _____

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	June 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eugene Skinner	Emma Farbush
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Oregon	California
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 8-1912, at 3.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) J. R. Morgan M.D.

(Physician or Midwife)

Address Twin Falls

Filed June 20 1912 John W. Creighton Registrar

S-Y CO., 16670

Form V.S. No. U-C - 1m-8-39-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6789

PLACE OF BIRTH

(County of Bonneville)

753-130·042-867

PLACE OF BIRTH

County of Twin Falls

City of ———

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

6790

CERTIFICATE OF BIRTH

Registration District No. 23 File No. ———

Primary Registration District No. 2085 Registered No. ———

FULL NAME OF CHILD Milton Barney Pellum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 30 1912

FATHER		MOTHER	
FULL NAME	Barney M. Pellum	FULL MAIDEN NAME	Lilla Hopkins
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 6-15 19 12

John F. Coughlin
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. —&( ) 6790

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Milton Barney Pellum (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 30, 1912 (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
father's first name	Varney M. Pellum	Barney M. Pellum
name	none given	Milton Barney Pellum
date of birth	June 1, 1912	May 30, 1912

Subscribed and sworn to before me this 21st day of April, A.D. 1942

Marion E. Orr
Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(SEAL)

Signed B M Pellum
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 21 1942

239-125-1042-915

PLACE OF BIRTH

County of Twin Falls

City of [illegible]

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

6791

CERTIFICATE OF BIRTH

Registration District No. 23 File No. ____

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD GERALD TWAIN STRALEY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	June 25 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Walter J. Straley	Estella Rankin
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	31
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 am. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howerton M D

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 6-30 1912 John T. Coughlin Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 6791

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Geral d Twain Straley

Subscribed and sworn to before me this 3rd day of September, 1942

Notary Public, residing at Seattle

My commission expires
(Seal)

Signed Mrs. Estelle G. Straley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of September, 1942

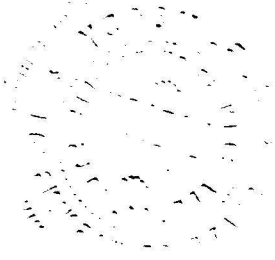
Notary Public, residing at Seattle

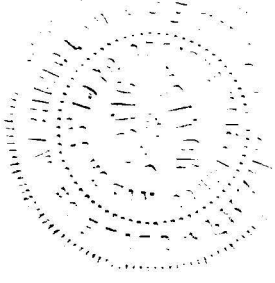
My commission expires March 1946
(Seal)

Signed Lester S Reed
(Signature of Any Credible Person Other Than Previous Year)

2517 - E 120th Seattle Wn
(Street Address, City, State)

DEC 19 1942





356-230-042-818

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

6792

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23

File No.

No. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD LILY BELLE Lewis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 30 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. E Lewis	Carrie Hayes
RESIDENCE	Twin Falls Idaho	Twin Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	57	30
BIRTHPLACE	Pennsylvania	N. Carolina
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed June 30 19 12 John T Coughlin
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353

MAY 29 1974

213-116-042-343

Form V. S. No. 11-C—15m-6-20-11

6793

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital Twin Falls

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 23 File No. ____

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Jim Osborn Ball

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fitch L Ball	Gay Lucy
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

(Signature) J. V. Boyd

M.D.
(Physician or Midwife)

Address Twin Falls

Filed 6-20 1912 John F. Engleen
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 7, 1941. E.W.

795-101-042-847

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6794

Registration District No. 23

File No. [redacted]

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	Yes	June 1, 191[illegible]

FATHER		MOTHER	
FULL NAME	Alphus Green	FULL MAIDEN NAME	Ruth Hughes
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Zigel M.D.

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 3 19 12 John F. Engleken Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6794

PLACE OF BIRTH

519-106-042-997

PLACE OF BIRTH

County of Twin Falls

City of ____ No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6795

Registration District No. 23

File No. [redacted]

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD Richard Marvin Varney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frederick F. Varney	Myrtle Rice
RESIDENCE	Twin Falls	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	28
BIRTHPLACE	Maine	Ind
OCCUPATION	Confectioner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls Ida

Filed 6-8 1912 John T. Coughlan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WYOMING }
County of Teton } ss.

Certificate No. 6795

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Richard Marvin Varney (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on December 1, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Richard Marvin Varney

Subscribed and sworn to before me this 17th
day of March, 19 44

E. N. Moody
Notary Public, residing at Jackson, Wyo.

My commission expires Oct. 26, 1946
(Seal)

x Signed Myrtle Varney Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jackson, Wyoming.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WYOMING }
County of Teton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of March, 19 44

E. N. Moody
Notary Public, residing at Jackson, Wyoming

My commission expires Oct. 26, 1946
(Seal)

xx Signed E. Helen Lang
(Signature of Any Credible Person Other Than Previous Year)

Jackson, Wyoming
(Street Address, City, State)

MAY 9 1969

MAR 2 1 1944

768-12-042-2133

PLACE OF BIRTH

County of Twin Falls

" "

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6796

Registration District No. 23

File No. _____

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD William Albert Pohlman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	June 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. Pohlman	Mary McCullough
RESIDENCE	Hallister	Hallister
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Ill.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M. D.

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 6-25 19 12 Johnnie Engleman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Twin Falls

APR 30 1942

129-424-042-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6797

County of Twin Falls

City of " "

No. ✓ St.

Registration District No. 23 File No. [redacted]

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Glen Harold Abramson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	other	3rd	yes	June 24, 1912

FATHER		MOTHER	
FULL NAME	David W. Abramson	FULL MAIDEN NAME	Mary Smith
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ames Iowa	BIRTHPLACE	Van Meter Iowa
OCCUPATION	Contractor	OCCUPATION	Wife.

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander, Physician

(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 28 1912 John A. Coughlin Registrar

S-Y CO 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

Twin Falls

County of

122-121-042-236

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 335 - 3rd Ave E. St.

Hospital

Form V. S. No. 11—1Gen-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

6798

CERTIFICATE OF BIRTH

Registration District No. 23 File No.

Primary Registration District No. 2085. Registered No.

FULL NAME OF CHILD Ralph Henry Axsendrup

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 21 1912

FATHER		MOTHER	
FULL NAME	Anthony Axsendrup	FULL MAIDEN NAME	Ethel Scott
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	~~Twin Falls~~ Indiana	BIRTHPLACE	Indiana
OCCUPATION	Teamster	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Hamilton M.D

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

.....19.....

Filed June 25 1912 John F. Engelen

.....
Registrar

S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

St. Edwards Catholic Church, Twin Falls, Idaho, Certificate of Baptism, Sept. 17, 1912 gives full name of child as Ralph Henry Assendrup, born June 21, 1912 at Twin Falls, Ida. to A.H. Assendrup and Ethel Scott. - viewed by V.S. & Own Child's Birth Cert. on file, #236654 gives full name of father as Ralph Henry Assendrup - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 6798

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Assendrup (Name on Original Certificate) who born (Was Born or Died) on June 21, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on September 2, 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ralph Henry Assendrup

Subscribed and sworn to before me this 23rd day of September 19 60.

Notary Public, residing at Twin Falls
My commission expires Sept 20, 1962
(Seal)

Signed Ethel M. Assendrup
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of September 19 60.

Notary Public, residing at Twin Falls
My commission expires 12/15/62
(Seal)

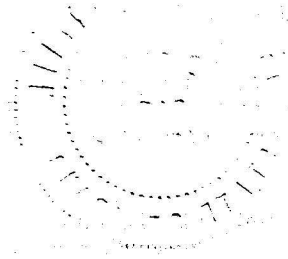
Signed Gordon Gay
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 8-29-60. one copy pd. receipt #06140.

NOV 2 1960



418-228-042-755

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6799

County of Twin Falls

City of Twin Falls Registration District No. 23 File No.

No. , St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Helen Maher

Sex of Child Female | Twin, Triplet, or other? other | and Number in order of birth 1st | Legitimate? Yes | Date of birth June 28, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Maher	FULL MAIDEN NAME	Mable Pendleton
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Idg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Monarch Colo.	BIRTHPLACE	Salt Lake Utah,
OCCUPATION	Warehouseman	OCCUPATION	House

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Duncan L. Alexander

Physician

(Physician or Midwife)

Address Twin Falls, Ida

Filed 6-30 19 12 John H. Engleton
Registrar

S-Y CO. 14870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1942

134-015-042-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

6800

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of "

Registration District No. 23

File No.

No. , St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Ruby Estella Mc Dougal

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes.	6-15, 1912

FATHER		MOTHER	
FULL NAME	Silas Mc Dougal	FULL MAIDEN NAME	Nora Benevides
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	Cal.
OCCUPATION	Trapper	OCCUPATION	Nurse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M. D

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 6-20 19 12 John T Coughlan
Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

6800

PLACE OF BIRTH

257-118-042-693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 6801

County of Twin Falls

Registration District No. 23

City of ____ File No. ____

No. ____, ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Wm Howard Beatty

Sex of Child: Male

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth: 6 (Month) — 18 (Day) — 12 (Year)

FATHER		MOTHER	
FULL NAME	Clyde L Beatty	FULL MAIDEN NAME	Lena Wilcox (Wife)
RESIDENCE	Twin Falls	RESIDENCE	Twin Hall
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Nurse

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 24 1912 John F Bryden Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-14-042-558

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 2-3 File No. [redacted]

No. _____, _____ St.

Hospital _____ Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Clifford Deboen Doramus

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C

CERTIFICATE OF BIRTH 6802

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	6-14 1912

FATHER		MOTHER	
FULL NAME	Wm Leroy Doramus	FULL MAIDEN NAME	Emma Marie Hoagland
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas.	BIRTHPLACE	Kans.
OCCUPATION	Carpenter	OCCUPATION	Hsmf

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 6-20 1912 John Y Coughlan Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6802

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Debeau	Clifford Deboe Doramus
Mother's name	Mary	Emma Marie Newland

Subscribed and sworn to before me this 2nd
day of Aug, 1944

Pauline Aulrone
Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed Marie Doramus
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

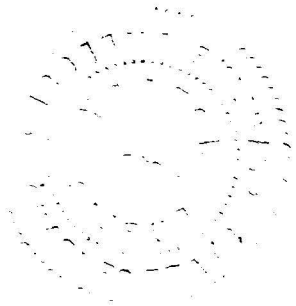
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 14 1975

DEC 14 1955



343-213-042-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

" "

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

* 6803

Registration District No. 2 3

File No. _____

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD Helen Fern Luttman.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Luttman	Nellie McKinley
RESIDENCE	Twin Falls Ida	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Iowa	Nebraska.
OCCUPATION	Rancher	Housf.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Wilson M D

(Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 6-20 1912 John Loughlin Registrar

S-Y CO., 16670

855-113-042-652

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6804

Registration District No. 23

File No. ____

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD James Webb Henry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	6-13, 1912

FATHER		MOTHER	
FULL NAME	James Hyrum Henry	FULL MAIDEN NAME	Harriett Webb
RESIDENCE	Milner	RESIDENCE	Milner, Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25.
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Hsmf

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M. D.

(Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 20 1912 Jolen F. Coughlan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 15 1964
Bureau of Vital Statistics

State of IDAHO
County of Twin Falls

Certificate No. 6804

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Henry (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church certificate (Bible Record, Insurance Policy, Etc.) prepared on November 1, 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	James Webb Henry

Subscribed and sworn to before me this 30th day of September 30 1964

× M. E. Silbaugh

Notary Public, residing at Kimberly, Ida.

My commission expires 5/10/66

(Seal)

Signed × J. W. Henry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1315 7th Ave. East, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of September, 1964

× M. E. Silbaugh

Notary Public, residing at Kimberly, Idaho

My commission expires 6/10/66

(Seal)

Signed × Doris Mothershead
(Signature of Any Credible Person)

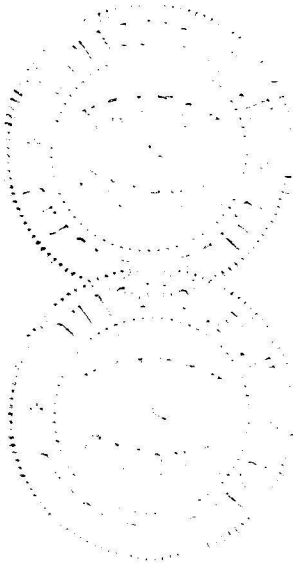
× Hansen, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-25-64. nm

Dup. Copy of L.D.S. Church Cert. of Baptism and Confirmation, baptized May 12, 1921 gives full name as James Webb Henry, son of James Hyrum Henry and Harriet Webb, born June 13, 1912 at Twin Falls, Idaho - viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Deacon, dated Nov. 1, 1925 gives full name as James Webb Henry, born June 13, 1912 at Twin Falls, Idaho to James Hyrum Henry and Harriot Webb Henry - viewed by V.S.

OCT 21 1964



457-108-042-469

CERTIFICATE OF BIRTH

STATE OF IDAHO — Form V. S. No. [illegible]

Bureau of Vital Statistics

6805

County of Twin Falls

" "

City of _____ Registration District No. 2-3 File No. [redacted]

No. _____, _____ St.

Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Hartley August Meigs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	4-5-12

FATHER		MOTHER	
FULL NAME	C O Meigs	FULL MAIDEN NAME	~~Anna Krueger~~ Louise Adele Dorow
RESIDENCE	Twin Falls	RESIDENCE	T. F.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	~~43~~ 37	AGE AT LAST BIRTHDAY (Years)	~~32~~ 28 ~~32~~
BIRTHPLACE	~~Ohio~~ Iowa	BIRTHPLACE	Mich
OCCUPATION	Merchant	OCCUPATION	Hsewf

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Blanchet M.D.

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 6-14 1912 John T. Engleton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#6805

STATE OF IDAHO)
) SS
COUNTY OF)

AFFIDAVITS FOR CORRECTION OF A RECORD

Carlos Oliver Meigs, of Twin Falls, Idaho,

being first duly sworn, deposes and says the he is Father (If related, specify degree, if friend or otherwise, so state) of Hartley August Meigs who was born (was born or died) in the city of Twin Falls, County of Twin Falls, Idaho, on the 8 day of June, 19 12, as stated in a certificate of birth (birth or death), filed by H. W. Clouchek, M.D. (name of physician or midwife, or undertaker for death) with the Local Registrar for the city of Twin Falls, County of Twin Falls, Idaho, on the 14 day of June, 19 12.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Name of the Mother: Anne Kreuger

Age of the Father : 43 Birthplace of Father: Wisconsin

Age of the Mother: 32

That affiant upon his (his or her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows:

Name of mother: Louisa Adele Borow Age of Mother: 29

Age of father : 27 Birthplace of Father: Iowa

(Seal)

Affiant C. O. Meigs

Address 517 4th Ave. E. Twin Falls Ida

Subscribed and sworn to before me this 5th day of August, 1939.

Notary Public

STATE OF IDAHO)
) SS
COUNTY OF)

C.O.Meigs of Twin Falls, Idaho

being first duly sworn deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant C. O. Meigs

Address 517 4th Ave. E. Twin Falls Ida

Subscribed and sworn to before me this 5th day of August, 1939.

(Seal)

Notary Public

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249 22 11 042 249

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

6806

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23 X X

File No.

No. ____, ____ St.

Primary Registration District No. 2 086

Registered No.

Hospital

FULL NAME OF CHILD Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♂			Yes	6 - 21 - 1912

FATHER		MOTHER	
FULL NAME	L. M. Smith	FULL MAIDEN NAME	Phoebe Smith
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	New York
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Walhuter M.D.

(Physician or Midwife)

Address Buhl Idaho

Given names added from a supplemental report

....., 19....

Filed 6-24 1912 J. T. Murphy

Registrar

S-Y CO., 16670

Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

766424-042-434

Amended 3-6-68 -

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6807
Local Reg. No. -
Reg. Dist. No. 23

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Filer
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Filer
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Earl
b. (Middle): Edmond
c. (Last): Pool

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): June 24, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Landrum
b. (Middle): E.
c. (Last): Pool

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Greenville, So. Carolina
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nola
b. (Middle):
c. (Last): McDonald

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Granville, Texas
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. A. A. Newberry
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Filer, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 6-30-12
22. REGISTRAR'S SIGNATURE: John F. Coughlin
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

766 024 042-434

PLACE OF BIRTH

County of Twin Falls

City of Filer

No ____, ____ St.

Hospital ____

FULL NAME OF CHILD (Not Named) Poole

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 6807

Registration District No 23

Primary Registration District No 2086

File No. [redacted]

Registered No. ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
B.			Yes	6 24 1912

FATHER	MOTHER
FULL NAME Langdrum Poole	FULL MAIDEN NAME Nola McDonald
RESIDENCE Filer Ida	RESIDENCE Filer Ida
COLOR W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Greenville So Carolina	BIRTHPLACE Granville Texas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-24-12 at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or Midwife)

Address Filer Idaho

Given names added from a supplemental report

....., 19.....

Filed 6 30 1912 John A Coughlin Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR - 7 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 22 1968
Bureau of Vital Statistics

State of IDAHO
County of Minidoka } ss.

Certificate No. 6807

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Poole (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Earl Edmond Pool
Full Name of Father	Landrum Poole	Landrum E. Pool

Subscribed and sworn to before me this 5th day of January, 1968

Helen Clark

Notary Public, residing at Rupert, Idaho

My commission expires Oct. 1, 1970

(Seal)

Signed Earl Edmond Pool
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heyburn, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1968

Helen Carlquist

Notary Public, residing at Twin Falls, Idaho

My commission expires March 1, 1970

(Seal)

Signed Mrs A E Malone
(Signature of Any Credible Person)

x 1906 Jay E TF
(Street Address, City, State)

FORM DH 60-155

CL 1-3-68. one copy pd. rec. #25864.

App. for Insurance in Business Men's Assurance Co. of America, dated Jan. 27, 1936, gives name as Earl Edmond Pool, born Twin Falls, Idaho, June 24, 1912. -- viewed by V.S.

Own child's birth certificate on file Idaho, State File #408157, gives name of father as Earl E. Pool, child born April 10, 1945 - viewed by V.S.

Child's birth certificate on file Idaho, State File #47347, gives name of father as Landrum Pool, child born Jan. 16, 1917 - viewed by V.S.

Death Certificate on File Idaho, State File #57-2004, gives name as Landrum Earl Pool, died May 24, 1957, at Twin Falls, Idaho - viewd by V.S.

Social Security Card, Account No. 519-01-5926, issued 5-13-37, gives name as Earl Edmond Pool - viewed by V.S.

295-11-042-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

No. 6808

PLACE OF BIRTH

County of Twin Falls

City of Filer

Registration District No 23 File No.

No ....., ... St.

Primary Registration District No. 2086 Registered No.

Hospital .....

FULL NAME OF CHILD (Not named) Brennan Earl Wayne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes.	6 11 1917

FATHER		MOTHER	
FULL NAME	Chas. Brennan	FULL MAIDEN NAME	Stella Keeden
RESIDENCE	Filer Idaho	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Johnson Co Nebr	BIRTHPLACE	Ferris Co Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 11 - 17, at 7 30 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry
(Physician or Midwife)

Address Filer - Ida

Given names added from a supplemental report

....., 19.....

Filed 6-30 19 17 John H Coughlin
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 2 6 1941

819410-042-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6809

County of Twin Falls

City of Burbil

Registration District No. 2 3 X X

File No.

No. ____, ____ St.

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Walter Carl Yaeschi

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	6 10 1912

	FATHER	MOTHER
FULL NAME	Otto Yaeschi	FULL MAIDEN NAME Marie Mueller
RESIDENCE	Burbil	RESIDENCE Burbil
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	59 (Years)	41 (Years)
BIRTHPLACE	Aargau Switzerland	BIRTHPLACE Aargau Switzerland
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 6-14 1912 J. H. Murphy

Registrar

S-Y CO., 16670

Registrar

834-29 1642-238

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6810

County of Twin Falls

City of Buhl

Registration District No. 108 23 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Peter Paul Hlafsa

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	6 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Hlafsa	Annie Schneider
RESIDENCE	Buhl Ida	Buhl Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	42	41
BIRTHPLACE	Bohemia	Haenstadt Germany
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 15

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McCluskey M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

.....19.....

Filed 6 30 1912

J. F. Murphy
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 28 1970
Bureau of Vital Statistics

State of CALIFORNIA } ss.
County of FRESNO }

Certificate No. 6810

Date Filed June 30, 1912

The undersigned does solemnly swear that certain facts on this certificate of birth (Birth or Death)
for Unnamed Hlafsa (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ARMY DISCHARGE PAPER 8-14-45 1964 INCOME TAX RETURN prepared on 4-15-65 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Peter Paul Hlafsa

Subscribed and sworn to before me this 26TH day of OCTOBER, 1970

Notary Public residing at FRESNO, CALIF
My commission expires MAY 7 1974
(Seal)

OFFICIAL SEAL
PAUL G. MAZUSKI
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
FRESNO COUNTY
My Commission Expires May 7, 1974

[redacted]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

John Albert Hlafsa
(Street Address, City, State) 784 NO. WILSON AVE FRESNO, CAL

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ..... }
County of ..... } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 10/5/70 a 1cc pd.

Honorable Discharge from the Army of the United States gives name as Peter Paul Hlafsa. Date of Separation, Aug 14, 1945.
Viewed by V.S.

NOV 24 1970

U. S. Individual Income Tax Return for 1964 gives name as Peter Paul Hlafsa, S.S.# 558 22 5912.
Viewed by V.S.

295-21c

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

6811

County of Twin Falls

City of Buhl

Registration District No. 2317

File No.

No. 7 St.

Primary Registration District No. 2087

Registered No.

Hospital 7

FULL NAME OF CHILD. Myrtle King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	6 19 1912

FATHER		MOTHER	
FULL NAME	H. G. P. King	FULL MAIDEN NAME	Laura Travers
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Tazewell Virginia	BIRTHPLACE	Bowie Tex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

.....19.....

Filed 6-21 1912

J. H. Mcnulty
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1972

3-31-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wash. } ss.
County of Clark }

Certificate No. 6811

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed King (Name on Original Certificate) who was born (Was Born or Died) on June 19, 1912 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Myrtle Margueritte King

Subscribed and sworn to before me this 14 day of April, 1972.

Angie Karow

Notary Public, residing at VANCOUVER, WASH.

My commission expires Nov 28, 73

(Seal)

Signed Jerry King

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1100 N.E. 82nd Ave. Vancouver Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate issued by the State of California, # 33-014458 gives name of mother as Myrtle King born in Buhl, Idaho. Child born March 13, 1933 Viewed by V.S.

MAY 12 1972

Letter from Buhl Public Schools, Buhl, Idaho gives name as Myrtle King. Born June 19 1912. Her father listed as P. King. From record dated Feb. 7, 1922. Viewed byVS

62-11 71043-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. X St.

Hospital X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

6812

Registration District No. 2381 File No.

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Claude Rees Wiseman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	6 17 1912

FATHER		MOTHER	
FULL NAME	Leonard T. Wiseman,	FULL MAIDEN NAME	Bessie Rees
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White,	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Prescott Wash	BIRTHPLACE	Waitsburg Wash
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.16 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

~~Buhl Ida~~

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 6-21 1912

J. W. Mumley
Registrar

S-Y CO. 20174

FEB 3 1953

21-24/1042-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 6813

County of Twin Falls

City of 4 W. Buhl

No. ....., ... St.

Registration District No. 2387 File No. .....

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Isabel Baughman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes	6 11 1912

FATHER		MOTHER	
FULL NAME	Wm N. Baughman	FULL MAIDEN NAME	Nellie Strong
RESIDENCE	4 W. Buhl	RESIDENCE	4 W. Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Rock Island Ill	BIRTHPLACE	Cedarvale Kan
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClung M.D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 6-15 19 12 J. A. Murphy

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

154/102·042-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 6814

County of Twin Falls.

City of Buhl

Registration District No. 2081 File No.

No. ____, ____ St.

Primary Registration District No. 2087 Registered No.

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	6, 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Anderson.	Irene Shaw.
RESIDENCE	2½ C Buhl Ida	2½ C Buhl Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	23
BIRTHPLACE	Malad Ida	Anaconda Mont.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Buhl Ida

Filed 6-5 1912

S-Y CO., 16670

Registrar

J. H. Murphy

Registrar

OCT 2 3 1975

363-203.042-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Amended 4/28/75 Bureau of Vital Statistics

6815

CERTIFICATE OF BIRTH

County of Twin Falls

City of I W. Drop Creek

No ____, ____ St.

Hospital ____

Registration District No 2 3 8 1

Primary Registration District No 2 0 8 7

File No. [redacted]

Registered No. ____

FULL NAME OF CHILD Eugenia Louise Collord.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	6 - 3 ,191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. W. Collord.	Grace Sears.
RESIDENCE	I W. Drop Creek.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26.	20
BIRTHPLACE	Kan.	Kan.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 9.30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mufley M. D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Filed 6-4- 1912 J. W. Mufley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

4 11 75

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 11 1975

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ..... }

Certificate No. 6815

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Collard (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1912 (Date of Event)
in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Eugena Louise Collard
Fathers name	Collard	Collord

Subscribed and sworn to before me this 11 day of April, 1975
Eva Flora Lowe
Notary Public, residing at Idaho
My commission expires Sept 16, 1977
(Seal)

Signed Eugene W. Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1 Caldwell, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

APR 2 8 1975

Own childs birth certificate Donald Eugene Clark born Nov. 29, 1940 at Emmett, Idaho State File # 303828 gives mothers name as Eugena Louise Collord.
Viewed by VS

Marriage License and Marriage certificate State of Idaho , County of Canyon Eugene Clark and E. Louise Collord License date May 31, 1937 by B. C. Newell Deputy. and Eugene Clark & E. Louise Collord married June 3, 1937. by W. A. Wilson Minister.
Viewed by VS

Family Record , obviously old gives fathers name as L. W. Collord.
Viewed by VS

755-207.042-295

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No _____, _____ St.

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH 6816

Registration District No 2 3 X 1

Primary Registration District No 2087

File No. 1

Registered No. _____

FULL NAME OF CHILD Baby Grave.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	6 — 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. O. Grave.	Emma Kraus.
RESIDENCE	Buhl	Dana
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29.	29.
BIRTHPLACE	Pa.	Pa.
OCCUPATION	Musician.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy. M.D. (Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 6-8- 1912 J. N. Murphy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

34

65-24-042-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6817

County of Twin Falls.

City of Buhl

No ....., ... St.

Registration District No 2381

File No. 1

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Weaver.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	6-24-191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. E. Weaver.	Clara B. Schwing.
RESIDENCE	Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	19.
BIRTHPLACE	Ind.	Utah.
OCCUPATION	Baggage Man	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 4:30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D. (Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Filed 6-25-1912 J. H. Murphy Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

319-212-042-268

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6818

Registration District No. 23

File No. [redacted]

Primary Registration District No. 2 [illegible]

Registered No. ____

FULL NAME OF CHILD Faye Roberta Cassity

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	June 12, 191[illegible]

FATHER		MOTHER	
FULL NAME	Robert Cassity	FULL MAIDEN NAME	Kate Borsini
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Cal
OCCUPATION	Millman & Contractor	OCCUPATION	Lumberjack

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-14 1912 J. H. Wrigley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Merced } ss.

Certificate No. 6818

Date Filed June 14, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Cassity (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics.
prepared on November 3, 1954 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of Child	(unnamed) Cassity	Faye Roberta Cassity.

Subscribed and sworn to before me this 10th day of November 1954

John D. McCarthy
Notary Public, residing at Gustine Calif.
My commission expires September 8, 1957
(Seal)

Signed Mrs Katherine McBride
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

119 - Sixth St. Gustine Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Merced } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 1954

John D. McCarthy
Notary Public, residing at Gustine Calif.
My commission expires September 8, 1957
(Seal)

Signed Mrs Brenda Sterling
(Signature of Any Credible Person)

1005 Sycamore Ave Gustine Calif
(Street Address, City, State)

DPH 52-155

NOV 15 1954

238-20110921-63

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of c/Amsterdam

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH No. **6819**

Registration District No. 23 File No. ____

Primary Registration District No. 2088 Registered No. ____

FULL NAME OF CHILD c/Martha J Scholtens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 1, 1912

FATHER		MOTHER	
FULL NAME	Herman Scholtens	FULL MAIDEN NAME	Saltje v. d. Wall
RESIDENCE	Amsterdam	RESIDENCE	Amsterdam
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Scholtens W F Duckett M D

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Filed June 5 1912 John F Coughlan Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

MAR 29 1967

SEP 17 1969

252 [redacted] 96-852

[redacted] TH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6821

County of Bingham

City of Goshen

No ____, ____ St.

Hospital ____

Registration District No 33

File No [redacted]

Primary Registration District No 2152

Registered No 38

FULL NAME OF CHILD Geneva Sessions

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female		1	yes	June 9 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Printes D Sessions	FULL MAIDEN NAME	Minnie A Hess
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Eden Butler Co Iowa	BIRTHPLACE	Beaufort Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on June 9, at 1.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) [illegible]

midwife
(Physician or Midwife)

Address Shelley Ida R.F.D. #1

Filed 6-14 19 12 Edwin Arden
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 20 1959

355 109 006-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6822

PLACE OF BIRTH

County of Bonhams

City of Gosham

Registration District No 33 File No. 2 [redacted]

No ____, ____ St.

Primary Registration District No. 2152 Registered No. 39

Hospital ____

FULL NAME OF CHILD Golden Saranzo Teeples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 4, 1912

FATHER		MOTHER	
FULL NAME	Jacob Teeples	FULL MAIDEN NAME	Elsie Whitmil
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Provo utah	BIRTHPLACE	Provo utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on June 4, at 4.30 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) alice F. Sessions

midwife

(Physician or Midwife)

Address Shelley Ida R. F. D. #1

Given names added from a supplemental report

....., 19.....

Filed June 19 19 12 Edwin Cutler

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

653-214-006-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH No. 6823

County of Bingham

City of Rimbil

No. ____ St.

Hospital ____

Registration District No. 33 File No. ____

Primary Registration District No. 2152 Registered No. 41

FULL NAME OF CHILD Rhoda Louisa Welshman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Welshman	May Lake
RESIDENCE	Rimbal	Rimbil
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye M.D.
(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-1- 1912 Edwin Carlson
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

6823

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Kimball
Street and House No.
County Bingham

Registered Number 33
Registration District No. 216-2

Sex of Child F

Date of Birth, 6 (Month) 14 (Day) 1912 (Year)

Full Name of Father: Geo. Melchisman

Full Maiden Name of Mother: Mary Lake

I HEREBY CERTIFY that the child described herein has been named:

Rhoda Louisa Melchisman
(Given name in full) (Surname)

as reported by Geo Melchisman
(Father or Mother)

Edwin Cutler M.D.
(Local Registrar)

Post.

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

SEP 2 1954

866-201-006-499

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Basalt

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 6824

Registration District No 33 File No. [redacted]

Primary Registration District No. 2/52 Registered No. 37

FULL NAME OF CHILD Bertha Rebecca Hoover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	One	Yes	June 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. L. Hoover	Eunice K. Matteson
RESIDENCE	Basalt	Basalt
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	32
BIRTHPLACE	[illegible]	Iowa
OCCUPATION	[illegible]	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 1st, at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Alice F. Sanders

Midwife
(Physician or Midwife)

Address Shelley, Idaho R.D. 1

Filed June 10 1912 Edwin Carter
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 1 2 1975

767-39-006-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6825

County of Bingham

City of Basalt

No. ____, ____ St.

Registration District No. 33

File No. [redacted]

Hospital ____

Primary Registration District No. 2152

Registered No. 40

FULL NAME OF CHILD Ersal Leland Pope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
mail			yes	June 29 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. Leland Pope	Mable Elva Davis
RESIDENCE	Basalt	Basalt
COLOR	white	White
AGE AT LAST BIRTHDAY	22 (Years)	20 (Years)
BIRTHPLACE	Wilford Fremont	Wilford Fremont
OCCUPATION	working man	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. June 29 at 1045 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Shelley, Bingham, Co. Ida.

Filed July 8 1912 Edwin Cutler Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DUP OF 1912 38744/

863/61.006-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each with the number of each, in order of birth stated.

Form V. S. No. 11

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

6826

Registration District No. 33 File No. [redacted]

Primary Registration District No. 2132 Registered No. 21

FULL NAME OF CHILD Ifala Bertie Holland

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 1 1912

FATHER

FULL NAME Joseph Bertie Holland

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ogden, Utah.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Tracy Shaw

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Hyrum Utah

OCCUPATION Housekeeper.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Idaho

Filed 7-1-1912 Edwin Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

65-26

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Shelley
Street and House No.
County Bingham

Registered Number 33
Registration District No. 218-2

Sex of Child Male

Date of Birth, 6 (Month) / (Day) 1912 (Year)

Full Name Father: Jos. Bertis Holland

Full Maiden Name Mother: Nellie Mary Shaw.

I HEREBY CERTIFY that the child described herein has been named:

Dale Bertis Holland
(Given name in full) (Surname)

as reported by Jos. B. Holland
(Father or Mother)

Edwin Cutler M.D.
(Local Registrar) per A.

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MAY 25 1954

193-206-006-386.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 6827

Registration District No. 33 File No. [redacted]

Primary Registration District No. 2152 Registered No. 32

FULL NAME OF CHILD Gwendolyn Kellion

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	6 — 6 — 1912

FATHER		MOTHER	
FULL NAME	Delos Kellion	FULL MAIDEN NAME	Cora Irene Thorne
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	17 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley Idaho

Filed 7-1-1912 Edwin Cutler

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-118-006-193

Form V. S. S-Y. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6828

Registration District No. 33 File No. .....

Primary Registration District No. 215-2 Registered No. 33

FULL NAME OF CHILD Charles Gordon Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	6-15-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Trephi Johnson	Frida Bittman
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Idaho	Germany
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Phys. (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 7-1-1912 Edwin Cutler Registrar

..... Registrar

S-Y CO. 20174

c.c. 5/9/41. w.h.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6828

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Shelley
Street and House No.
County Bingham

Registered Number 38
Registration District No. 252

Sex of Child Fem.

Date of Birth, 6 (Month) 18 (Day) 1912 (Year)

Full Name of Father Chas. Orphi Johnson

Full Maiden Name of Mother Frieda Bittinan

I HEREBY CERTIFY that the child described herein has been named:

Charles Gordon Johnson
(Given name in full) (Surname)

as reported by Chas. O. & F. Johnson
(Father or Mother)

Edwin Cutler M.D.
(Local Registrar) per A.

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

359.226.006-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6829

County of Bingham

City of Shelley

Registration District No. 33

File No. [redacted]

No. ____ St.

Primary Registration District No. 2352

Registered No. 34

Hospital ____

FULL NAME OF CHILD Ada Bessie Terry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				6 — 26 — 1912

FATHER		MOTHER	
FULL NAME	Chas Otis Terry	FULL MAIDEN NAME	Elvina Campbell
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Shoemaker	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M-D.

Phys.

(Physician or midwife)

Address Shelley, Ida

Given names added from a supplemental report

....19....

Registrar

Filed 7-1-1912 Edwin Cutler M-D

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 1973

966.130 006389

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Binghams

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6830

Registration District No. 33 File No. [redacted]

Primary Registration District No. 2152 Registered No. 36

FULL NAME OF CHILD Virgil Peter Rowbury

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	6-30-1912

FATHER

FULL NAME Wm Henry Rowbury

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE England

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Edna Christenson

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eduin Cutler M.D.

Phys.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 7-1- 19 12 Eduin Cutler
Registrar

S-Y CO. 20174

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6832

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City S Shelley
Street and House No.
County Bingham

Registered Number 33
Registration District No. 215-2

Sex of Child Fm.

Date of Birth, 4 (Month) 30 (Day) 1912 (Year)

Full name of Father Wm H. Rowbury

Full maiden name of Mother Edna Christensen

I HEREBY CERTIFY that the child described herein has been named:

Vergil Peter Rowbury
(Given name in full) (Surname)

as reported by W. H. Rowbury
(Father or Mother)

Edwin Cutler M. D.
(Local Registrar)

per X.

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

APR 26 1967

319-224-006-251

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 6831

County of Bingham

City of Shelley

Registration District No. 33 File No.

No. St.

Primary Registration District No. 215-2 Registered No. 36

Hospital

FULL NAME OF CHILD Annie Louise Larsen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	6 (Month) – 24 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Emmanuel Larson	FULL MAIDEN NAME	Annie Elizabeth Kearney
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Castle M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

19

Registrar

Filed 7-1-1912 Edwin Castle

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 1 1958

213-227-006-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6832

Registration District No. 33 File No. [redacted]

Primary Registration District No. 215-2 Registered No. 42

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	6 – 27 – 1912

FATHER		MOTHER	
FULL NAME	Clarence Fredrick Bates	FULL MAIDEN NAME	Maud Ellen Johnson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W Lite	COLOR	W Lite
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) Edwin Leutler M.D.

Phys.
(Physician or midwife)

Address Shelley, Idaho.

Filed 7 – 1 1912 Edwin Cutler
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

491.216.006236

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 33 File No. 6833

Primary Registration District No. 2152 Registered No. 143

FULL NAME OF CHILD Dora Dial

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	6 (Month) — 16 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Sam Dial	FULL MAIDEN NAME	Lucretia Stoddard
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Phys.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 7-1 1912 Edwin Cutler
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Mar-2-18-18

433.2 [redacted] 433

Form V. S. No. 11-C—15m-6-30-11

PLACE OF [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6834

County of Bannock

City of Pocatello

No. 648 W. Whitman

Hospital

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 119

FULL NAME OF CHILD McLaughlin, Mary Elizabeth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem	—	—	yes	May 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas McLaughlin	Catherine McCann
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Ayrshire, Scotland	Ayrshire, Scotland
OCCUPATION	Blacksmith	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Healy

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-15 1912 Earl D. Jones Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

APR 17 1967

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Weber }

Certificate No. 6834

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed McLaughlin (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism & Certified Marriage Record (Bible Record, Insurance Policy, Etc.) prepared on 11/29/34 & 1/5/65 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	[illegible]
		Marie Elizabeth McLaughlin

Subscribed and sworn to before me this 17th day of March, 19 67

Notary Public, residing at Ogden, Utah
My commission expires July 21, 1970
(Seal)

Signed Kathryn M. McLaughlin Cutler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1658 20th St., Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Park }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April, 19 67

Notary Public, residing at Cody, Wyoming
My commission expires Nov. 27, 1969
(Seal)

Signed Marie M. Manogian
(Signature of Any Credible Person)

1344 Alger Ave., Cody, Wyoming 82414
(Street Address, City, State)

FORM DH 60-155

CL 4-28-65. nm

State of Wyoming, Marriage Record, county of Sweetwater, married Dec. 1, 1934 at Rock Springs, Wyoming, gives full name of groom as James Manorgan and full name of bride as Marie Elizabeth McLaughlin - viewed by V.S.

AUG 9 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 711 N. Arthur St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

* 6835

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 120

FULL NAME OF CHILD Leland A. Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		2	yes	May 7, 1912

FATHER		MOTHER	
FULL NAME	Leland S. Williams	FULL MAIDEN NAME	Ruby E. Riddle
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ogden Utah
OCCUPATION	Brakeman	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. T. J. Healy

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-15 1912 Earl D Jones
Registrar

S-Y CO., 16670

MAR 13 1967

JAN 16 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
BUREAU OF
JAN 24 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 6835

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Williams (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1912 (Date of Event)
in Pocatello, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leland A. Williams

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of
January, 1975

Signed Lucinda K. Hall
(Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho
My commission expires 11-1-77
(Seal)

Pocatello Idaho
(Street Address, City, State)

FORM DH 60-155

CL 1/28/75 3 cc pd.

Application to Bankers Life Co. gives name as Leland A. Williams. born May 7, 1912. dated April 19, 1933. viewed by V. V.

FEB 14 1975

Certif. of Ordination to the Holy Priesthoos gives name as Leland A. Williams. Ordained a Deacon on Jan. 12, 1925. viewed by V. S.

249-108003-363

Amended 2-5-62

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6836
Local Reg. No. 121
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 1 mile West of City

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Wiley

b. (Middle): J.

c. (Last): Smith

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) May (Day) 8, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Ira

b. (Middle): W.

c. (Last): Smith

8. COLOR OR RACE: White

9. AGE (At time of this birth): 49 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Rochester, N.Y.

11a. USUAL OCCUPATION: Machinist

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rose

b. (Middle): C.

c. (Last): Tolman

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Auburn, Wyo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: O. B. Steely

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Pocatello, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 7-15-1912

20. REGISTRAR'S SIGNATURE: Earl D. Jones

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

In the district where the birth occurred WITHIN 10 days after the date of birth of the child

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6836

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Smith (male child) (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1912 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wiley J. Smith
Child's Date of Birth	May 9, 1912	May 8, 1912
Mother's Maiden Name	Rose C. Tollman	Rose C. Tolman

Subscribed and sworn to before me this 2 day of February, 1962

Notary Public, residing at Alameda Idaho

My commission expires 8 November 1965

(Seal)

Signed Rose C Tolman (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 E. Cedar Alameda, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of February, 1962

Notary Public, residing at Alameda Idaho

My commission expires 8 November 1965

(Seal)

Signed John E. Marshall
(Signature of Any Credible Person)

180 Randolph Alameda, Ida.
(Street Address, City, State)

FORM DH 60-155

L 1-30-62. one copy pd. rec. #5422.

State of Idaho Chauffeur's License, #10634, date issued May 15, 1944 gives full name as Wiley J. Smith, birthdate May 8, 1912 - viewed by V.S.

Statement from Vernal J. Taysom, Ward Clerk, Pocatello L.D.S. Church thirteenth ward bishopric, Pocatello Stake, Pocatell, Idaho, statement dated November 21, 1953 states "I, Vernal J. Taysom, Ward Clerk of the Thirteenth Ward of the North Pocatello Stake, of the Church of Jesus Christ of Latter Day Saints, do hereby certify that according to our records Mr. Wiley Joseph Smith was born May 8, 1912 and was baptized a member of this Church on August 23, 1920." - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, July 28, 1903 gives full name as Rosy Cathrine Tolman Ricks, daughter of Joseph H. Tolman and Rosey Ann Walton, born July 28, 1895 at Auburn, Wyoming - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #112082 gives full maiden name of mother as Rosie Catherine Tolman - viewed by V.S.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

(If not in city give name of township)

No. [illegible] St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6836

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 121

FULL NAME OF CHILD Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	May 9, 1912

FATHER		MOTHER	
FULL NAME	Ira W. Smith	FULL MAIDEN NAME	Rose E. Tallmon
RESIDENCE	W Pocatello Idaho	RESIDENCE	W Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Rochester N.Y.	BIRTHPLACE	Auburn, Ny
OCCUPATION	machinist	OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Steely

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-15 19 12 Earl D. Jones

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 6 1962

253.22.003-219

Form V. S. No. 11-C—10m-5-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6837

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 435, N. Hayes St.

Hospital

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 122

FULL NAME OF CHILD Bell

Sex of Child Fem | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth May 12, 191 2 (Month) (Day) (Year)

FATHER

FULL NAME Leon E. Bell

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Kenton, Del

OCCUPATION Loco fireman

MOTHER

FULL MAIDEN NAME Lela E Barr

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Monongahela Co. W. Va.

OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Steely

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-15 19 12 Earl D. Jones
Registrar

S-Y CO., 16670

415 H8 1007 796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 216, No. 4th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6838

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 123

FULL NAME OF CHILD Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 18 (Year) 1912
male			yes	

FATHER	MOTHER
FULL NAME Aaron Luther Davis	FULL MAIDEN NAME Irza M. Crosswhite
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR black	COLOR black
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kansas City Kans	BIRTHPLACE Independence, Mo
OCCUPATION Chef	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) O. J. Geer

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed 7-15 1912 Earl D. Jones Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

95-2104-003-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 6839

County of Bannock

City of Pocatello

No. 121, No 3d St.

Hospital

Registration District No. 19 File No.

Primary Registration District No. 1009 Registered No. 124

FULL NAME OF CHILD Joseph William Reilly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	June 4, 1912

FATHER		MOTHER	
FULL NAME	William Reilly	FULL MAIDEN NAME	Fany Beck
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Germany
OCCUPATION	Loco Engineer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P M. on the date above stated.

(Signature) O B Keery

(Physician or Midwife)

Address Pocatello Idaho

Filed 7-15 1912 Earl D Jones Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

Amended 11/16/71

84(a)24.000 I 237

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6840
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mildred b. (Middle): c. (Last): Huffman

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 24, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Henry b. (Middle): C. c. (Last): Huffman

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Nebraska

10. USUAL OCCUPATION: Painter

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lena b. (Middle): c. (Last): Klusman

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 8, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kakly

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

7-21-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 15 1971 Bureau of Vital Statistics

State of ..... } ss.

County of .....

Certificate No. 6840

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Henry C. Huffman, Jr. (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1912 (Date of Event)

in Bancroft (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Henry C. Huffman, Jr.	Mildred Huffman
Sex of child	male	female

Subscribed and sworn to before me this 8th day of November, 19 71

HELEN I. LOWELL
CLERK of DISTRICT COURT
DEER LODGE COUNTY, MONTANA

Notary Public, residing at Anaconda

My commission expires .....

(Seal)

by Mary Chor Deputy

Signed Ruth Huffman Wilson (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

510 Birch St. Anaconda, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 C.C (H)

Birth Certif. from Saint Ann Hospital, Anaconda, Montana gives child's name as Ruth Lorene Oss. Born Sept. 21, 1939. Gives father's name as Ole Oss and Mildred Hoffman . Viewed by V. S.

Certificate of Blessing from LDS Church gives name as Mildred Huffman daughter of Henry Huffman and Lena Klusman. Born June 24, 1912 and Blesssed Oct. 12, 1914. Viewed by V. S.

Certificate of Baptism and Confirmation gives name as Mildred Hoffman daughter of Henry Clay Hoffman and Lena Klusman. Born June 24, 1912. Baptized July 21, 1920 and Confirmed July 21, 1920. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6840

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 11 File No. ....

Primary Registration District No. 2048 Registered No. 165

Hospital .....

FULL NAME OF CHILD Henry C Huffman Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 24, 1912

FATHER		MOTHER	
FULL NAME	Henry C Huffman	FULL MAIDEN NAME	Lena Klusmon
RESIDENCE	Bancroft	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Montana
OCCUPATION	Painter	OCCUPATION	— Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or Midwife)

Address Bancroft Ida

Given names added from a supplemental report

....., 19....

Ellis Kanady Registrar

Filed July 8, 1912 Ellis Kanady Registrar

S-Y CO., 16670

JUL 21 1971

NOV 16 1971

243/15:003-851

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

6841

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____, ____ St.

Registration District No. 11

File No. [redacted]

Primary Registration District No. 2048

Registered No. 181

Hospital

FULL NAME OF CHILD Bertha E. Buckendorf

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Other	4	Yes	May 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reuben Thomas Buckendorf	Vera Belle Head
RESIDENCE	Bancroft	Bancroft
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Wyoming	Colorado
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kersey Registrar

(Signature) D. R. J. Smith

(Physician or Midwife)

Address Bancroft, Ida.

Filed January 8 1912 Ellis Kersey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-1-41
8-22-41

Form V. S. No. 11-C. 15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6842

No. County St.

Primary Registration District No. 2175

Registered No. 131

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 26, 1912

FATHER		MOTHER	
FULL NAME	W. B. McCrary	FULL MAIDEN NAME	Katharyn Corey
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Apr 30 19 12 R C Bull

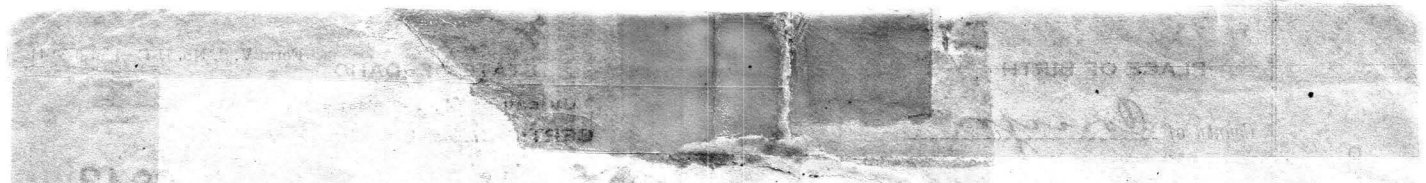
S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



PLACE OF BIRTH
5-16-201-014-279

County of Canyon

City of Caldwell

Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 3

File No. 6843

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 132

Hospital Canyon

FULL NAME OF CHILD Mary Elizabeth Krooman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	5 — 1 — 12

FATHER		MOTHER	
FULL NAME	Howard Krooman	FULL MAIDEN NAME	Lela Margaret Spurgeon
RESIDENCE	Utah	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 3 0 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kadey
Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 5 — 10 19 12 R C Bull
Registrar

S-Y CO., 18670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE return must be made for each

469-22-[illegible]915

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. B-C-1[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 6844

No. ____, ____ St. — Primary Registration District No. 2505 — Registered No. 133

Hospital ____

FULL NAME OF CHILD Vera Ellen Morgan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 — 29 — 1922

FATHER		MOTHER	
FULL NAME	George W. Morgan	FULL MAIDEN NAME	Pauline Marguerite Jantzen
RESIDENCE	Caldwell	RESIDENCE	Caldwell.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Caley

Physician (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 4-30-19 22 R C Bull Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 14 1943

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PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 6845

Primary Registration District No. 2007 Registered No. 119

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓ (To be answered only in event of plural births)		✓	Yes	5 31 1917

FATHER		MOTHER	
FULL NAME	L. O. Bucklund	FULL MAIDEN NAME	Carlie Johnston
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Donalure (Born alive or stillborn) at 9:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Lewis M.D.

(Physician or Midwife)

Address Parma Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed 5/31 1917 R. J. Lewis

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Prob. V. No. 11-1144-SH

45-2291016433

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 6846

No. ____ St.

Primary Registration District No. 2707

Registered No. 120

Hospital Home

FULL NAME OF CHILD Mary Alma Pierce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓	✓	Yes	5 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee Pierce	Ella McLaughlin
RESIDENCE	Parma Ida	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	42
BIRTHPLACE	Ohio	Kansas
OCCUPATION	Ranching	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cluen

M. D. (Physician or Midwife)

Address Parma, Idaho

Filed 5/29 1912 R. J. Cluen Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 13 1952

7(8-21)-OFF 619

PLACE OF BIRTH

STATE OF IDAHO

Form P. S. No. 11—1000-6-1919

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 6847

No. ..... St.

Primary Registration District No. 2707

Registered No. 121

Hospital Home

FULL NAME OF CHILD LUCILLE GAHLEY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	5 10 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John F. Gahley	Irine Worren
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Neb.	Mo
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Queen

M.D.

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 5/10 1917 A. F. Queen Registrar

S-Y Com 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 6847

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lucille Gahley (Name on Original Certificate) who was Born (Was Born or Died) on May-10-1912 (Date of Event)
in Parma Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on about May-10-1912 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lucille Gahley

Subscribed and sworn to before me this 4th day of April, 1942

P C Clegg
Notary Public, residing at Nyssa Idaho

My commission expires Sept 28-1943
(Seal)

Signed Agnes Pritchard, Aunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma R#2-Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1942

P C Clegg
Notary Public, residing at Nyssa Ida

My commission expires 9/28-43
(Seal)

Signed Gertrude Bartles
(Signature of Any Credible Person Other Than Previous Year)

Parma R#2 Idaho
(Street Address, City, State)

APR 9 1942

331-209101-214

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-30-12

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 6848

Primary Registration District No. 2V07

Registered No. 122

FULL NAME OF CHILD Irma Anna Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓	✓	Yes	5 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Clark	Tessa Sawyer
RESIDENCE	Parma - Ida	Parma Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Mo.	Pa.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clem

M. D. (Physician or Midwife)

Address Parma Ida

Filed 5/9 1912 R. J. Clem Registrar

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 9 1954

413-104-1014-433

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

Registration District No. 3

File No. 6849

Primary Registration District No. 2107

Registered No. 123

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	5 4 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Sam W Mathews	FULL MAIDEN NAME Maryada McCord
RESIDENCE Parma	RESIDENCE Parma
COLOR W	AGE AT LAST BIRTHDAY (Years) 33
COLOR W	AGE AT LAST BIRTHDAY (Years) 36
BIRTHPLACE Ark	BIRTHPLACE Mo
OCCUPATION Ranch	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

M.D.

(Physician or Midwife)

Address Parma Ida

Given name added from a supplemental report

..... 19.....

Filed 5/4 1912

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Golden Gate Precinct Registration District No. 3 File No. 6850

No. ____, ____ St.

Primary Registration District No. 2507 Registered No. 124

Hospital ____

FULL NAME OF CHILD Ruth Irene Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	May 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rollie Brown	Anna Brown
RESIDENCE	Golden Gate (Parma R1)	Golden Gate
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Ill.	Nebraska
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or Midwife)

Address Parma, Ida.

Given names added from a supplemental report

....., 19.....

Filed 5/11 1912 R. J. Allen

Registrar

S-Y CO., 16670

Registrar

OCT 5 1973

APR 20 1944

613-129014-218

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 6851

No. ____ St. ____

Hospital Home

Primary Registration District No. 2007

Registered No. 125

FULL NAME OF CHILD DALLAS WATKINS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	4 29 12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J G Watkins	Nellie Bay
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	24
BIRTHPLACE	Ill	Neb
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, 2a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Lucas

M. D.

(Physician or Midwife)

Address Parma Ida

Given name added from a supplemental report

..... 19.....

Registrar

Filed 4/29 1912

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/28/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 6851
Date Filed Apr. 29, 1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Dallas Ray Watkins (Name on original certificate) who was born (Was born or died) on Apr. 29, 1912 (Date of event)
in Parma, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Unnamed Watkins	Dallas Watkins

Subscribed and sworn to before me this 28
day of May, 19 41
A. I. Bowers
Notary Public, residing at Caldwell Ida
My commission expires April 4-1942
[SEAL]

Signed Nellie G. Watkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Nellie G. Watkins
1020 Cleveland
Caldwell Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of May, 19 41
A. I. Bowers
Notary Public, residing at Caldwell Ida
My commission expires April 4-1942
[SEAL]

Signed Sophia A Wolfe
(Signature of any credible person other than the previous affiant)
1020 Cleveland Blvd.
Caldwell Ida.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

435-216-01-X469

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-15-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 6852

No. ____, ____ St.

Primary Registration District No. 2507

Registered No. 126

Hospital ____

FULL NAME OF CHILD Hazel Frances McNees.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			yes	April 16, 1912

FATHER		MOTHER	
FULL NAME	Benj. H. McNees	FULL MAIDEN NAME	Florence J. Morris
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Tenesee	BIRTHPLACE	Golden, Colo.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or Midwife)

Address Parma

Given names added from a supplemental report

....., 19....

Registrar

Filed Apr 15 19 12 R. J. Clark

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

796-205-01X-X33

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell

Registration District No. 3

File No. 6853

No. ____, ____ St.

Primary Registration District No. 2707

Registered No. 127

Hospital ____

FULL NAME OF CHILD Dorothy Grosvenor

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
fem.	—	—	yes	Apr. 5, 1912

(To be answered only in event of plural births)

(Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David B. Grosvenor	Alice McCormick
RESIDENCE	Roswell, Ida.	Roswell
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	27 (Years)
BIRTHPLACE	Chicago	Rice Rock, Minn.
OCCUPATION	Storekeeper	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

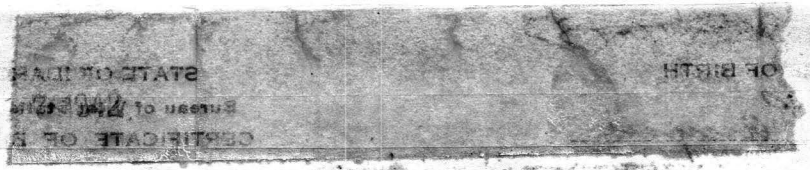
Filed Apr 10, 1912 R. J. Chun Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAY 1 6 1967

693-10-014-693

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—Rev. 1-1921

County of Canyon

City of Nampa — Registration District No. 3 — File No. 6854

No. ____, ____ St. — Primary Registration District No. 2007 — Registered No. 128

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
M.			No	4 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Unknown	Dorothy Williams
RESIDENCE	✓	Parma - Ida
COLOR	✓	W.
AGE AT LAST BIRTHDAY (Years)	✓	26
BIRTHPLACE	✓	Wales
OCCUPATION	✓	Housemaid

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clum

M. D. (Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

....., 19.....

Filed 4/10 1912 R. J. Clum Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

W[illegible]3.074-669

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

No. ____, ____ St.

Hospital At Home

Registration District No. 3

File No. 6855

Primary Registration District No. 207

Registered No. 129

FULL NAME OF CHILD Vera LaVelle Watson

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	3rd	yes	April 23, 1912

FATHER		MOTHER	
FULL NAME	Andrew J. Watson	FULL MAIDEN NAME	Minnie Ford
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

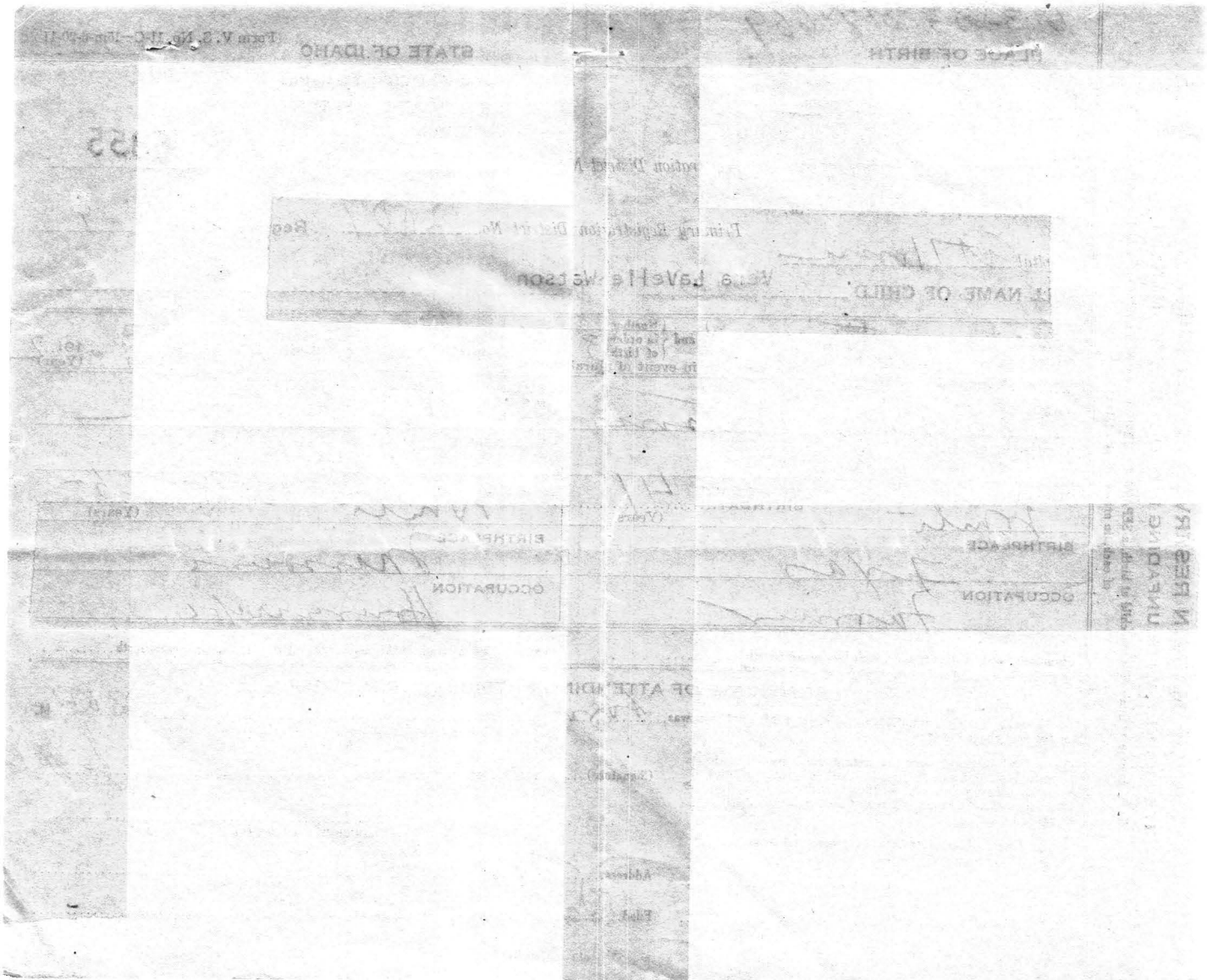
(Signature) William R. Waldrop, M.D.

(Physician or Midwife)

Address Greenleaf

Filed Apr. 25 19 12 F. A. Chase
Registrar

S-Y CO., 16670



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5 20 71

RECEIVED
MAY 21 1971
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 6855

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Not Named Watson (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1912 (Date of Event)
in Wilder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed watson	Vera LaVelle Watson

Subscribed and sworn to before me this 21st day of May, 19 71

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed William J. Daugherty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Birth Certificate of child, DeWaune Edwin Ambrose was born to James Wesley Ambrose and Vera LaVelle Watson on April 23, 1 July 22, 1951. Mother born May April 23,1912.
Viewed by V.s.

MAY 26 1971

University of Oregon Medical School gives name as Vera LaVelle Watson Ambrose. Birth was given as April 23, 1912 upon admission to the Clinic on Feb. 11, 1954.
Viewed By V.S.

660-120-01K453

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Gibbonville — Registration District No. 3 — File No. 6856

No. ____, ____ St. — Primary Registration District No. 2007 — Registered No. 130

Hospital at Home

FULL NAME OF CHILD Myron Wood

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	twin	1st	yes	April 20, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Wood	FULL MAIDEN NAME	Alice Elyn Metcalf
RESIDENCE	Gibbonville	RESIDENCE	Gibbonville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer & Plumber	OCCUPATION	Housework

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin alive at 10 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William R. Waldorf M.D.

(Physician or Midwife)

Address Gibbonville

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 25 19 12 F. J. Chase Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 11-1-40

962-20404-459

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6857

County of Canyon

City of Caldwell

No. R.7 Ll. No 11 St.

Registration District No. 3

File No.

Primary Registration District No. 2005

Registered No. 139

Hospital

FULL NAME OF CHILD Xenia Rogers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	January 4, 1912

	FATHER	MOTHER
FULL NAME	Charles F. Rogers	FULL MAIDEN NAME Lois Mayer
RESIDENCE	Caldwell, Idaho	RESIDENCE Caldwell Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Ohio
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Bell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 10 19 12 V. C. Ball

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 21, 1941. E.W.

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PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11.C—1911.6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——, ——St.

Hospital ——

Registration District No. 3 File No. 6858

Primary Registration District No. 2005 Registered No. 140

FULL NAME OF CHILD — Harold Andrew Masonholder

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	June 16, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A.W. Masonholder	FULL MAIDEN NAME	Ellen Stickney
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller (Miss W)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 20 19 12 R C Bull

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C-Rev. 6-25-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6859

No. —, —St.

Primary Registration District No. 2005

Registered No. 142

Hospital —

FULL NAME OF CHILD Madelyn Fern McCowan

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	ye	June 6, 191

FATHER		MOTHER	
FULL NAME	Hugh Mc Cowan	FULL MAIDEN NAME	Fern Pickard
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr L. J. Miller (Mid W)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed June 10 1912 R C Arnell

Registrar

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

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PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. —, — St.

Hospital no

Registration District No. 3 File No. 6860

Primary Registration District No. 2005 Registered No. 145

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Apr. 18 – 1912

FATHER	MOTHER
FULL NAME Luther Holmes	FULL MAIDEN NAME Laura Batchelder
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Mass.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Dr. S. J. Miller

(Physician or Midwife)

Address .....

Filed Apr 20 1912 R C Bull

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C Rev. 6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6861

No. ——, ——— St.

Primary Registration District No. 2005

Registered No. 146

Hospital ———

FULL NAME OF CHILD Raymond Gordon Mills

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 6, 1912

FATHER		MOTHER	
FULL NAME	J. A. Mills	FULL MAIDEN NAME	Mae Davidson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Tenn.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. L. J. Miller (Miss W)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 10 19 12 R C Bull

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 26 1943

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PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. —, — St.

Hospital —

Registration District No. 3

File No. 6862

Primary Registration District No. 2005

Registered No. 147

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—		June 3 — , 191[illegible]

FATHER		MOTHER	
FULL NAME	C E. Dillbaugh	FULL MAIDEN NAME	Lilly Caldwell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	AGE AT LAST BIRTHDAY (Years)	22
COLOR	white	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 9 — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J J Miller (Miss W)

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed June 10 19 12 R.C. Bull

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-328948

353/02 : 01-66-3

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 15-C—10m-9-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 6863

No. —, — St.

Primary Registration District No. 2003 Registered No. 148

Hospital —

FULL NAME OF CHILD — Virgil Leroy Beck

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	Yes	June 2, 1912

FATHER	MOTHER
FULL NAME LeRoy Beck	FULL MAIDEN NAME Alice Wolcott
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Mo	BIRTHPLACE Wyoming
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S J Miller (Miss W)

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed June 10, 19 12 R C Bull

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 3 1970

SEP 2 3 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED

County of ..... }

SEP 2 - 1970

Bureau of Vital Statistics

Certificate No. 6863

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Beck (male child) (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1912 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Virgil Leroy Beck

Subscribed and sworn to before me this 3 day of August, 1967

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Alex M. Beck

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1610½ Franklin & Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Leon A Wolcott

(Signature of Any Credible Person)

157 Randall St Boise Idaho

(Street Address, City, State)

FORM DH 60.155 in office 4-3-67.

Cp pd.

Social Security Card, # 518 05 0149 gives name as Virgil Leroy Beck. Issued Nov. 1961 by Social Security Adm.
Viewed by V.S.

Insurance Policy issued by Federal Old Line Life Insurance Co., # 7475 on May 5, 1942 gives name as Virgil Leroy Beck.
Viewed by V.S

418-d 29.014-367

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6864

No. ——, ——— St.

Primary Registration District No. 2005

Registered No. 149

Hospital ——

FULL NAME OF CHILD LOIS JOSEPHINE MAYSONHOLDER

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—— (To be answered only in event of plural births)	——	yes	May 29, 1912

FATHER		MOTHER	
FULL NAME	N. C. Maysonholder	FULL MAIDEN NAME	Mary Coggburn
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Caldwell	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House life

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed May 30 1912 R C Bull

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of .....

Certificate No. 6864
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Child (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 29, 1912 (DATE OF EVENT)
in Caldwell, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parent (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
First name	Omitted	Lois Josephine
Sur-name	Masonholder	Mayson holden
Maiden name of Mother	Mary Coghurn	Mary Coghurn

Subscribed and sworn to before me this 14 day of May, 1942

R. B. Lent
Notary Public, residing at Caldwell Idaho
My commission expires 6/27/42
(SEAL)

Signed Mrs Mayson holden
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rte 3 Caldwell Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of May, 1942

R. B. Lent
Notary Public, residing at Caldwell Idaho
My commission expires 6/27/42
(SEAL)

Signed Mary E. Mayson holden
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rte 3 Caldwell Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 18 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 2 0

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6865

No. —, —— St.

Primary Registration District No. 2005

Registered No. ——

Hospital ——

FULL NAME OF CHILD ——

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)		—	yes	May 29, 1915

FATHER		MOTHER	
FULL NAME	H. A. McCulloch	FULL MAIDEN NAME	Mary King
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	whit	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Texas	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.9 - M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (Miss W)

(Physician or Midwife)

Address ——

Given names added from a supplemental report

....., 19.....

Filed May 30 19 12 R. C. Bull

S-Y CO., 16670

Registrar

Registrar

DUP OF 1912-332600

15-1/24-01K-271

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6866

No. ____, ____ St.

Primary Registration District No. 2105

Registered No. 151

Hospital

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	other	1st	yes	May 24th, 1912
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oral T. Andrews.	FULL MAIDEN NAME	Anna V. Spaith.
RESIDENCE	Notus Idaho.	RESIDENCE	Notus Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Parma Idaho.	BIRTHPLACE	St Louis Mo.
OCCUPATION	Merchant	OCCUPATION	Housekeeper.

Number of child of this mother including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician (Physician or Midwife)

Address Notus Ida.

Given names added from a supplemental report

....., 19.....

Filed May 30 19 12 R. C. Bull

Registrar

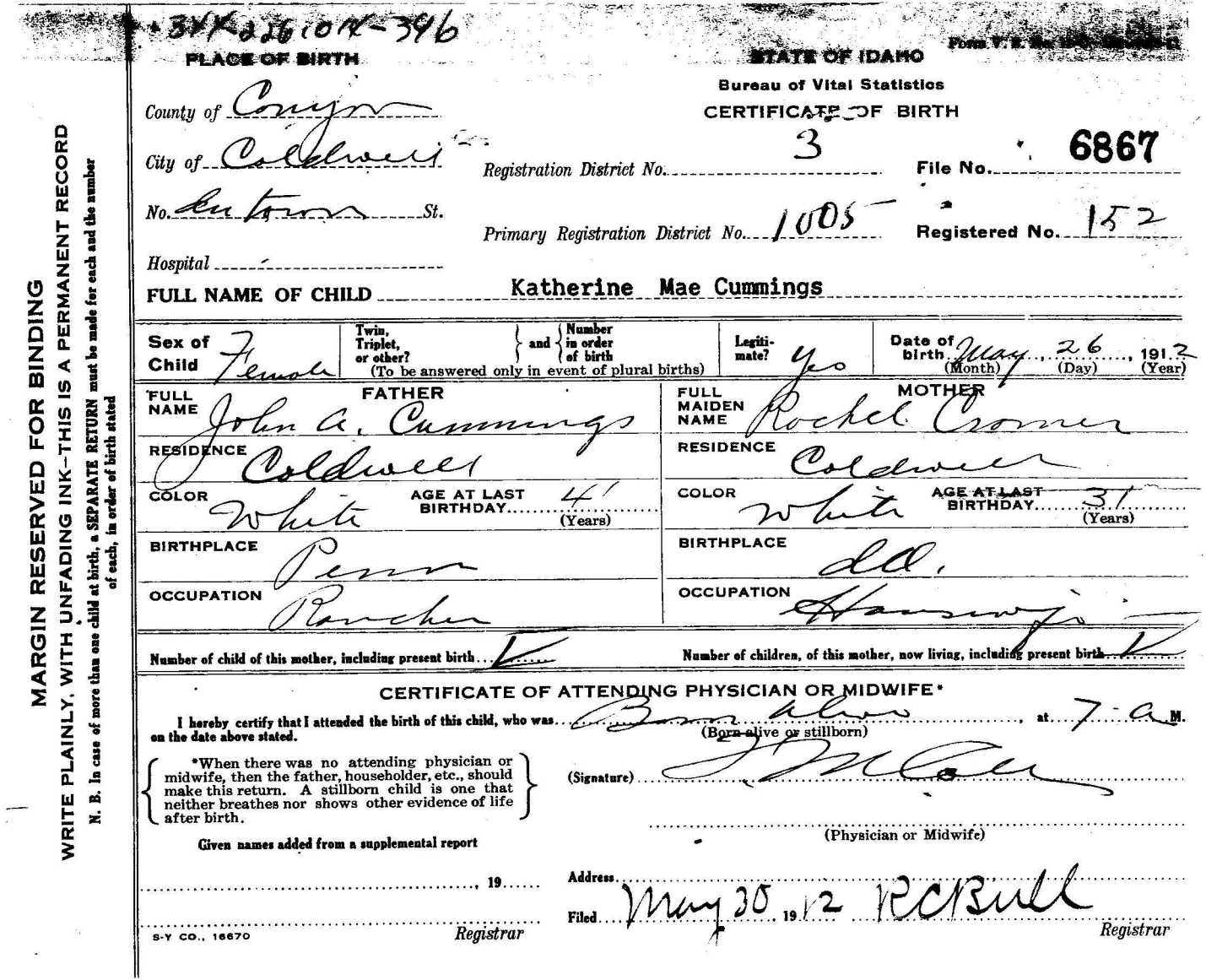
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



3 Y R 226 10 R-396

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Custom St.

Registration District No. 3

File No. 6867

Primary Registration District No. 1005

Registered No. 152

Hospital

FULL NAME OF CHILD Katherine Mae Cummings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 26, 1912

FATHER		MOTHER	
FULL NAME	John A. Cummings	FULL MAIDEN NAME	Rachel Cromer
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed May 30 1912 R C Bull

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPA[illegible]NT OF [illegible]EALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED OCT 15 1974 Bureau of Vital Statistics

State of Michigan
County of CASS } ss.

Certificate No. 6867

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Cummings (Female) (Name on Original Certificate) who was born (Was Born or Died) on May 26, 1912 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Katherine Mae Cummings

Subscribed and sworn to before me this 10th day of Oct, 19 74

Paul Cannon
Notary Public, residing at Dowagiac RH 5
My commission expires Aug 22 1977
(Seal)

Signed Margaret L Doyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan
County of CASS } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Oct, 19 74

Paul Cannon
Notary Public, residing at Dowagiac RH 5
My commission expires Aug 22 1977
(Seal)

Signed Rees Lloyd Jr
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4/26/72 nm

NOV 15 1974

Marriage License and Certificate gives groom's name as Eugene Anglemyer and the bride's name as Katherine Mae Refl (maiden name shown as Cummings,) married June 17, 1961. from Michigan. viewed by V. S.

Hospital certificate from Kalamazoo, Michigan gives child's name as Frances Darlen Lillie. born May 3, 1931. father's name givene as Warren Donald Lillie and the mother's name as Catherine Mae Cummings. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH,

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Country St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No. 6868

Registered No. 153

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 30, 1912

FATHER		MOTHER	
FULL NAME	J. D. Shatton	FULL MAIDEN NAME	Effie Maud Bell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Mont.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Bell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Apr. 22 19 12 R. C. Bull

Registrar

S-Y CO., 16670

Registrar

OCT 2 9 1973

285-123-01-235

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton Star

Registration District No. 3

File No. 6869

No. ....., ... St.

Primary Registration District No. 2005

Registered No. 154

Hospital .....

FULL NAME OF CHILD Carroll Dixon Shelton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Jan 23 1912

FATHER	MOTHER
FULL NAME Arthur D Shelton	FULL MAIDEN NAME Ella A. Blessinger
RESIDENCE Canyon Co	RESIDENCE Canyon Co
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall M D

Star Idaho.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 30 19 12 R C Bull

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15 1965

113-203 10K 8/3

PLACE OF BIRTH Amended 3/20/69

STATE OF IDAHO — Form V. S. No. 11-C—16m-9-25-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of ____

Registration District No. 3 File No. 6870

No. ____, ____ St.

Primary Registration District No. 275 Registered No. 155

Hospital ____

FULL NAME OF CHILD Emma Belle Mathews

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M.			Yes	Apr 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer W Mathews	Mary E Halford
RESIDENCE	Star Ida	Nampa Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Idaho	Illinois
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Hall MD

(Physician or Midwife)

Address Star Idaho

Given names added from a supplemental report

____, 19____

Filed Apr 10 19 12 R C Bull

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1-20-69

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 25 1969
Bureau of Vital Statistics

State of IDAHO
County of MINIDOKA } ss.

Certificate No. 6870

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Mathews (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1912 (Date of Event)
in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	omitted	Emma Belle Mathews

Subscribed and sworn to before me this 17th day of February, 19 69

Notary Public, residing at Rupert, Idaho
My commission expires 4-5-69
(Seal)

X Signed Mary E. Mathews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

805 South 6th St. Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 19 69

Notary Public, residing at Rupert, Idaho
My commission expires 4-5-69
(Seal)

Signed † Ethel M. Smith
(Signature of Any Credible Person)

3928 South Intawah, Spokane, Wash.
(Street Address, City, State)

FORM DH 60-155

Meridian Rural High School diploma dated May 19, 1932 giving name as Emma Belle Mathews. Signed by Colwell Miler, Principal. Viewed VS

MAR 20 1969

Marriage Certificate for Emma Belle Mathews and Ralph David Horn. Dated Ocotber 10, 1935. Married in Idaho City, County of Boise . Viewed by Vs.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Poplar

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 6871

Primary Registration District No. .....

Registered No. 398

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		—	yes	June 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Russell Homer	Minerva Hilton
RESIDENCE	Poplar	Poplar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M D

(Physician or ~~Midwife~~)

Address Rigby

Filed July 10 19 12 Ray H. Fisher Registrar per B.D.F.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MAR 2 4 1975

296-217-022-692

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

6872

County of Fremont

City of Lewisville Registration No. 9 File No.

No. , St. Primary Registration District No. 2040 Registered No. 408

Hospital

FULL NAME OF CHILD Greta Jean Brossard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 17, 1912

FATHER		MOTHER	
FULL NAME	L. A. Brossard	FULL MAIDEN NAME	Stella J. Fisher
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rugby

Given name added from a supplemental report

....., 19.....

Registrar

Filed July 10, 1912 Ray H. Fisher Registrar

by B. A. G.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 7 1967

JUN 5 1944

369-11-1022-366

PLACE OF BIRTH

Form V. S. No. 11–10m–6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 9 File No. 6873

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 399

Hospital ____

FULL NAME OF CHILD Rulond Perry Lords

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 11, 1912

FATHER		MOTHER	
FULL NAME	Perry Lords	FULL MAIDEN NAME	Mabel Lowder
RESIDENCE	Rigby R. D.	RESIDENCE	Rigby R. D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby Idaho

Filed July 14 19 12 Ray H. Fisher Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

L.D.S. Certificate of Blessing, Aug. 18, 1912 gives name as Rulond Perry Lords, viewed by V.S. and Own Child's Birth Cert. on file, #229656 gives father's name as Rulond Perry Lords - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 6873

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Lords (Name on Original Certificate) who born (Was Born or Died) on July 11, 1912 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rulond Perry Lords

Subscribed and sworn to before me this 6 day of June, 1957

Notary Public, residing at Idaho Falls, Idaho
My commission expires May 24, 1959
(Seal)

Signed Mabel L. Lords
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

955 E. Sherman Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 26th day of June, 1959

Mary M. Fullers
Notary Public, residing at Idaho Falls, Idaho
My commission expires March 7, 1962
(Seal)

Signed Mrs. Mina Lowder
(Signature of Any Credible Person)

386-E23 Idaho Falls Ida
(Street Address, City, State)

FORM DPH 55.155 NNCL 2-25-59. one copy pd.

AUG 17 1959

577-22-022-499

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 6874

Primary Registration District No. 2040 Registered No. 397

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 29 1917

FATHER		MOTHER	
FULL NAME	Eric Eggers	FULL MAIDEN NAME	Mary Dirks
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 11 55 P. M. on the date above stated.

(Signature) Ray H. Fisher M.D.

(Physician or ~~Midwife~~)

Address Rigby

Filed July 10, 1917 Ray H. Fisher Registrar

per B. D. K.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 9 1967

814-215-022-813

PLACE OF BIRTH

County of Fremont

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

City of Rigby

Registration District No. 9

File No. 6875

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 396

Hospital ____

FULL NAME OF CHILD Ruth Hammond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 15 1917

FATHER		MOTHER	
FULL NAME	M. J. Hammond	FULL MAIDEN NAME	Retta Hale
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~, at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Fisher M.D.

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

....., 19.....

Registrar

Filed July 10 1917 Ray H. Fisher Registrar

BDF

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 26 1962

376-209-021-246

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11—Rev. 6-21-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lorenzo — Registration District No. 9 — File No. 6876

No. ____, ____ St. — Primary Registration District No. 2040 — Registered No. 392

Hospital ____

FULL NAME OF CHILD Ruth Magdalene Stowell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	July 4 1912

FATHER		MOTHER	
FULL NAME	Wm Stowell	FULL MAIDEN NAME	Elizabeth Shore
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 7 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

____, 19____

Filed July 18, 1912 Ray H. Fisher Registrar

per B. D. H.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

666-107-22-442

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Bates

Registration District No. 9 File No. 6877

No. ____, ____ St.

Primary Registration District No. 2037 Registered No. 417

Hospital ____

FULL NAME OF CHILD ORAL Edwin Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 7, 1912

FATHER		MOTHER	
FULL NAME	George E. Wood	FULL MAIDEN NAME	Nina Dustin
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9.20 P. M. on the date above stated.

(Signature) Ora Dell Keith

(Physician or ~~Midwife~~)

Address Driggs

Filed July 10 1912 Ray H. Fisher Registrar

per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 6877

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Edwin Wood	Oral Edwin Wood

Subscribed and sworn to before me this 30
day of March, 19 47

Signed George E. Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Driggs, Idaho

My commission expires April 14-1945
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30
day of March, 19 47

Signed Vondus A. Rice
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Driggs, Idaho

My commission expires April 14-1945
(Seal)

(Street Address, City, State)

APR 3 1942

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

44-2202-869

Amended 11-10-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6878
Local Reg. No. 418
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Eva b. (Middle): c. (Last): Durrant

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 7, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): R. c. (Last): Durrant

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Merchant

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth b. (Middle): c. (Last): Horne

13. AGE (At time of this birth): 39 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ora D. Keith

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Driggs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 10, 1912

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, per B.D.F.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED NOV 8 1965 Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 6878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Evelyn Durrant (Name on Original Certificate) who was born (Was Born or Died) on June 7, 1912 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing, baptism, and marriage certificates (rephotographs) prepared on (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Evelyn Durrant	Eva Durrant

Subscribed and sworn to before me this 5th day of November, 19 65

Notary Public, residing at Salt Lake County

My commission expires 11-22-68

(Seal)

Signed Verna Durrant Humphries
Elder sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2900 Cherry Blossom Lane, Salt Lake City, Utah 84117
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 19 65

Notary Public, residing at Salt Lake City, Utah

My commission expires Apr 10, 1968

(Seal)

Signed Lynn R. Wilson
(Signature of Any Credible Person)

2625 Wellington Street
Salt Lake City, Utah 84106
(Street Address, City, State)

FORM DH 60-155 L 11-3-65. two copies pd. rec. #1490.

L.D.S. Church Cert. of Blessing, Aug. 4, 1912 gives full name as Eva Durrant, daughter of William R. Durrant and Elizabeth Horne, born June 7, 1912 at Driggs, Idaho - viewed by V.S.

Marriage Certificate, State of Utah, County of Salt Lake, married Jan. 30, 1936 at Salt Lake City, Uth gives full name of groom as Lynn Reynolds Wilson and full name of bride as Eva Durrant - viewed by V.S.

First Baptism Certificate, Logan, Utah Temple, June, 1920 gives full name as Eva Durrant - viewed by V.S.

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

Registration District No. 9 File No. 6878

No. ____, ____ St.

Primary Registration District No. 2037 Registered No. 418

Hospital ____

FULL NAME OF CHILD Evelyn Durrant

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 7, 1912

FATHER		MOTHER	
FULL NAME	Wm R. Durrant	FULL MAIDEN NAME	Elizabeth Home
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Merchant	AGE AT LAST BIRTHDAY (Years)	39
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1a M. on the date above stated.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs

Filed July 10 19 12 Ray H. Fisher Registrar

per B. D. S.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 0 1965
MAY 2 7 1971

JUN 1 8 1971

865-18-022523

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Darby

No. ____, ____ St.

Registration District No. 9

File No. 6880

Primary Registration District No. 2037

Registered No. 410

Hospital ____

FULL NAME OF CHILD David Andrew Yonson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A. Yonson	Tekla Ekelund
RESIDENCE	Drigge	Drigge
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	38
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen

~~Physician~~ or Midwife)

Address Drigge R.D. No 1

Given name added from a supplemental report

____, 19____

Filed July 10 1912 Ray H. Fisher Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

295-1-022-635

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9

File No. 6881

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 416

Hospital

FULL NAME OF CHILD Bressler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Allen Bressler	Daisy R. Fleming
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	35
BIRTHPLACE	Nebraska	Neb
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A B Curtis

(Physician or Midwife)

Address Victor

Given name added from a supplemental report

____ 19____

____ Registrar

Filed July 10 1912 Ray H. Frahm Registrar

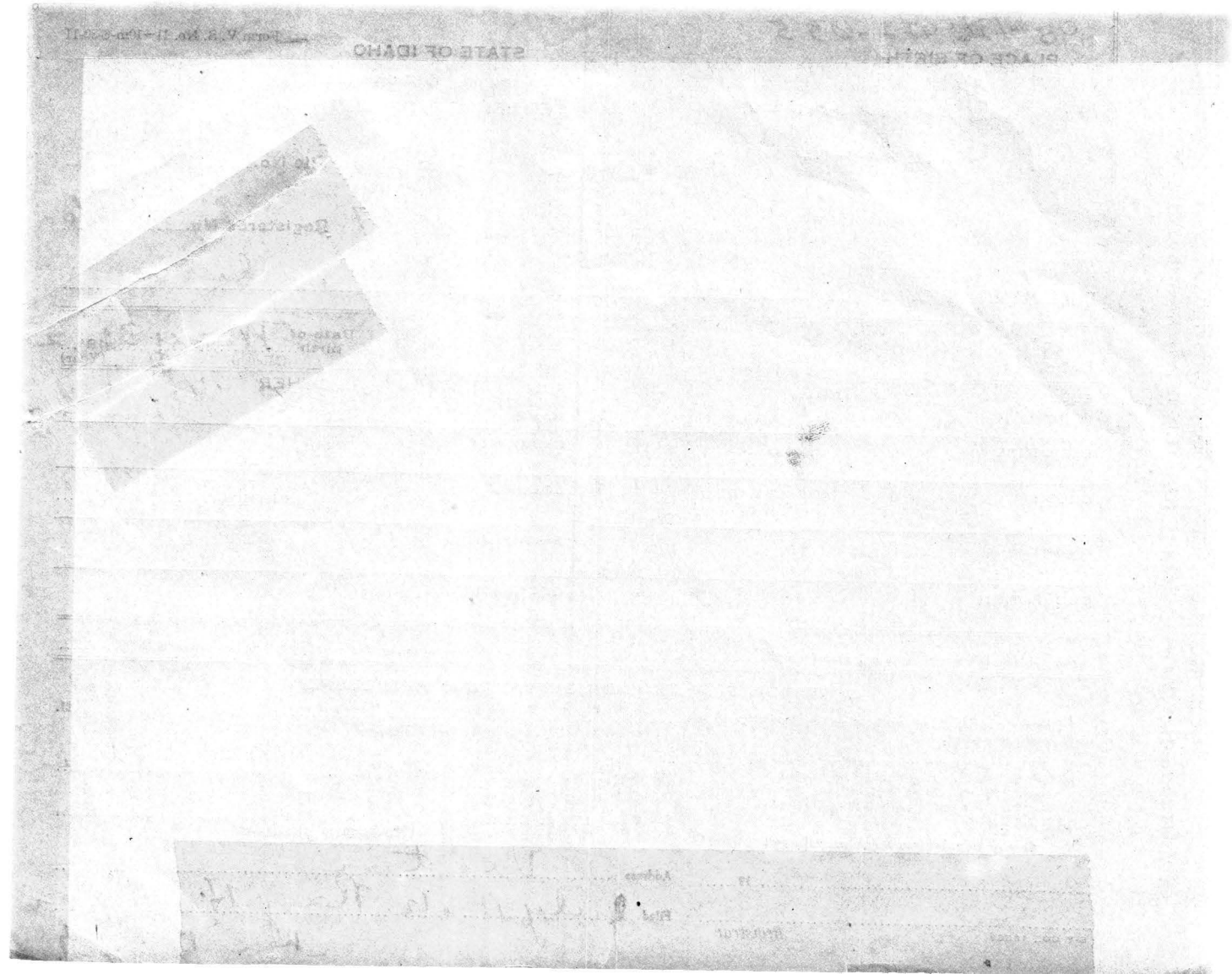
New B. D. H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



165-127-022-168

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9 File No. 6882

No. , St.

Primary Registration District No. 2037 Registered No. 415

Hospital

FULL NAME OF CHILD WILLIAM EMERY JONES

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. B. Jones	Indria V. Johnson
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs O. B. Curtis

(Physician or Midwife)

Address Victor

Given name added from a supplemental report

....., 19.....

Registrar

Filed July 10 1912 Ray W. Fisher Registrar

Per B. D. H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1.0 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton }

Certificate No. 6882

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for William Emery Jones (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 27, 1912 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	William Emery Jones

Subscribed and sworn to before me this 21st
day of April, 19 42

J. D. Lauritzen

Notary Public, residing at Victor, Idaho.
My commission expires Feb. 7, 1945
(SEAL)

Signed Indria Jones
(SIGNATURE OF ~~PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.~~)

Victor, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By
(REGISTRAR'S SIGNATURE)

SEP 29 1975

APR 24 1942

8/3 20 8 022-281

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9

File No. 6883

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 414

Hospital ____

FULL NAME OF CHILD ORA HATCH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	Hyrum T. Hatch	FULL MAIDEN NAME	Elizabeth Shaw
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 11 P M. on the date above stated.

(Signature) Mrs A B Curtis

(Physician or Midwife)

Address Victor

Filed July 10 19 12 Ray H. Fisher Registrar

B. D. F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4-22-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6883

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hatch (Name on Original Certificate) who was born (Was Born or Died) on June 8, 1912 (Date of Event)

in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Ora Hatch

Subscribed and sworn to before me this 14th day of April, 1971

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-7-74

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Thomas W Cheney

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Baptismal Record gives name as ora Hatch Stratton Born June 8, 1912 daughter of Hyrum H. Hatch and Elizabeth Shaw. Born in Victor, Idaho. [redacted]
July 31, 1920 and Confirmed Aug 1, 1920 in L.D.S.Church.
Viewed by V.S.

MAY 1 0 1971

Blessing Certificate issued by L.D.S.Church gives name as Ora Hatch born June 8, 1912 and Blessed Nov. 10, 1912 in L.D.S.Church. Parents - Hyrum Hatch and Elizabeth Shaw
Viewed by V.S.

444-208-022-793

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. II—[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Palisade

Registration District No. 9

File No. 6885

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 420

Hospital ____

FULL NAME OF CHILD Ruth Dudgeon

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	June 8 (Month) (Day) 191 2 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd Dudgeon	Faye Pickrell
RESIDENCE	Palisade	Palisade
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 7 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Braggs

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 19 12 Ray H. Fisher Registrar

per B.S.H.

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 17 1942

795-208022-265

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Cache

Registration District No. 9 File No. 6886

No. ____, ____ St.

Primary Registration District No. 2037 Registered No. 412

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	S. O. Green	FULL MAIDEN NAME	Carrie Sheppard
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	W	AGE AT LAST BIRTHDAY (Years)	38
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crosier

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10 19 12 Ray W. Fisher Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

295-202-(012-493

PLACE OF BIRTH

STATE OF IDAHO

Form U. S. No. 11—Rev. 1-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 6887

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 422

Hospital ____

FULL NAME OF CHILD Carrie Cornelia Singleton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	July 2, 1912

FATHER		MOTHER	
FULL NAME	Geo E. Singleton	FULL MAIDEN NAME	Maud P. Dickinson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 10 5 A. M. on the date above stated.

(Signature) W. B. West

(Physician or ~~Midwife~~)

Address St Anthony

Filed July 10 19 12 Ray Hutchison Registrar

by B. D. H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 6887

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carrie Cornelia Singleton

Subscribed and sworn to before me this 11
day of May, 1942
~~Notary Public, residing at~~ Probate Judge
My commission expires
(Seal)

Signed Maude P. Singleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of _____, 19____

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 20 1942

APR 10 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form U. S. No. 11—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 6888

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 421

Hospital ____

FULL NAME OF CHILD Lucile Birch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	June 14, 1912

FATHER		MOTHER	
FULL NAME	Robt. Vernes Birch	FULL MAIDEN NAME	Harriet L. Jeffs
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7:20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M D

(Physician or Midwife)

Address St Anthony

Given name added from a supplemental report

____, 19____

Filed July 10, 1912 Ray H. Fisher Registrar

____ Registrar

S-Y CO., 16669

JUN 1 2 1972

375.227.a.2.793

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6889

County of Fremont

City of Wilford

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2038 Registered No. 407

Hospital

FULL NAME OF CHILD Virgia Stewart

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Mch 27 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugh Stewart	FULL MAIDEN NAME	Adeline Greenhalgh
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~) at 2. a M. on the date above stated.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton, Ida

Filed July 10 1912 Ray W. Fisher Registrar

per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

, 19

Registrar

S-Y CO., 16669

JAN 13 1971

APR 21 1971

366/02 #2557

PLACE OF BIRTH

STATE OF IDAHO

Form S. V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 9 File No. 6890

No. ....., ... St. Primary Registration District No. 2038 Registered No. 423

Hospital .....

FULL NAME OF CHILD Wm Lloid Coffin

Sex of Child: M	Twin, Triplet, or other? — (To be answered only in event of plural births) and Number in order of birth —	Legitimate? yes	Date of birth July 2 (Month) (Day) 191 2 (Year)	

FATHER		MOTHER	
FULL NAME	Jefferson C. Coffin	FULL MAIDEN NAME	Matilda R. Evans
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~), at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B. West

(Physician or ~~Midwife~~)

Address St Anthony

Given name added from a supplemental report

....., 19.....

Filed July 10. 1912 Ray H Fraher Registrar

....., Registrar

per B. D. F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-218155

595-101-02-2413

PLACE OF BIRTH — STATE OF IDAHO — Form V. S. No. 15—Rev. 4-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6892

County of Fremont

City of St Anthony — Registration District No. 9 — File No.

No. ____, ____ St. — Primary Registration District No. 2038 — Registered No. 425

Hospital

FULL NAME OF CHILD Orlan Sidney Nielson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 1, 1912

FATHER

FULL NAME: Sidney N Nielsen

RESIDENCE: St Anthony

COLOR: W — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lizzie Jackson

RESIDENCE: St Anthony

COLOR: W — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 9 A. M. on the date above stated.

(Signature) W B. West

(Physician or ~~Midwife~~)

Address St Anthony

Filed July 10 19 12 — Ray H. Fisher Registrar — Chas B. D. F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 6892
Date Filed MAR 4 2

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Orlan Sidney Neilson (Name on Original Certificate) who Born (Was Born or Died) on 7/1/12 (Date of Event)
in St. Anthony Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on August 1, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Orlan Sidney Neilson	Orlan Sidney Nielsen
name of father	Sidney N. Neilson	Sidney N. Nielsen

Subscribed and sworn to before me this 26 day of March, 1942

Notary Public, residing at ST. ANTHONY, IDAHO

My commission expires 10/11/44
(Seal)

Signed Mary Elizabeth Nielsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

253 West 5 South
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1942

Notary Public, residing at St. Anthony Idaho

My commission expires 10/11/44
(Seal)

Signed Sidney N. Nielsen
(Signature of Any Credible Person Other Than Previous Year)

253 West 5 South
(Street Address, City, State)

MAR 5 1942

299-114-02-386

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6898

County of Fremont

City of St Anthony Registration District No. 9 File No.

No. , St. Primary Registration District No. 2038 Registered No. 426

Hospital

FULL NAME OF CHILD John Peter Birch Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 17 192

FATHER		MOTHER	
FULL NAME	John P. Birch	FULL MAIDEN NAME	Bertha V. Thompson
RESIDENCE	Sunny Dell	RESIDENCE	Sunny Dell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~Midwife~~)

Address St Anthony

Filed July 10 1912 Ray H. Fisher Registrar

Given name added from a supplemental report

, 19

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 9 1971

436/30-02-855

PLACE OF BIRTH — Amended 12/6/78

Form V. S. No. 11—Rev. 6-30-51

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6894

County of Fremont

City of Parker

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2038 Registered No. 427

Hospital

FULL NAME OF CHILD Thos. Blaine McFarland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander McFarland	Eveline Hendrickson
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	33
BIRTHPLACE	Utah	Norway
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~) at 2 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or Midwife)

Address St Anthony

Filed July 10 19 12 Ray H. Fisher Registrar

by B.D.F.

Given name added from a supplemental report

, 19

Registrar

S-Y CO., 16669

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 3 10 05 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 6894

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thos. Vernon McFarland (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1912 (Date of Event)
in Parker, FremontCo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Vernon	Blaine

Subscribed and sworn to before me this 27 day of October 19 78
Wayne N. Robertson
Notary Public, residing at Rexburg
My commission expires 12-25-81
(Seal)

Signed: Delfy McFarland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RT4 Box 209A Roxburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of October 1978
Wayne N. Robertson
Notary Public, residing at Rexburg
My commission expires 12-25-81
(Seal)

Signed: Lu Dean McFarland
(Signature of Any Credible Person)
RT #2 St. Anthony, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 10/16/78

Certif of ordination to the Holy Priesthood gives name ss Thomas Blaine McFarland ordained a Priest on May 5, ~~19~~ 1930. father's name as Alexander McFarland and mother's name as Everine Johan Henricksen. born June 30, 1912 at Baptized July 4, 1920. viewed by V. S.

DEC 6 1978

Marriage License from Idaho gives name as Thomas Blaine McFarland and LudEan McKenna. dated Aug 29, 1935. viewed by V. S.

460-115-0022-799

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6895

County of Fremont

City of Egin

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2038 Registered No. 428

Hospital Fri Moon

FULL NAME OF CHILD Fri Moon

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	M	Twin, Triplet, or other? — (To be answered only in event of plural births)	and Number in order of birth —	Legitimate? yes	Date of birth June 15 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Levi Moon	FULL MAIDEN NAME	Dora Prothero
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 11 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~Midwife~~)

Address St Anthony

Given name added from a supplemental report

, 19

Filed July 10 19 12 Ray H. Fisher Registrar

per B. D. R.

Registrar

S-Y CO., 16669

155-21032-916

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-4-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6896

County of Fremont

City of Egin

Registration District No. 9

File No.

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 429

Hospital

FULL NAME OF CHILD Rea Jenkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 10 1912

FATHER		MOTHER	
FULL NAME	James Jenkins	FULL MAIDEN NAME	Sarah A Rawson
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 11th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated, at 11 36 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~Midwife~~)

Address St Anthony

Given name added from a supplemental report

____, 19____

Filed July 10 1912 Ray H. Fisher Registrar

by B. D. F.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

68-228-262-269

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 12—Rev. 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 12/2/14

County of Fremont

City of St Anthony

Registration District No. 9

File No. 6897

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 430

Hospital ____

FULL NAME OF CHILD Estella Katherine Whitmill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	~	~	yes	Apr 26 1912

	FATHER	MOTHER
FULL NAME	Barney Whitmill	FULL MAIDEN NAME Rosa Parrett
RESIDENCE	St Anthony	RESIDENCE St Anthony
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Section Foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eby

(Physician or ~~Midwife~~)

Address St Anthony

Filed July 10 1912 Ray H. Fisher Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

ref B.D.F.

NOV 1 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 25 2 11 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6897

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Whitwill (female) (Name on Original Certificate) who was born (Was Born or Died) on April 29, 1912 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Newspaper announcement, birth certificate, church record (Bible Record, Insurance Policy, Etc.) prepared on 2-1-39 & 11-74 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Whitwill	Estella Katherine Whitmill
father's last name as	Whitwill	Whitmill
Birthdate	April 29, 1912	April 26, 1912
mother's last name as		Porritt (Porrit)

Subscribed and sworn to before me this 21st day of November, 1974

Geanne S. Stevens

Notary Public, residing at Idaho Falls, Idaho

My commission expires May 16, 1978

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of November, 1974

Geanne S. Stevens

Notary Public, residing at Idaho Falls, Idaho

My commission expires May 16, 1978

(Seal)

Signed R. F. Moulton
(Signature of Any Credible Person)

Rt #1 Box 69 Firth, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11/19/74

Blessing record from LDS Church gives name as Lyon,Estella Katherine Whitmill born April 26, 1912 at St. Anthony, Idaho. Blessed June 2, 1912. father's name as Barneybus Whitmill and mother's name as Rosa Porritt. viewed by V. S. DEC 3 1974

Application for Gem State Mutual Life Assoc. gives name as Estella K. Lyon born April 26, 1912 in St. Anthony. dated 6-17-37. viewed by V. S.

360.204.02.154

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6898

County of Fremont

City of St Anthony Registration District No. 9 File No.

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 431

Hospital

FULL NAME OF CHILD Lola Alice Lyons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	July 4 1912

FATHER		MOTHER	
FULL NAME	Jesse Martin Lyons	FULL MAIDEN NAME	Alice A Andrews
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 3-30 P M. on the date above stated.

(Signature) W B. West

(Physician or ~~Midwife~~)

Address St Anthony

Filed July 10. 1912 Ray W. Fisher Registrar

per B. D. F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 19 1942

4-23-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAY 9 11 18 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 6898

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Alice Lyons (Name on Original Certificate) who was born (Was Born or Died) on July 4, 1912 (Date of Event)

in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	omitted	Lola

Subscribed and sworn to before me this 8th day of May, 1974

Notary Public, residing at Hazelton

My commission expires March 15th 1977

(Seal)

Signed Ernest M. Andrews

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Butte }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of May, 1974

Notary Public, residing at Hazelton

My commission expires March 15 1977

(Seal)

Signed Ernest M. Andrews

(Signature of Any Credible Person)

(Street Address, City, State)

Marriage License and Certificate from IDAHO gives groom's name as Clyde Burton and the bride's name as Lola Alice Lyons. dated ~~XXXX~~ Feb. 1, 1934. Viewed by V. S.

JUN 11 1974

Certificate of Membership to the LDS Church gives name as Lola Alice Lyons Pope born July 4, 1912 at Twin Groves, Idaho. father's name given as Jessie Lyons and the mother's name as Alice Andrews. Baptized Sept. 3, 1920. viewed by V. S.

294-103-022-455

PLACE OF BIRTH

Form V (—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6899

County of Fremont

City of Parker

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2038 Registered No. 432

Hospital

FULL NAME OF CHILD DELBERT MARTIN SIMONS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank W Simons	Stella Devaney
RESIDENCE	Parker	Parker
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Utah	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4a M. on the date above stated.

(Signature) J. R Eby M.D.

(Physician or Midwife)

Address St anthony

Filed July 10 1912 Ray H. Fisher Registrar

pel B.D. H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

, 19

Registrar

S-Y CO., 19969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 16 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Broadwater

Certificate No. 6899

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Delbert Martin Simons (Name on Original Certificate) who was born (Was Born or Died) on June 3, 1912 (Date of Event)
in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
First name	Omitted	Delbert Martin Simons

Subscribed and sworn to before me this 13th day of March, 1942.

Andrew Kennett
NOTARY PUBLIC for the State of Montana,
Notary Public, residing at Townsend, Montana.
My commission expires November 14 1943
(Seal)

Signed Frank Simons & Estella Simons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Townsend Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 27 1942

DEC 4 1952

JUN 28 1974

OCT 1 1975

253-201-022-614

PLACE OF BIRTH

Form V. S. No. 11—10m 6-20-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9 File No. 6900

No. ____, ____ St.

Primary Registration District No. 2038 Registered No. 433

Hospital ____

FULL NAME OF CHILD June Lucille Bell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	Yes	June 1, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Bell	Julia Elizabeth Hausett
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY	42 (Years)	19 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Elby

(Physician or ~~Midwife~~)

Address St Anthony

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10, 1912 Ray W. Fisher Registrar

Mrs B.D.L.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

SEP 22 1942

Certificate No. 6900

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	June Lucille Bell
Mother's name	Lizzie	Julia Elizabeth Fausett

Subscribed and sworn to before me this 21st day of Sept., 1942

~~Notary Public, residing at~~ Probate Judge

My commission expires
(Seal)

Signed Albert Bell, Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

St Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 6901

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 434

Hospital ____

FULL NAME OF CHILD DONALD JENKINS ANDERSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 7th, 1912

FATHER		MOTHER	
FULL NAME	Charles P. Anderson	FULL MAIDEN NAME	Edna Jenkins
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eby M.D.

(Physician or Midwife)

Address St Anthony

Given name added from a supplemental report

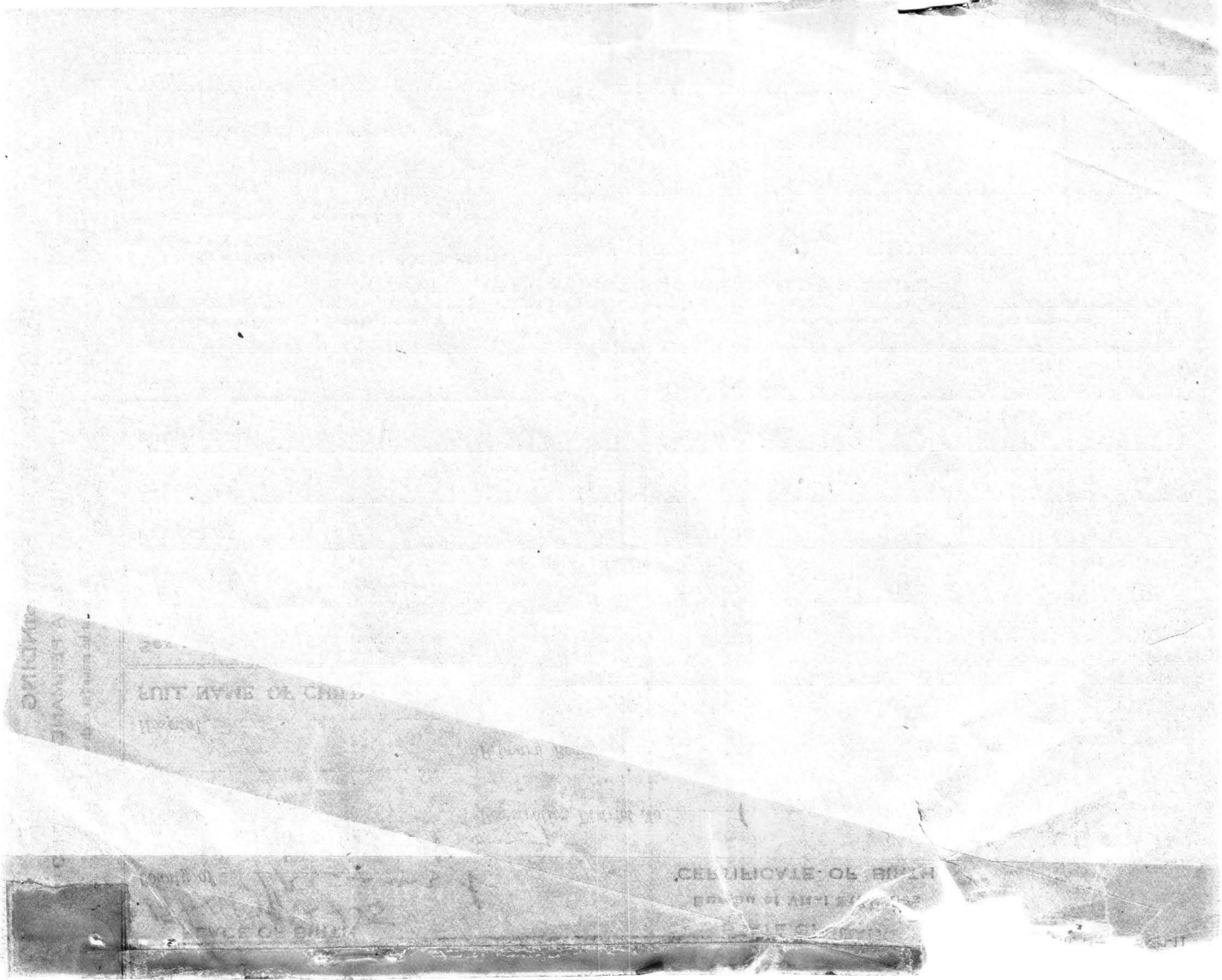
____, 19____

Filed July 10 1912 Ray H. Fisher Registrar

____ Registrar

B.D.F.

S-Y CO., 16669



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sutter }

Certificate No. 6901

Date Filed FEB 4 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Donald Jenkins Anderson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on May 11 - 1912 (DATE OF EVENT) in Parker Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by L.D.S. Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug 5 - 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Donald Jenkins Anderson
birth date	May 9, 1912	May 11, 1912
Donald Jenkins Anderson	May 11-1912	

Subscribed and sworn to before me this 3rd day of February, 19 42

[signature]

Notary Public, residing at Yuba City, Calif.

My commission expires May 20, 1943. (SEAL)

Signed Edna Amelia Chipman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

806 Colusa Ave., Yuba City, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sutter }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 19 42

Florence M. Stewart

Notary Public, residing at Yuba City, Calif.

My commission expires Feb 4th, 1946 (SEAL)

Signed [signature]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

804 Colusa Ave., Yuba City, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 1942 By
(REGISTRAR'S SIGNATURE)

FEB 19

753-209-022-154

PLACE OF BIRTH

STATE OF IDAHO

Form P.H. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6902

County of Fremont

City of St Anthony

Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2038 Registered No. 435

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	yes	May 9, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hans H. Peterson	FULL MAIDEN NAME	Emily C. Anderson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:30 P M.
(Born alive or Stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eby

(Physician or Midwife)

Address St Anthony

Given name added from a supplemental report

....., 19.....

Filed July 10 1912 Ray H. Fisher

Registrar by B. D. J.

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

226-201-022-916

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-42-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6903

County of Fremont

City of Wilford

Registration District No. 9

File No.

No. ____, ____ St.

Primary Registration District No. 3038

Registered No. 441

Hospital

FULL NAME OF CHILD Alta Maurine Stocks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 1st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin M Stocks	Ellen Rawlins
RESIDENCE	Wilford	Wilford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(~~Physician~~ or Midwife)

Address Teton

Given name added from a supplemental report

____, 19____

Registrar

Filed July 10, 1912. Ray H. Fraher Registrar

by B.D.R.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 28 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

19 6426 022 292

PLACE OF BIRTH

Form V. S. No. 11—10m-6-26-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6904

County of Fremont

City of Teton

No. ____, ____ St.

Registration District No. 9

Primary Registration District No. 2039

Registered No. 383

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	5 — 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Krout	Kate Bishof
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thorpe

(Physician or ~~midwife~~)

Address Sugar City

Filed July 10, 1912 Ray H. Fisher Registrar

per B.D.H.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

OCT 2 1 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Place of Birth 3 1/2-229-123-539

STATE OF IDAHO — Form V. S. No. 11—Rev. 6-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy — Registration District No. 7 — File No. 6905

No. ____, ____ St. — Primary Registration District No. 2040 — Registered No. 409

Hospital ____

FULL NAME OF CHILD Esther Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	June 9, 1912

FATHER

FULL NAME	Ransom E. Harris
RESIDENCE	Rudy
COLOR	W
AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Martha Elizabeth
RESIDENCE	Rudy
COLOR	W
AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah
OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Fillmore

(Physician or Midwife)

Address Lorenzo R.D. 2

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10 1912 Ray H. Fisher Registrar

Per R.D.F.

S-Y CO., 16669

S 973-208-022-795

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont.

City of Roberts,

Registration District No. 9

File No. 6906

No. ....., ... St.

Primary Registration District No. 2040

Registered No. 402

Hospital .....

FULL NAME OF CHILD Beulah Mitchell Raty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	July 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Simmons Raty	Elsy Tunney
RESIDENCE	Roberts	Roberts,
COLOR	W.	
AGE AT LAST BIRTHDAY (Years)	37	26.
BIRTHPLACE	Utah.	Utah
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:10 P.M. on the date above stated.

(Signature) Mrs. Kate Baker

(Physician or Midwife)

Address Roberts Idaho

Filed July 10 1912 Ray W. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1966

295-214-022-753

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. C. No. 1—10m-6/20-11

Registration District No. 9

File No. 6907

Primary Registration District No. 2040

Registered No. 395

FULL NAME OF CHILD Florence King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 14 1912

FATHER

FULL NAME Wm R. King

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Anna Peterson

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glo Patton M.D.

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

____, 19____

____ Registrar

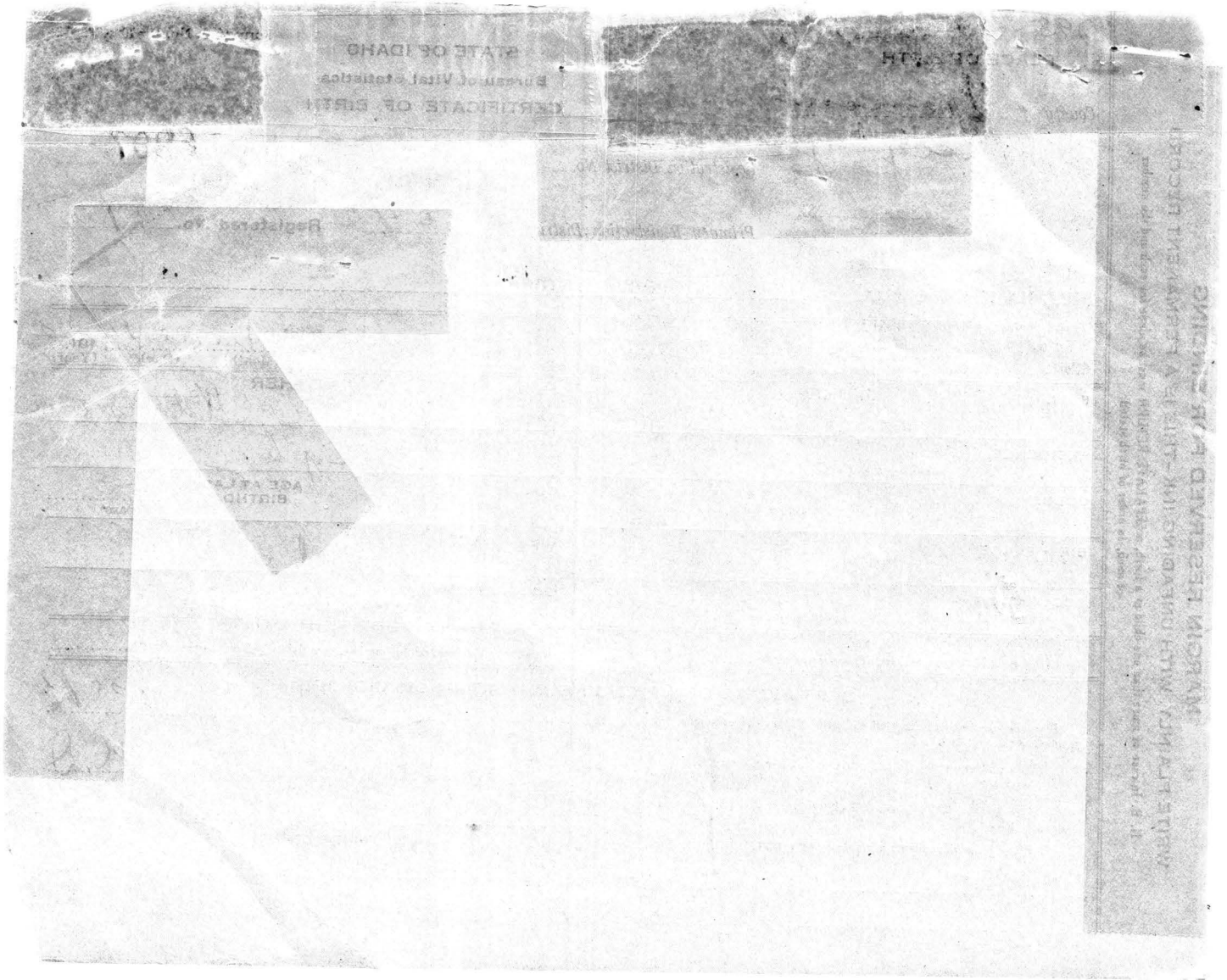
Filed July 16 1912 Ray H. Fisher Registrar
per B.D.H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6907

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed King (Name on Original Certificate) who born (Was Born or Died) on June 14, 1912 (Date of Event)
in Rigby (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by # 206894 238665 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Florence May King
birthdate	June 14, 1912	June 14, 1912

Subscribed and sworn to before me this 3rd day of November, 19 57
Jerry Halverson
Notary Public, residing at 3523 Pole Line, Pocatello
My commission expires April 22, 1961
(Seal)

Signed Anne Vogt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of November, 19 57
Jerry Halverson
Notary Public, residing at 3523 Pole Line, Pocatello
My commission expires April 22, 1961
(Seal)

Signed Amy Robertson
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DPH 55.155

L 10-23-57 1 copy paid

As per letter of Nov 24, 1973 requesting that the name be added as Florence King (with no middle name):

Marriage certificate dated July 31, 1929 shows name as Florence King (no middle name given.)

Son's birth certificate on file #182150, born May 7, 1930, gives mother's name as Florence King.

DEC 18 1973

819-201-022-243

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Fremont

City of Rigby

No. ..... St.

Registration District No. 9

File No. 6908

Primary Registration District No. 2040

Registered No. 393

Hospital .....

FULL NAME OF CHILD Eleanor Harper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 1st 2

FATHER		MOTHER	
FULL NAME	Geo. Harper	FULL MAIDEN NAME	E. J. Sutherland
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. J. Rawson

(Physician or Midwife)

Address Grant

Given name added from a supplemental report

....., 19.....

Filed July 10 1912 Ray H. Fresher Registrar

Registrar per W.D.S.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 2/18/41 rmf

JUN 22 1971

296-223-022-312

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6909

County of Fremont

City of Annis

Registration District No. 9

No. ....., ... St.

Primary Registration District No. 2040 Registered No. 384

Hospital .....

FULL NAME OF CHILD Elnora Elizabeth Browning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 23 1912

FATHER		MOTHER	
FULL NAME	Fredrick S. Brown	FULL MAIDEN NAME	Nancy E Casper
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Ross

(Physician or Midwife)

Address Lorenzo

Given name added from a supplemental report

....., 19.....

Filed July 10 19 12 Ray H. Fisher Registrar

per B. D. F.

.....

Registrar

S-Y CO., 16569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

213-113-022-[illegible]

PLACE OF BIRTH — STATE OF IDAHO — Form U. S. No. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Fremont

City of Roberts

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District, No. 9 File No. 6910

Primary Registration District No. 2040 Registered No. 382

FULL NAME OF CHILD Wilbur Clinton Balmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 13 1912

FATHER		MOTHER	
FULL NAME	John N. Balmer	FULL MAIDEN NAME	Mary L. McDermott
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs Kate Balmer

.....
(Physician or Midwife)

Address Roberts Idaho

Filed July 10 19 12 Ray H. Fisher
per B.D.F. Registrar

S-Y CO., 16669

JAN 20 1942

JUN 6 1962

SEP 26 1942

491411-022-613

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6911

County of Fremont

City of Rexburg Registration District No. 9 File No.

No. , St. Primary Registration District No. 2039 Registered No. 385

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	6 11 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	K. Miyasaki	Mitue Watanabi
RESIDENCE	Rexburg	Rexburg
COLOR / AGE AT LAST BIRTHDAY (Years)	Yellow / 28	Yellow / 23
BIRTHPLACE	Japan	Japan
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

....., 19.....

Filed July 10 1912 Roy H. Fisher Registrar

per B. D. S.

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MIYASAKI

DUP OF 12-179205

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Independence Registration District No. 9 File No. 6912

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 386

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	June 10 1912

FATHER		MOTHER	
FULL NAME	Herbert R. Freeman	FULL MAIDEN NAME	Amanda Jensen
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 6 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

(Signature) K. A. Crismon M.D.

(Physician or Midwife)

Address Redburn

Filed July 10 1912 Ray H. Fisher Registrar

per B. D. F.

S-Y CO., 16669

796-121.022-284

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Archer

Registration District No. 9

File No. 6913

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 387

Hospital ____

FULL NAME OF CHILD William DeLore Grover

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M			yes	June 21, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Leslie Grover	FULL MAIDEN NAME	Sarah D. Squires
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4:20 A. M. on the date above stated.

(Signature) K. A. Crismon M. D.

(Physician or Midwife)

Address Ryburg

Filed July 10, 1912 Kay H. Fisher Registrar

per B. D. F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 24 1 32 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 6913

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Grover (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 21, 1912 (Date of Event)
in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	William DeLore Grover

Subscribed and sworn to before me this 21st day of June, 19 74

Patricia A. Carver
Notary Public, residing at Rexburg, Idaho
My commission expires 10-26-76
(Seal)

Signed X Sarah E. Squires Grover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 19 74

Patricia A. Carver
Notary Public, residing at Rexburg, Idaho
My commission expires 10-26-76
(Seal)

Signed Veola Grover
(Signature of Any Credible Person)

R. 1 Thornton, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 6/10/74

JUN 2 5 1974

Certif. of Blessing from LDS Church gives name as William Delore Grover son od Wm. L. Grover and Grace Squire. Born June 21, 1912 at Archer, Idaho. Was Blessed Aug. 4, 1912. viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Wm. Delore Grover son of William L. Grover and Grace Squires. Born June 21, 1912 at Archer Idaho. Was Baptized ~~my~~ July 3, 1920. viewed by V. S.

4/9-29,022-369

PLACE OF BIRTH

County of Fremont

City of Refburg

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 6914

Primary Registration District No. 2039 Registered No. 388

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		5	yes	May 29, 191[illegible]

FATHER		MOTHER	
FULL NAME	Arthur E Martin	FULL MAIDEN NAME	Ella Forder
RESIDENCE	Refburg	RESIDENCE	Refburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K A Cressman M.D.

(Physician or ~~Midwife~~)

Address Refburg

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10 19 12 Ray H. Fisher Registrar

per B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-43-022-652

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6915

Registration District No. 9 File No. ____

Primary Registration District No. 2039 Registered No. 389

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 31, 1912

FATHER		MOTHER	
FULL NAME	Raymond D. Thatcher	FULL MAIDEN NAME	Elsie W. Webster
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon M.D.

(Physician or Midwife)

Address Rexburg, Ida.

Given name added from a supplemental report

____ 19____

Filed July 10 19 12 Ray H. Fisher Registrar

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

31-202-022-282

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 6916

Registered No. 390

FULL NAME OF CHILD Iola Fern Blackburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	June 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Heber Blackburn	Lona Bybee
RESIDENCE	Lyman	Lyman
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Mason	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A Crismon M.D.

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

..... 19.....

Filed July 10 1912 R. Ray T. Fisher

..... Registrar

S-Y CO., 16659

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 3 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Lyman }

Certificate No. 6916

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Blackburn (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1912 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Iola Fern Blackburn

Subscribed and sworn to before me this 27th day of January, 1967.

Notary Public, residing at Rigby, Idaho
My commission expires 8-31-70
(Seal)

Signed Liana B Blackburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1398 Idaho Ave
(Street Address, City, State) Idaho Falls Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at Rigby Idaho
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2-9-61. one copy pd. receipt #12091.

L.D.S. Church Cert. of Blessing, Sept. 1, 1912 gives full name as Iola Fern Blackburn, daughter of Heber Blackburn and Leona Bybee, born June 2, 1912 at Lyman, Idaho - viewed by V.S.

JAN 31 1967

Own Child's Birth Cert. on file: (Idaho Birth) #295571 gives full maiden name of mother as Iola Fern Blackburn - viewed by V.S.

997-107022.855

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard Registration District No. 9 File No. 6917

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 391

Hospital ____

FULL NAME OF CHILD Theo. Lavine Riggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M	—	—	yes	June 7, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theodore K. Riggs	Jennie Hendry
RESIDENCE	Hibbard	Hibbard
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A Crismon M.D.

(Physician or ~~Midwife~~)

Address Rexburg

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10 1912 Ray H. Fisher Registrar per B.D.F.

S-Y CO., 19669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

132-231-022-767

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

Registration District No. 9

File No. 6918

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 394

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	May 31st 1912

FATHER		MOTHER	
FULL NAME	Amos A Atkinson	FULL MAIDEN NAME	Margret A. Pope
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6.15 P. M. on the date above stated.

(Signature) Sarah S. Briggs

(Physician or Midwife)

Address Archer

Filed July 10 1912 Ray W. Fisher Registrar

per B.D.J.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-126-022-234

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 6919

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 400

Hospital ____

FULL NAME OF CHILD LaMar Joseph Gardner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Gardner	Martha Blunk
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Utah	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10 19 12 Ray H. Fisher Registrar per B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 28 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 12 9 58 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6919

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gardner (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 26, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)		TO (The Correct Facts)
child's name	Unnamed	=	LaMar Joseph Gardner

Subscribed and sworn to before me this 9th day of Feb, 19 74.

Notary Public, residing at Salt Lake City, Utah
My commission expires My commission expires Jan. 25, 1978
(Seal)

Signed John B Gardner Older brother 19 JUL 98
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of Feb, 19 74.

Notary Public, residing at Salt Lake City, Utah
My commission expires My commission expires Jan. 25, 1978
(Seal)

Signed LaMar Joseph Gardner
(Signature of Any Credible Person)

1868 E. McCornick Rd Salt Lake City Utah
(Street Address, City, State)

FORM DH 60-155

CL 1/25/74

FEB 12 1974

Certif. of Baptism and Confirmation from LDS Church gives name as LaMar Joseph Gardner son of Joseph A. Gardner and Martha Blunck. born June 26, 1912 at Rexburg, Idaho. Was Baptized June 26, 1920. Vieweed by V. S.

Application to the Prudential Insurance Co. of American gives name as LaMar J Gardner. born June 26, 1912. signed Nov. 16, 1933. Viewed by V. S.

386-114-022-759

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 6920

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 401

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 14, 1912

FATHER		MOTHER	
FULL NAME	Peter O. Thompson	FULL MAIDEN NAME	Ida Gerber
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Denmark	BIRTHPLACE	Switzerland
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 10-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

~~(Physician~~ or Midwife)

Address Rexburg

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10, 1912 Ray V. Fisher Registrar

S-Y CO., 16669

OCT 1 7 1973

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3 PLACE OF BIRTH 43-220-022-419

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard Amended 1/19/77

Registration District No. 9 File No. 6922

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 403

Hospital ____

FULL NAME OF CHILD Rose Letha Lutz

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	June 20 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Lutz	FULL MAIDEN NAME	Minnie Martin
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12 & 7p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A. Watts

~~(Physician~~ or Midwife)

Address Rexburg

Given name added from a supplemental report

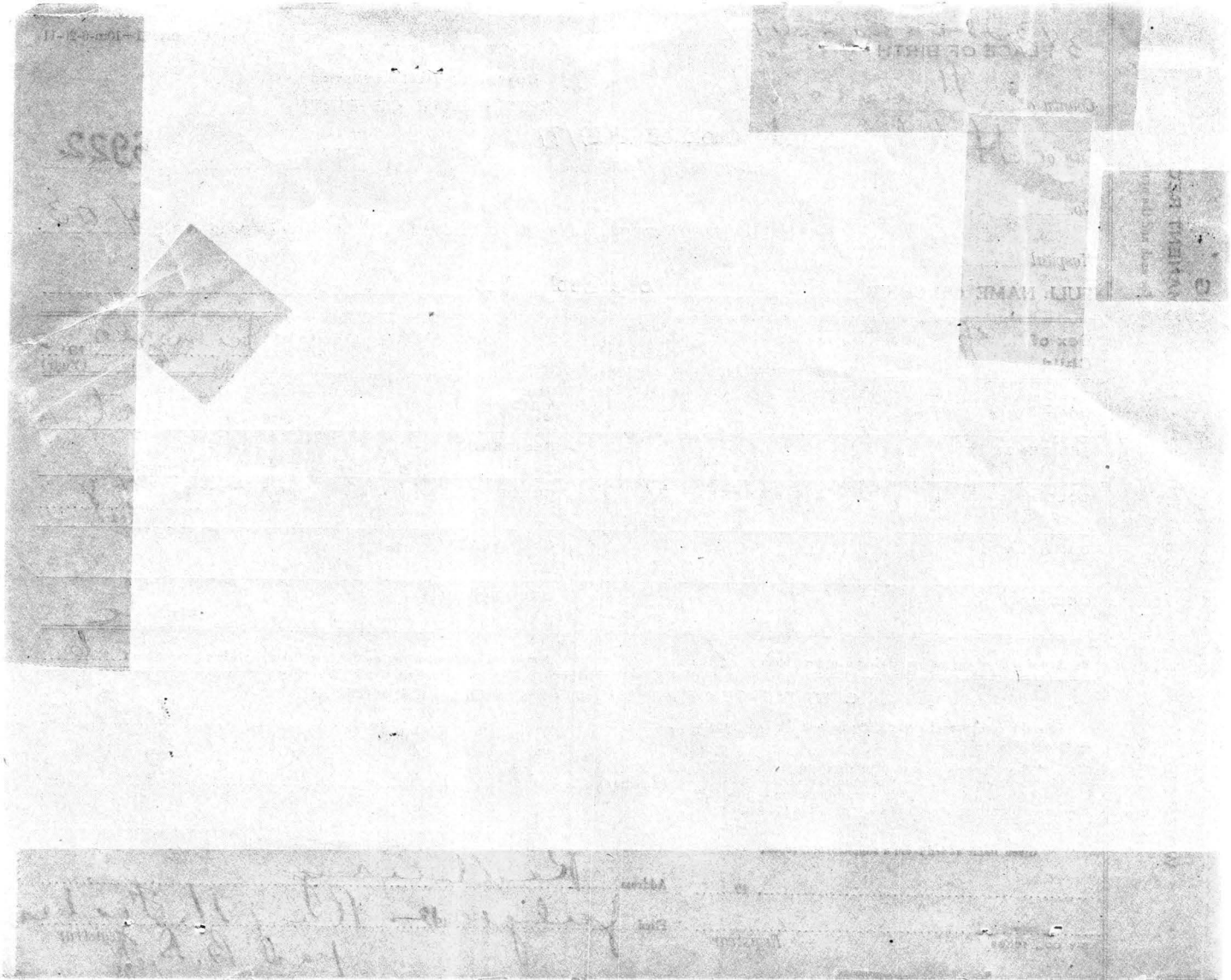
____, 19____

Filed July 10 1912 Ray H. Fisher Registrar

____ Registrar

by B. D. A.

8-Y CO., 16669



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH } ss.
County of WEBER }

JAN 18 40 AM '77

Certificate No. 6922

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lutze (female) (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1912 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 4 Aug. 1912 & 2 Aug. 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Lutze	Rose Letha Lutz
father's last name	Lutze	Lutz

Subscribed and sworn to before me this 29 day of December, 19 76

Notary Public, residing at Salt Lake City, Utah

My commission expires 5-12-77

(Seal)

Signed G. Lawrence Lutz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1553 no. 1000 w. Clinton, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of WEBER }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of December, 19 76

Notary Public, residing at Salt Lake City, Utah

My commission expires 5-12-77

(Seal)

Signed Lila J. Lutz
(Signature of Any Credible Person)

1553 no. 1000 w. Clinton, Utah
(Street Address, City, State)

FORM DH 60-155

CL 12/13/76 nm

Certif of Baptism and Confirm. from the LDS Church gives name as Rose Letha Lutz daugh of William H. Lutz and Minnie Martin. Born June 20, 1912 at Hibbard, Idaho. Baptized July 31, 1920. viewed by V. S.

JAN 1977

Certif of Blessing from the LDS Church gives name as Rose Letha Lutz daughter William H. Lutz and Minnie Martin. born June 20, 1912 at Hibbard, Idaho. Blessed Aug 4, 1912. viewed by V. S.

469-124-022-819

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 6923

No. ....., ... St. Primary Registration District No. 2039 Registered No. 404

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 24 (Year) 191 2
M		yes	

FATHER		MOTHER	
FULL NAME	Peter O. Mortenson	FULL MAIDEN NAME	Annie Harris
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Dairy man	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:55 A. M. on the date above stated.

(Born alive or ~~Stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(~~Physician~~ or Midwife)

Address Rexburg

Given name added from a supplemental report

....., 19.....

Filed July 10, 1912 Ruby H. Fisher Registrar

Registrar

Per B. D. S.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

662-26-0082-753

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6924

County of Fremont

City of Rexburg Registration District No. 9 File No.

No. , St.

Primary Registration District No. 2039 Registered No. 405

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	June 26, 1912

FATHER		MOTHER	
FULL NAME	John Foss	FULL MAIDEN NAME	Christina Peterson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	New Zealand
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 12 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

, 19

Registrar

Filed July 10, 1912 Ray H. Fisher Registrar

per B.D.H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-213-022-795

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 6925

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 406

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 13, 1912

FATHER		MOTHER	
FULL NAME	Thomas Machen	FULL MAIDEN NAME	Minnie Preston
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 25 A. M. on the date above stated.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg

Filed July 10 1912 Ray T. Fisher Registrar

by B. D. R.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S1K 119.022-864

PLACE OF BIRTH

Form V. S. No. 2 -20m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Archer

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 6926

Primary Registration District No. 2039

Registered No. 419

FULL NAME OF CHILD Jesse Harold Nadauld

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 19, 1912

FATHER		MOTHER	
FULL NAME	George A. Nadauld	FULL MAIDEN NAME	Lillian Young
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 3 40 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A Briggs

(Physician or Midwife)

Address Archer

Given name added from a supplemental report

____, 19____

Filed July 10, 1912 Ray V. Fisher

Registrar

Asst. B.D.H.

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 6926

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 19th, 1912 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Jesse Harold Nadould

Subscribed and sworn to before me this 6th
day of May 19 42.

Clerk of District Court
~~Notary Public~~ residing at Rexburg, Idaho.

My commission expires
(SEAL)

Signed Lillian C. Nadauld
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

450 West Main St., Rexburg, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of May 19 42.

Clerk of District Court
~~Notary Public~~ residing at Rexburg, Idaho.

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

273 East Main St., Rexburg, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 7 1942 By
(REGISTRAR'S SIGNATURE)

MAY 8 1962

JUN 14 1962

419-219-02.351

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6927

County of Fremont

City of Archer

Registration District No. 9

File No.

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 436

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Marshall	Mary Ann Tea
RESIDENCE	Irwin	Irwin
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	In Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 6.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs

(~~Physician~~ or Midwife)

Address Archer

Given name added from a supplemental report

....., 19....

Filed July 10, 19 12 Ray W. Fisher Registrar

Registrar

Per B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 3 1974

553-21 31.022.766

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6928

County of Fremont

City of Teton

Registration District No. 9

File No.

No. , St.

Primary Registration District No. 2039

Registered No. 437

Hospital

FULL NAME OF CHILD Leona Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Mar 13, 1912

FATHER		MOTHER	
FULL NAME	Jacob B Nelson	FULL MAIDEN NAME	Ada Goff
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~), at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton

Given name added from a supplemental report

....., 19.....

Filed July 10, 1912 Roy H. Fisher Registrar

.....

Registrar

Thos. B.D.A.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 20 1963

719-230-022-816

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 6829

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 438

Hospital ____

FULL NAME OF CHILD Mary Mildred Garn

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 30 1912

FATHER		MOTHER	
FULL NAME	Martin H. Garn	FULL MAIDEN NAME	Effie Mae Howe
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 3 30 P M. on the date above stated.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton

Filed July 10 19 12 Ray H. Fraher Registrar

per B.D.H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 12-4-70

PLACE OF BIRTH
847-2114.02 x962

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

6930

County of Fremont

City of Teton — Registration District No. 9 — File No.

No. ____, ____ St.

Primary Registration District No. 2039 — Registered No. 439

Hospital

FULL NAME OF CHILD Della Luella Hughes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 14, 1912

FATHER		MOTHER	
FULL NAME	Fred Hughes	FULL MAIDEN NAME	Rhoda Robbins
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(~~Physician~~ or Midwife)

Address Teton

Given name added from a supplemental report

____, 19____

Filed July 10, 1912 Ray H. Fisher Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

OCT 28 1970

DECEASED

11-9-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 3 - 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 6930

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Della Florinda Hughes (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1912 (Date of Event) in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle name	Florinda	Luella

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of December, 19 70

~~Notary Public, residing at~~ Clerk of the District Court
My commission expires .....
(Seal) By Lucile Warner Deputy

Signed Mrs. Evelyn White
(Signature of Any Credible Person)

Route #2 Box 167B
(Street Address, City, State)
Idaho Falls, Idaho

FORM DH 60-155 Correction corresp. 11-9-70 (H)

Certificate of Blessing certifies that Della Luella Hughes daughter of Fred Hughes and Rhoada Robbins born May 14, 1912 at Teton, Fremont County, Idaho was blessed July 7, 1912 by Elder S. Schwendiman in L.D.S.Church.
Viewed by V.S.

DEC 4 1970

Certificate of Baptism and Confirmation gives name as Della Luella Hughes born May 14, 1912 at Teton, Fremont County, Idaho and was baptized July 31, 1920 in L.D.S.Ch.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

993-228-082-212

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9 File No. 6931

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 448

Hospital ____

FULL NAME OF CHILD Maurine Richman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 28 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Henry Richman	Luella Baker
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Idaho	~~Teton~~ Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10 19 12 Ray H. Tucker Registrar

per B.D.H.

S-Y CO., 16669

AUG 9 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

756+28022-993

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton — Registration District No. 9 — File No. 6932

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 442

Hospital ____

FULL NAME OF CHILD Lester Wm George

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Apr 28 1912

FATHER		MOTHER	
FULL NAME	John R. George	FULL MAIDEN NAME	Elizabeth Richman
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(~~Physician~~ or Midwife)

Address Teton

Given name added from a supplemental report

____, 19____

____ Registrar

Filed July 10 1912 Ray H. Fisher Registrar

S-Y CO., 16669

Jun 13, D, R

c.c. 6/4/41. w.h.

993-118-022-283

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 6933

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 443

Hospital ____

FULL NAME OF CHILD Reed G. Richman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 18, 1912

FATHER		MOTHER	
FULL NAME	Thos. G. Richman	FULL MAIDEN NAME	Lizzie May Butt
RESIDENCE	Teton.	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(~~Physician~~ or Midwife)

Address Teton

Given name added from a supplemental report

____, 19____

Filed July 10 1912 Ray H. Fisher Registrar

____ Registrar

per B. D. R.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

299-112022-693

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 6934

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 444

Hospital ____

FULL NAME OF CHILD Frank Bird

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 12, 1912

FATHER		MOTHER	
FULL NAME	Jonathon F Bird	FULL MAIDEN NAME	Hannah A Willie
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton City

Given name added from a supplemental report

____, 19____

Registrar

Filed July 10 1912 Ray H. Fisher

Registrar

S-Y CO., 16569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 15 1944

289-11-022-249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lorenzo R.F.D.

No. Poplar, Idaho.

Registration District No. 9 File No. 6935

Primary Registration District No. 2040 Registered No. 445

Hospital

FULL NAME OF CHILD Eugene Parley Byington

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	June 11th 12

FATHER		MOTHER	
FULL NAME	Parley Parley Byington	FULL MAIDEN NAME	Maggie Smith
RESIDENCE	Lorenzo. R.F.D. Near Heise	RESIDENCE	Lorenzo. R.F.D.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby — Idaho.

Given name added from a supplemental report

....., 19.....

Filed July 10. 19 12 Ray H. Fisher M.D.

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

283-212-c14-156

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

6936

County of Canyon

City of Caldwell Registration District No. 3 File No.

No. —, —St.

Primary Registration District No. 1008 Registered No. 141

Hospital —

FULL NAME OF CHILD Edith J. Kyles

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
female	—	—	yes	June 12 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Kyles	FULL MAIDEN NAME	Edith Jewell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tel	BIRTHPLACE	Tel
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed June 20 1912

.....
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

V65-108 or K-314

PLACE OF BIRTH

STATE OF IOWA — Form V. S. No. 11-C — Bureau of Vital Statistics

County of Carroll

City of Nanpa

No. ——, ——— St.

Hospital no

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 6937

Primary Registration District No. 106 — Registered No. 144

FULL NAME OF CHILD Lee Montgomery

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes	Apr 7, 1912

FATHER	MOTHER
FULL NAME R. E. Montgomery	FULL MAIDEN NAME Mae Cameron
RESIDENCE Nanpa	RESIDENCE Nanpa
COLOR white — AGE AT LAST BIRTHDAY 33 (Years)	COLOR white — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Tenn.
OCCUPATION Dentist	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (miss w)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Apr 10 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 13 1948

666-12-4 or K-464

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6938

No. ____, ____ St.

Primary Registration District No. 1076

Registered No. 135

Hospital ____

FULL NAME OF CHILD Charles Milton Woodcock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4 24 1912

FATHER		MOTHER	
FULL NAME	William E. Woodcock	FULL MAIDEN NAME	Etta Douglas
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelley

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 4-30 1912 R. C. Bull Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 18 1942

291-212 : 9.4.654

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO — Form V. S. No. 11-C—15m-9-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 6939

Primary Registration District No. 1005 — Registered No. 138

FULL NAME OF CHILD Inez Brainard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	4-12-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Brainard	Flora Klement
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	New York	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12½ P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kadey

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 4-20-12 K C Burch

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

26-2d2-014-384

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——, ——— St.

Registration District No. 3 File No. 6940

Primary Registration District No. 1005 Registered No. 143

Hospital Canyon

FULL NAME OF CHILD Dorothy Elizabeth Bodkin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	——	——	Yes	May 12, 1912

FATHER	MOTHER
FULL NAME L. Bodkin	FULL MAIDEN NAME Catherine Lyman
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Minn.
OCCUPATION Pharmacist	OCCUPATION Home wife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 3/4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S J Miller (MD)

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed May 20 1912 B C Bull

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-356099

263-126-01K363

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 6941

No. ____, ____ St.

Primary Registration District No. 1005

Registered No. 134

Hospital ____

FULL NAME OF CHILD Donald Franklin Borkenhagen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4-26-12

FATHER		MOTHER	
FULL NAME	Francis Erwin Borkenhagen	FULL MAIDEN NAME	Ida Lenora Tolin
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 05 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelley M. D. Physician

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed 4-30 19 12 R C Bull

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE	
COLOR	BIRTHDAY
BIRTHPLACE	

693.215 101 K 396

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 6942

No. ....., ... St.

Primary Registration District No. 1095 Registered No. 136

Hospital .....

FULL NAME OF CHILD Ila Leoti Arcutt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4-15-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wesley Wesley Arcutt	Emma Leoti Trotter
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Clerk	Housewife
Number of child of this mother, including present birth	4th	
Number of children, of this mother, now living, including present birth		4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kelley Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 4-20 1912 R C Burk

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

29-212 (01 R V57

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-30-11

[redacted]

Registration District No. 3

File No. 6943

Primary Registration District No. 1705

Registered No. 137

FULL NAME OF CHILD Agnes Braimard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twins	and	Yes	4 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Braimard	Dora Clement
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	New York	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Kelley

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4-20 19 12 RC Bull

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

493119-028-712

[redacted] OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No 75 File No. 6944

No. ____, ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD HARRY PHILIP MILLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	/	1	yes	May 5 1912

FATHER	MOTHER
FULL NAME Henry Miller	FULL MAIDEN NAME Cristina Lassart
RESIDENCE Coeur d'Alene, Idaho.	RESIDENCE Coeur d'Alene
COLOR White	COLOR Indian
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Canada	BIRTHPLACE Montana
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Hueson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 4 1912

SVMS - YORK CO., PTRS. & BDRS. 17826

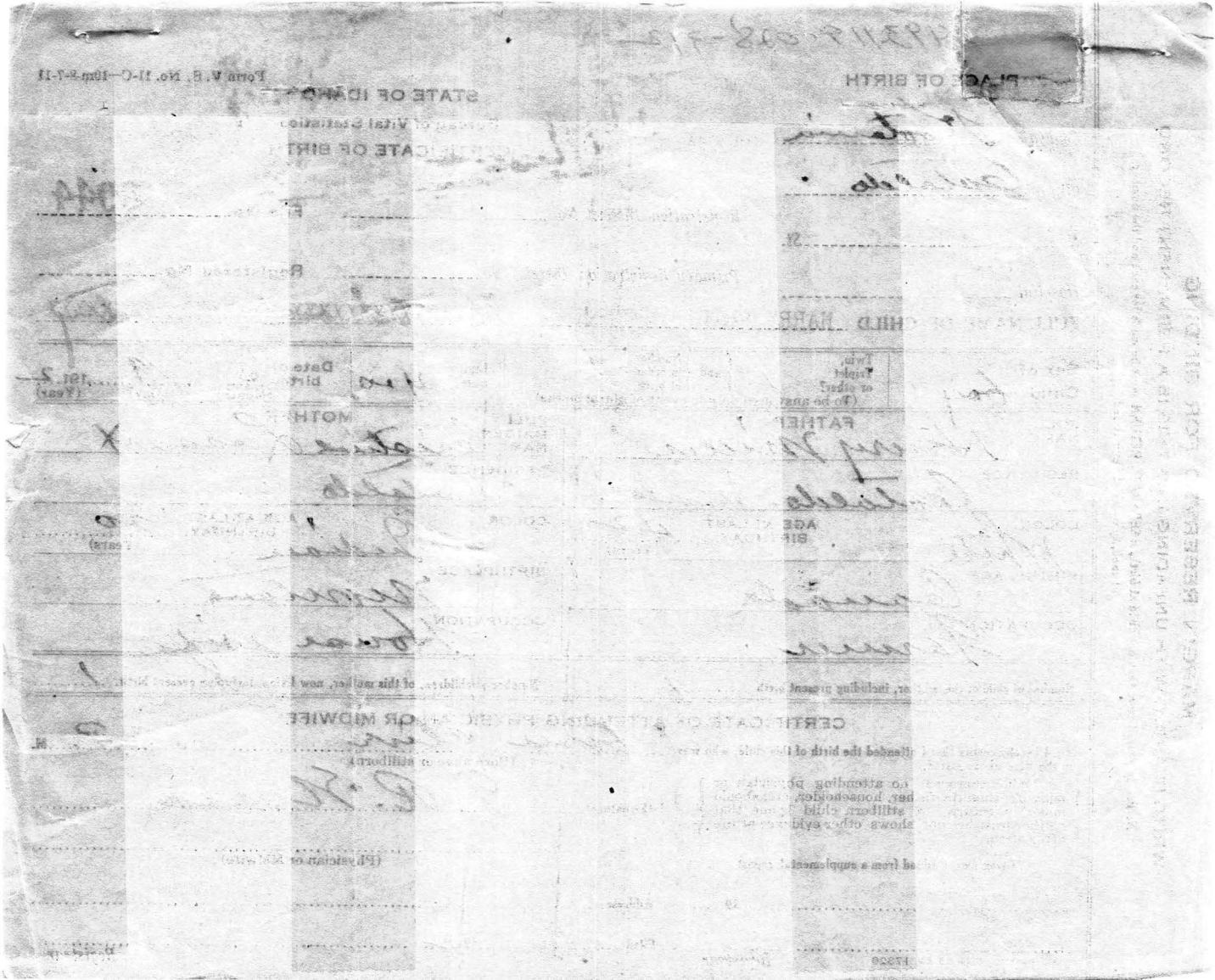
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



APR 13 1945

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 6944

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Miller	Harry Philip Miller

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

APR 1 8 1945

Form V. S. No. 1 [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Mullan — Registration District No. 25 — File No. 6945

No. ____, ____ St. — Primary Registration District No. 2108 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Viola Anna Hoffstrand

Sex of Child: Female — Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) — Legitimate? yes — Date of birth: June (Month) 16 (Day) 1912 (Year)

FATHER

FULL NAME: Oscar J Hoffstrand

RESIDENCE: Mullan

COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Miner Lepr

MOTHER

FULL MAIDEN NAME: Helen Mary Peterson

RESIDENCE: Mullan

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Sweden

OCCUPATION: H W

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 oc A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician (Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

____, 19____

____ Registrar

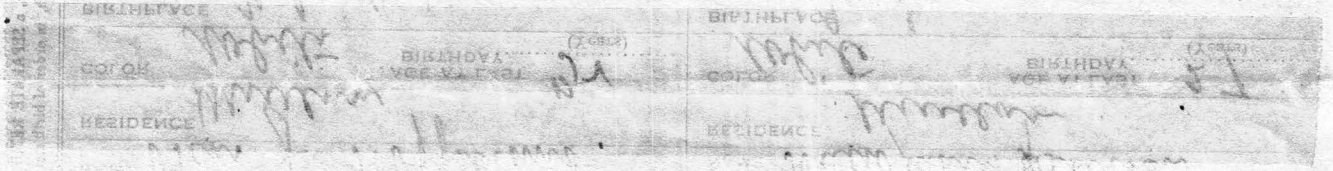
Filed July 2 1912 Chas. A. Hillman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Shoshone }

Certificate No. 6945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on June 16, 1914 (Date of Event)
in Mullan, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mothers knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Viola Anna Hoffstrand

Subscribed and sworn to before me this 21st day of Oct, 1943

Notary Public, residing at MULLAN, IDAHO

My commission expires My Commission expires March 15, 1944. (Seal)

Signed Mrs Oscar Hoffstrand
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, or physician if correcting a death record; or other credible person.)

131 Mill Road Mullan, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of Oct, 1943

Notary Public, residing at MULLAN, IDAHO

My commission expires My Commission expires March 15, 1944. (Seal)

Signed Mrs Elmer Olson
(Signature of Any Credible Person Other Than Previous Year)

21 Huntington Ave. Mullan Ida
(Street Address, City, State)

NOV 4 1943

NOV 5 1943

15-119-049

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~2108~~ 25 File No. 6946

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD James Robert Bean

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 19, 1912

FATHER		MOTHER	
FULL NAME	James R Bean	FULL MAIDEN NAME	Mabel Van Wagnen
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Physician	OCCUPATION	Nurse

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 M. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Kupp

Physician (Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 4 1912 Dr. Chas. C. Witham Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1942

389-115-040-961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No —, Mill St.

Registration District No 25 File No. 6947

Hospital —

Primary Registration District No. 2108 Registered No.

FULL NAME OF CHILD Leslie Doren Tyree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	June 15 1912

FATHER		MOTHER	
FULL NAME	John H Tyree	FULL MAIDEN NAME	Margaret Roach
RESIDENCE	Mullan.	RESIDENCE	Mullan
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

J H Tyree, 19.....

F W Rolfs Registrar

Filed July 1 1912

F. W. Rolfs D. Chas. C. Dittman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

692-105-040-435

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Registration District No 25 File No. 6948

Primary Registration District No. 2107 Registered No. ____

Hospital ____

FULL NAME OF CHILD Harvey Alexgaander Fisk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X		X	Yes	June 5, 1912

FATHER	MOTHER
FULL NAME: David Fisk	FULL MAIDEN NAME: Phoebe McIntire
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 53 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Tennessee
OCCUPATION: Laborer	OCCUPATION: Wife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) June 5, at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 F W Rolfs Registrar

Dr. Charles W. Allen Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OCT 10 1941

293122-080466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Black Bear

Registration District No. 25 File No. 6949

No. ____, ____ St.

Primary Registration District No. 2109 Registered No. ____

Hospital ____

FULL NAME OF CHILD Curlico Mowry Killian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	and	yes	June 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther Killian	Mildred Howard
RESIDENCE	Black Bear	Black Bear
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	North Carolina	Arkansas
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Filed July 2 1912 W. H. Chas. A. Williams

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

PLACE OF BIRTH

STATE OF IDAHO

694123-040-469

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

Registration District No. 25

File No. 6950

No. ____, ____ St.

Primary Registration District No. 2109

Registered No. ____

Hospital ____

FULL NAME OF CHILD Clifton Earl Widdowson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	6 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Thomson Widdowson	Stella anna Moravetz
RESIDENCE	Burke	Burke
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Montana	Minn.
OCCUPATION	Stenographer	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 2 1912 Dr. Chas. A. Hartman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 28 19

682-203-040-599

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No. —, —— St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 95 File No. 6951

Primary Registration District No. 2109 Registered No. ——

FULL NAME OF CHILD Josephine Maria Nykanen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 3rd, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack Nykanen	Alena Eriksson
RESIDENCE	Burke	Burke
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Finland	Finland
OCCUPATION	Miner	House Wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Eastin M. D.

(Physician or Midwife)

Address Burke Shoshone Co Idaho

Given names added from a supplemental report

....., 19.....

Filed June 11 1912 Chas. A. Dettman

Registrar

S-Y CO., 16670

Registrar

193-108-040-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

No. ——, —— St.

Hospital ——

Registration District No. 25

Primary Registration District No. 2109

File No. 6952

Registered No. ——

FULL NAME OF CHILD Lee Thomas Sitton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett Sitton	Mary Braswell
RESIDENCE	Mace	Mace
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Washington	Missouri
OCCUPATION	Miner	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or Midwife)

Address Burke Shoshone Co Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 11 1912 Chas. A. Hettman

Registrar

S-Y CO., 16670

MAR 17 1974

215-216-060-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

No ....., ... St.

Registration District No 25 File No. 6953

Primary Registration District No 2106 Registered No. .....

Hospital .....

FULL NAME OF CHILD Miss Sandow, Dorothy M.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1		1	Yes	5 16 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Sandow	Lily Mueller
RESIDENCE	Wardner.	Wardner.
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	30 (Years)
BIRTHPLACE	England	England
OCCUPATION	Miner	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 2 1912 Dr. Chas. A. Wetherman

Registrar

Registrar

5 MS - YORK CO., PTRS. & BORS. 17826

cc 10-16-40 - mfm

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16-424-010-453

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 6954

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD John Jourwick

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	2	Yes	5 24 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Antone Jourwick	FULL MAIDEN NAME Mary Melisky
RESIDENCE Kellogg,	RESIDENCE Kellogg,
COLOR W AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 29 19 12 W. Chas. C. Dethman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

363/29.04651

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 6955

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Archie Weaver Robert Coolton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	3	yes	5 29 1912

FATHER	MOTHER
FULL NAME Archie Coolton	FULL MAIDEN NAME Pearl Yearing
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Texas	BIRTHPLACE Canada
OCCUPATION Engineer	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 29 1912 Wm. Chas. W. Ethman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-208-040-731

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible]

CERTIFICATE OF BIRTH

Registration District No. 285 File No. 6956

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Florence E. Williamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	1	Yes	6 8. 191 2

FATHER

FULL NAME W. J. Williamson

RESIDENCE Kellogg.

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Canada.

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Ceeling Blount.

RESIDENCE Kellogg.

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed June 29 1912 Dr. Chas. A. Whitman Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-9-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NOV 9 1942

396-208-090-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 6957

Primary Registration District No. 2-5 Registered No. .....

FULL NAME OF CHILD Margaret Jane Trounce

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	6	Yes	6 8 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Joseph Trounce	FULL MAIDEN NAME Lillie Gragg
RESIDENCE Kellogg	RESIDENCE Kellogg,
COLOR W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed June 29 1912 Wm. Chas. A. Pettman

..... Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO

PLACE OF BIRTH

796-120-040-315

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Silver King

Registration District No. 25 File No. 6958

No. St.

Primary Registration District No. 1705 Registered No.

Hospital

FULL NAME OF CHILD Harry Joseph Grosso

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	3	yes	6 20 1912

FATHER		MOTHER	
FULL NAME	Peter Grosso	FULL MAIDEN NAME	Mary Jansons
RESIDENCE	Silver King	RESIDENCE	Silver King
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Block Smith	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed June 29 1912 Wm. A. Altman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—(Rev.)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

253109.080-353

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Osborne

No ____, ____ St.

Hospital ____

Registration District No 28 File No. 6959

Primary Registration District No 2105 Registered No. ____

FULL NAME OF CHILD Master Dall

Sex of Child: M.	Twin, Triplet or other? One (To be answered only in event of plural births) and Number in order of birth 3		Legitimate? Yes	Date of birth: June (Month) 9 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	Fred Dall	FULL MAIDEN NAME	Ina Wells
RESIDENCE	Osborne	RESIDENCE	Osborne
COLOR	White	AGE AT LAST BIRTHDAY (Years) 43	COLOR White	AGE AT LAST BIRTHDAY (Years) 33
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.06 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed June 20 1912 Chas. A. Wellman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

Form V.S. No. 11-C—10m-8-7-11

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

313-125 1090-557

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 6960

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD No Name, Lattimore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	4	Yes	4-25-1912

FATHER	MOTHER
FULL NAME: Lewis Lattimore	FULL MAIDEN NAME: Nettie Engelbert
RESIDENCE: Was- Kellogg.	RESIDENCE: Was- Kellogg.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Carpenter	OCCUPATION: House

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed June 29, 1912 Dr. Chas. A. Wellman

Registrar

.....

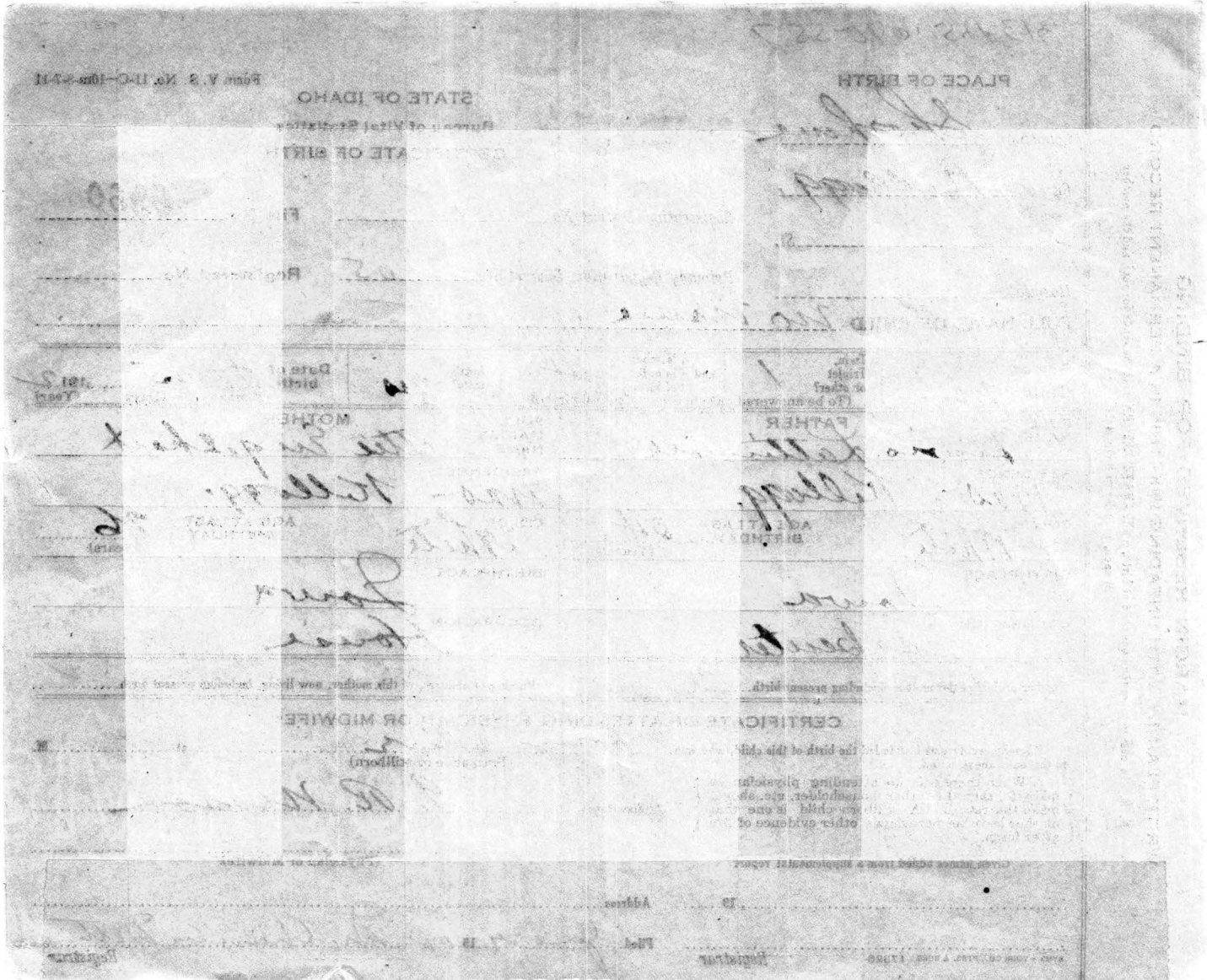
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



453-106-040 [redacted]

PLACE OF BIRT

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shosh

City of Silver King

Registration District No. 25

File No. 6961

No. ____ St.

Primary Registration District No. 2105

Registered No. ____

Hospital ____

FULL NAME OF CHILD John Melesi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	4	Yes	5 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Melesi	Emma Snyder
RESIDENCE	Silver King	Silver King
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	28
BIRTHPLACE	Italy	Missouri
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 5 1912 Wm. Chas. A. Williams

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-41-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

968-122-040-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 6962

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Donald M. Royer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	2	yes	05 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben C. Royer.	Edna M. Moore
RESIDENCE	Kellogg.	Kellogg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Kansas	Colorado
OCCUPATION	Miner	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 9 1912 Wm. Chas. E. Eltman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JAN 25 1957

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

863-115-040-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 6963

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Frank Milvin Holmes.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	2	yes	5 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank R. Holmes	Edith Hambrought
RESIDENCE	Kellogg, Idaho	Kellogg,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	Illinois	Missouri
OCCUPATION	Cigar Merchant	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 2 1912 Chas. A. Williams Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

755.220.040-215

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 25

Primary Registration District No. 2105

File No. 6964

Registered No. _____

FULL NAME OF CHILD Alice N. Bengelley

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	2	Yes	4 20 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ernest G. Bengelley	FULL MAIDEN NAME Alice Sandercock
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 9 1912 Dr. Chas. C. Vollum Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—80m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

314.110.040-851

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6965

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 205 File No. .....

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD No name Died at 60 hours.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	1	Yes	6 10 1912

FATHER	MOTHER
FULL NAME: D. Lambert	FULL MAIDEN NAME: Pearl Harvey
RESIDENCE: Kellogg,	RESIDENCE: Kellogg.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed June 29 1912 Dr. Chas. E. Pettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

75/6/18 · 004 [redacted]

PLACE OF BIR[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 24 File No. 6966

No. ____ St.

Primary Registration District No. 2098 Registered No. 141

Hospital ____

FULL NAME OF CHILD Boyd Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Parley George	Reta Phelps
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Montpelier	Montpelier
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Ashley

(Physician or ~~mid-wife~~)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 20 1912 J. W. Hayward Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

238-216-004-238 Amended 1/13/77

Amended 8-15-78

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6967

Primary Registration District No. 2098 Registered No. 187

FULL NAME OF CHILD MELBA RUTH SCHICK

Sex of Child: Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: June 16 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Frederick Charles Schick	FULL MAIDEN NAME: Minnie Schiff
RESIDENCE: Montpelier	RESIDENCE: Montpelier
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Germany
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed July 25 1912 J. M. Hayward Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

RUTH SCHICK

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Laramie } ss.

Certificate No. 6967

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Melba Ruth Schick (Name on Original Certificate) who born (Was Born or Died) on June 17, 1912 (Date of Event)
in Montpelier Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Schich	Schick
Date	June 16th	June 17, 1912

Subscribed and sworn to before me this 2nd
day of November, 1942.
B. F. MacDougall
Notary Public, residing at Cheyenne, Wyo.
My commission expires July 20, 1943.
(Seal)

Signed Charles F. Schick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
516-E-24th St. Cheyenne Wyo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 21 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 15 2 07 PM '78

State of ..... } ss.
County of .....

Certificate No. 6967

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Melba Ruth Schick (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1912 (Date of Event)

in Bear Lake (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's maiden name	Schief	Schif

Subscribed and sworn to before me this 8-8 day of August, 1978

Notary Public, residing at Boise

My commission expires 8-8-78

(Seal)

Signed Selma S. Radke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1018 E. 2nd - Emmett, Idaho 83617
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

A sister's certificate on file with Bureau of Vital Statistics gives name as Minnie Schif. Sister born June 7, 1919. # 69993.
Viewed by V.S.

Mother's death certificate on file with Bureau of Vital Statistics gives name as Minnie F. Schick. Died March 7, 1934., State file # 89334.
Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JAN 10 1 00 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6967

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Melba Ruth Schick (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1912 (Date of Event) in Bear Lake County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
age of father	40	39
age of mother	30	29

Subscribed and sworn to before me this 24th day of October, 1978

Florence Cartright

Notary Public, residing at Boise

My commission expires 7-18-1981

(Seal)

Signed Selma S. Radke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1018 E 2nd - Emmett, Ida 83617
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family Record gives place of birth for Frederike Wilhelmina or Minnie Schif as October 4, 1882 and born in Germany. Same record also gives name of father as Frederick Charles Schick born June 19, 1872 in Germany. Family Record obviously old. Viewed by V.S.

JAN 1 8 1979

Death certificate of Frederick Charles Schick issued by the State of Utah gives date of birth as 6/19/1872. in Germany. viewed by V.S.

Death certificate of Minnie F. Schick gives date of Birth as 10/4/1882. Certificate #89334. viewed by V.S.

493.125-00K-493

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6968

Primary Registration District No. 2092 Registered No. 164

FULL NAME OF CHILD Karl Frederick Miles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	June 25 1912

FATHER	MOTHER
FULL NAME Fred Miles	FULL MAIDEN NAME Zina Miles
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE St George Ut	BIRTHPLACE Paris, Idaho
OCCUPATION School	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Ashley

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1912 J. W. Hammond Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

993111-00K954

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6969

Primary Registration District No. 2092 Registered No. 159

FULL NAME OF CHILD Carlyle Rich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	June 11 1912

FATHER

FULL NAME: Abr A. Rich

RESIDENCE: Paris

COLOR: W. AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Alice Redd

RESIDENCE: Paris Ida

COLOR: W. AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D. (Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1912 J. W. Hayward Registrar

S-Y CO. 20174

AUG 5 1969

386-P2-004-693

PLACE OF BIRTH

75

STATE OF IDAHO

Form V. S. No. 11-C—20m-2-15-12

Amended 2/19/[illegible] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 24

File No. 6970

No. ..... St.

Primary Registration District No. 2091

Registered No. 149

Hospital .....

FULL NAME OF CHILD Julian Thornock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 2, 1912

	FATHER	MOTHER
FULL NAME	Wm Thornock	FULL MAIDEN NAME Grace Wilkes
RESIDENCE	Bloomington	RESIDENCE Bloomington
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE England
OCCUPATION	Farmer	OCCUPATION House W.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Ashley

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

Filed July 10 1912 J. W. Stayner

..... Registrar

S-Y Co. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 4 10 11 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6970

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Julian Thornick (Name on Original Certificate) who was born (Was Born or Died) on June 2, 1912 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name	Thornick	Thornock
father's last name	Thornick	Thornock

Subscribed and sworn to before me this 31 day of January, 19 75
Notary Public, residing at Paris Idaho
My commission expires May 13 1977
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of January, 19 75
Notary Public, residing at Paris Idaho
My commission expires May 13, 1977
(Seal)

Signed Velma L. Hansen (Signature of Any Credible Person)

..... (Street Address, City, State)

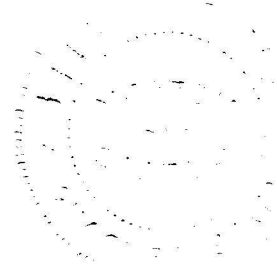
FORM DH 60-155

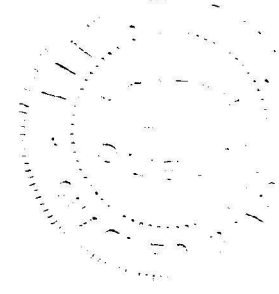
CL5/20.74

Certif. of Blessing from the LDS Church gives name as Julian Thornock son of William W. Thornock and Grace Wilks. Born June 21, 1912. was Blessed Aug. 4, 1912. viewed by V. S.

FEB 19 1975

Marriage record from Utah gives names as Julian Thornock and Agnes LePriel Brewer. Married June 29, 1932. viewed by V. S.





296-109-00K-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 6971

Primary Registration District No. 209 Registered No. 146

FULL NAME OF CHILD Boy Kroegue

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 9, 1912

FATHER		MOTHER	
FULL NAME	Peter Louis Kroegue	FULL MAIDEN NAME	Ivy Bateman
RESIDENCE	Bloomington, Idaho.	RESIDENCE	Bloomington, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bloomington, Idaho.	BIRTHPLACE	Bloomington, Idaho.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Hottendorf M.D.

physician

(Physician or ~~Midwife~~)

Bloomington, Idaho.

Address

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 J. H. Steward

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 3 1942

693-110 : 004-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24, File No. 6972

Primary Registration District No. 2490 Registered No. 145

FULL NAME OF CHILD RAY CHESTER WILLIAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	June 10 1912

FATHER		MOTHER	
FULL NAME	Chester Ensol Williams	FULL MAIDEN NAME	Mary Emeline Haddock
RESIDENCE	Cokeville Wyo	RESIDENCE	Cokeville Wyo
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Paris Idaho	BIRTHPLACE	Bloomington Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Hottendorf M.D.

physician

(Physician or ~~Midwife~~)

Address Bloomington, Idaho.

Given names added from a supplemental report

....., 19.....

Filed June 20 1912 J. M. Howard

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Deschutes } ss.

Certificate No. 6972

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Chester Ray Williams (Name on Original Certificate) who was born (Was Born or Died) on June 10-1912 (Date of Event)
in Bloomington Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on June 10, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Chester Ray	Ray Chester Williams

Subscribed and sworn to before me this Feb-26th
day of February, 1943.
H A Blackwell
Notary Public, residing at Bend Ore
My commission expires Jan-16-1946
(Seal)

Signed Mary E Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1260 Fresno Ave. Bend Oreg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Deschutes } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 26th
day of February, 1943.
H A Blackwell
Notary Public, residing at Bend Ore
My commission expires Jan-16-1946
(Seal)

Signed Ezra L Quigley
(Signature of Any Credible Person Other Than Previous Year)
Lakeview Oregon
(Street Address, City, State)

JUN 7 1943

113-230-Box-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington — Registration District No. 24 — File No. 6973

No. ____ St. — Primary Registration District No. 2091 — Registered No. 164

Hospital ____

FULL NAME OF CHILD Girl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 30 1912

FATHER

FULL NAME: Morni Jacobson

RESIDENCE: Bloomington

COLOR: W. — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Thompson

RESIDENCE: Bloomington

COLOR: W. — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D. (Physician or midwife)

Address Paris Ida

Filed July 9 1912 J. M. Hayward Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

OCT 3 0 1975

142-107: 004-791

Form V. S. No. 11-C ~~30m-2-15-12~~

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6974

Primary Registration District No. 2093 Registered No. 158

FULL NAME OF CHILD Lawrence Rollin Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	June 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mark Austin	Gertrude Grandshaw
RESIDENCE	Liberty	Liberty
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	23
BIRTHPLACE	Idaho	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M. D.

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

..... 19.....

Filed June 15 1912 J. M. Hayward Registrar

..... Registrar

S-Y CO. 20174

397-124-004-369

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 6975
Local Reg. No. 150
Reg. Dist. No. 24

Amended 12/27/76

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: George Town, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Georgetown, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ellis
b. (Middle): Irwin
c. (Last): Tippets

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 24 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Walter
b. (Middle): Henry
c. (Last): Tippets

8. AGE (At time of this birth): 20 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Perry, Utah

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY: Farm

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Myrtle
b. (Middle): -
c. (Last): Larsen

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Georgetown

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy? 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G.F. Ashley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED: -

21. DATE REC'D BY LOCAL REG.: July 10, 1912

22. REGISTRAR'S SIGNATURE: J.W. Hayward.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

392-124-00K115

PLACE OF BIRTH

County of Bear Lake

City of George Town

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6975

Primary Registration District No. 2096 Registered No. 150

FULL NAME OF CHILD Ellis Irvin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2nd	Yes	June 24 1912

FATHER		MOTHER	
FULL NAME	W H Ricketts	FULL MAIDEN NAME	M H Jensen
RESIDENCE	George Town	RESIDENCE	George Town
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Penn	COLOR	White
OCCUPATION	Laborer	BIRTHPLACE	George Town
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) G F Ashley

(Physician or midwife)

Address Montpelier Idaho

Filed July 10 1912 J M Stanyard Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

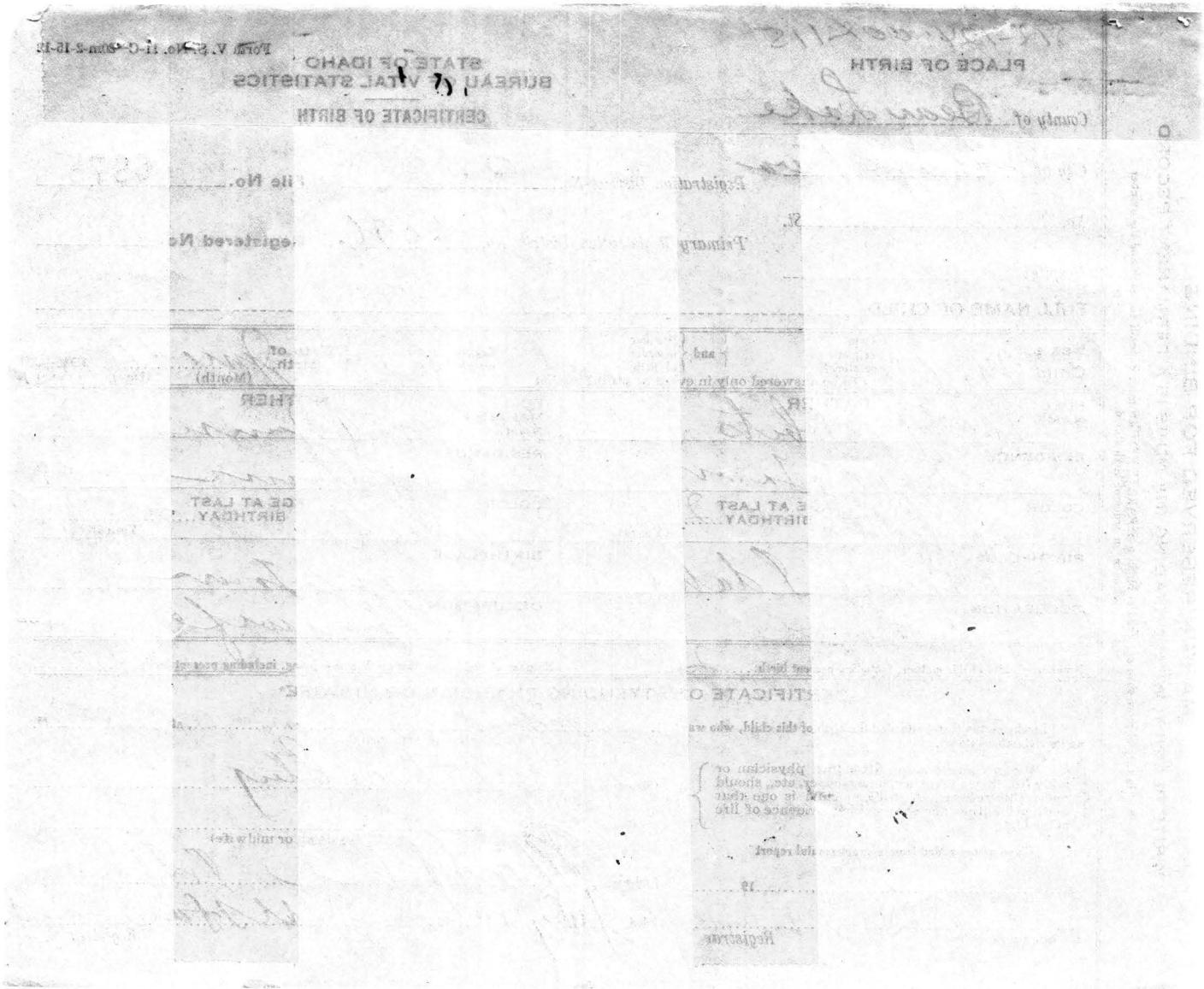
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 1 50 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6975

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellis Irwin Tibbits (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1912 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Tibbits	Tippets
Full Name of Father	W H Tibbits	Walter H. Tippets
Full Maiden Name of Mother	M H Jensen	Myrtle Larsen

Subscribed and sworn to before me this 1 2 day of
..... 19 72

Notary Public residing at Idaho Falls, Idaho
My commission expires 12-16-73
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elbert J. Tippets
1270 Bear (Street Address, City, State) Idaho Falls, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
..... , 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 6-3-66. one copy pd. rec. #13407.

Certificate of Blessing from LDS Church gives name as Ellis Irwin Tippets son of Walter Henry Tippets and Myrtle Larsen. Born June 24, 1912. Was Blessed Aug. 4, 1912. Viewed by V. S.

DEC 27 1976

Marraige Certificate [illegible] from Idaho gives groom's name as Walter Henry Tippets and the bride's name as Myrtle Helen Larsen. Dated Feb. 6, 1911. Viewed by V.S.

Marriage Certificate Issued by State of Idaho 9/Nov. 1936 gives name of Groom as Ellis Irwin Tippetts.

255.213.004-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6976

Primary Registration District No. 2096 Registered No. 140

FULL NAME OF CHILD Relia Bee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	June (Month) 13 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Hepworth Bee	FULL MAIDEN NAME	Sylvia Leone Stoddard
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bloomington, Idaho	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth..... Two

Number of children, of this mother, now living, including present birth..... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 12, 1912 Jill Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

NAME		
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY	

MOTHER

	MAIDEN NAME	
	RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY	

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6976

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Georgetown / *Street and House No.* / *County* Bear Lake

Registered Number 140

Registration District No. 24

Sex of Child Female

Date of Birth, June (Month) 13 (Day) 1912 (Year)

Full Name of Father Joseph H. Bee.

Full Maiden Name of Mother Elyria Leona Haddock

I HEREBY CERTIFY that the child described herein has been named:

Relia (Given name in full) Bee (Surname)

as reported by Father (Father or Mother)

J. W. Pearsons (Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

8 S2-H2-00K-797

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

Registration District No. 24 — File No. 6977

Primary Registration District No. 2096 — Registered No. 139

FULL NAME OF CHILD Charles Taylor Hess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	June (Month) 12 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilford Woodruff Hess	Leonora Cannon Taggott
RESIDENCE	Georgetown, Idaho	Georgetown Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	31 (Years)
BIRTHPLACE	Georgetown, Idaho	Bloomington, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth: Four

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1 1912 B. Hull Hayward

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If Mother was married more than once, give data for last husband.

If child was born dead, so state.

Number of children of this mother, including present birth

Number of children of this mother now living, including present birth

PLACE OF BIRTH

CHILD'S NAME

SEX

TWIN, TRIPLET, OR OTHER PLURAL BIRTH

FATHER

MOTHER

FULL NAME

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

INFORMANT

I hereby certify that I attended the birth of this child, who was born alive at the time stated above.

Signature

Address

Date signed

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No.

Registration No.

Form V. S. No. 11-O—10m-8-7-11

397228-004-569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6978

Primary Registration District No. 2096 Registered No. 135

FULL NAME OF CHILD Cleo Bernice Tippets

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				April 28, 1912

FATHER

FULL NAME Harrison Plummer Tippets

RESIDENCE Georgetown Idaho

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Brigham City, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Ivan Norman

RESIDENCE Georgetown

COLOR AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Thatcher, Bear Lake, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

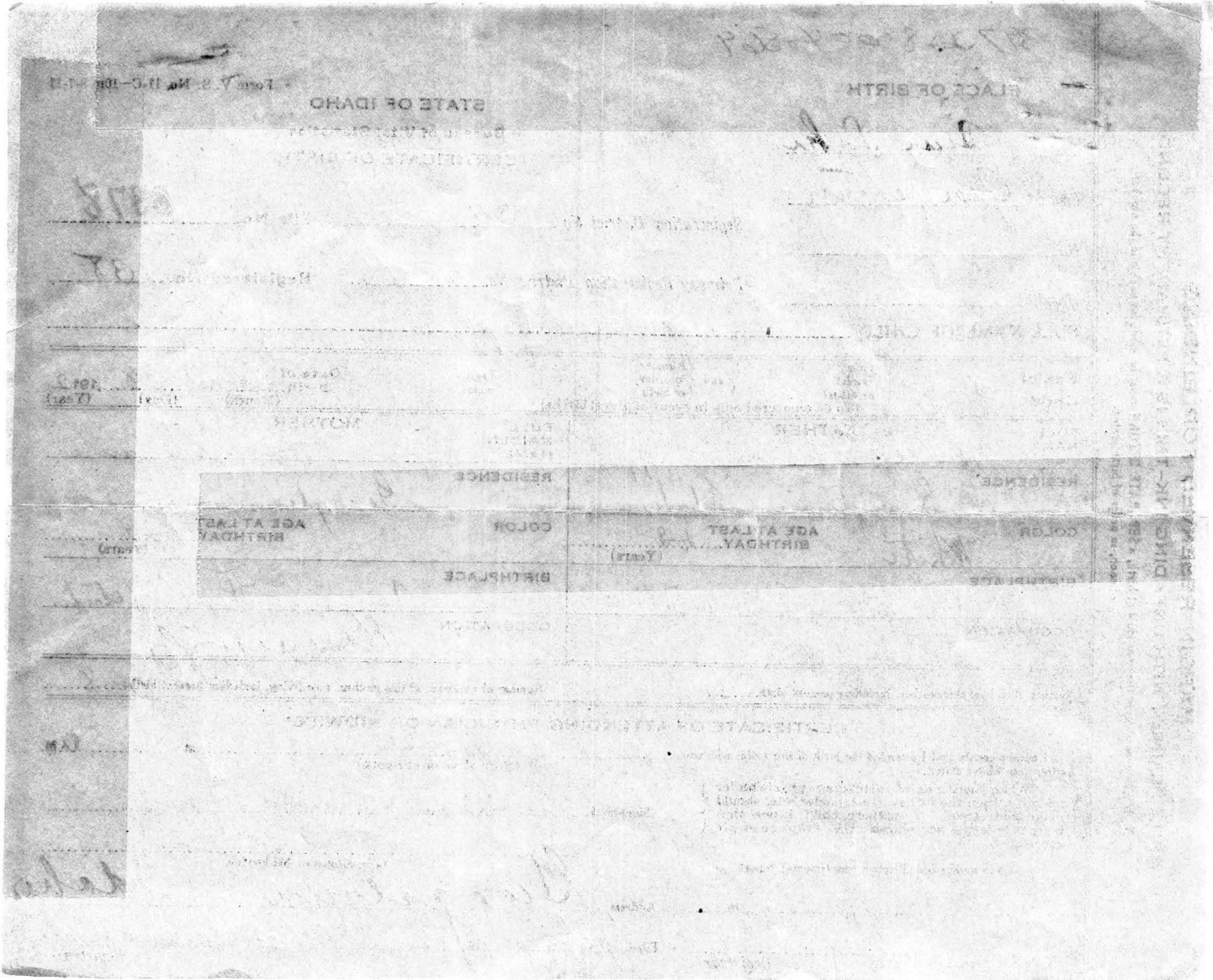
(Signature) Alice Jeanette Tippets

Midwife
(Physician or Midwife)

Address Georgetown Idaho

Filed July 1, 1912 Jill Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326



962-110-004-712

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6979

Primary Registration District No. 2098 Registered No. 14

FULL NAME OF CHILD Blair Robert Robison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 10 1912

FATHER		MOTHER	
FULL NAME	Charles Robinson	FULL MAIDEN NAME	Cora Passey
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.1.2. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Ashley

(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-D—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6979

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Montpelier
Street and House No.
County Bear Lake

Registered Number 142
Registration District No. 24

Sex of Child Male

Date of Birth, January (Month) 10 (Day) 1912 (Year)

Full Name — Father: Charles Robison

Full Maiden Name — Mother: Cora Passey

I HEREBY CERTIFY that the child described herein has been named:

Elmer Robert Robison
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. W. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

693-210 004.469

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6980

Registration District No. 24 File No. ____

Primary Registration District No. 2098 Registered No. 147

FULL NAME OF CHILD Norma Marguerita Wilcox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	June 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Wilcox	FULL MAIDEN NAME	Emma Mortenson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salt Lake	BIRTHPLACE	Montpelier
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed January 20, 1913 J. W. Stanworth

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6980

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Montpelier Idaho
Street and House No.
County Bear Lake

Registered Number 144

Registration District No. 24

Sex of Child Female

Date of Birth, June (Month) 10 (Day) 1912 (Year)

Full Name of Father Arthur Wilcox

Full Maiden Name of Mother Adelia Mortenson

I HEREBY CERTIFY that the child described herein has been named:

Norma Marguerite Wilcox
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. W. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

553-22 7:00 f-269

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6981

County of Bear Lake

City of Montpelier

Registration District No 24 File No.

No ....., ... St.

Primary Registration District No. 2098 Registered No. 147

Hospital

FULL NAME OF CHILD Morselle Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		5th	yes	5 27 1912

FATHER		MOTHER	
FULL NAME	Conard Nelson	FULL MAIDEN NAME	Amy Sorenson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Gjerag Denmark	BIRTHPLACE	Montpelier
OCCUPATION	Laborer	OCCUPATION	wife

Number of child of this mother, including present birth 5th. Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. F. A. Bridges

Midwife (Physician or Midwife)

Address Montpelier Ida.

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 Jill Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369224 00K243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 — File No. 6982

Primary Registration District No. 2098 — Registered No. 148

FULL NAME OF CHILD Lydia, May Bornford

Sex of Child: female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: seventh

Legitimate? Yes

Date of birth: 5 (Month) 24 (Day) 1912 (Year)

FATHER

FULL NAME: George J. Bornford

RESIDENCE: Montpelier

COLOR: white — AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: England

OCCUPATION: Electrician

MOTHER

FULL MAIDEN NAME: Magdelene Buckley

RESIDENCE: Montpelier, I

COLOR: white — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Richfield, Utah.

OCCUPATION: Wife

Number of child of this mother, including present birth: seventh

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) Mrs. F. E. Bridges

Midwife (Physician or Midwife)

Address Montpelier, Idaho.

Filed July 16 1912 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 9 1942

21-222.00454/2

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6983

Primary Registration District No. 2098 Registered No. 152

FULL NAME OF CHILD Nellie Lillian Bauman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		14	Yes	June 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Bauman	Rose Hubschmid
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	42
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Soldier	Housework

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley F. Cooley
(Physician or midwife)

Address Montpelier R. 5 Box 5

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 J. M. Hayward
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BINDING
A PERMANENT REC

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

6983

State of California } ss.
County of Los Angeles }

AUG 21 1941

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Nellie Lillian Bowman (Name on original certificate) who born (Was born or died) on June 22 1912 (Date of event)
in Montpelier Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Church Records (Bible record, insurance policy, etc.) prepared on Mormon Church Salt Lake City Utah (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Nellie Lillian Bowman	Nellie Lillian Bauman

Subscribed and sworn to before me this 20th
day of August, 1941

L. Peterson
Notary Public, residing at Los Angeles Calif
My commission expires My Commission Expires October 17, 1942
[SEAL]

Signed L. R. Bauman Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Geneva Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of August, 1941

L. Peterson
Notary Public, residing at Los Angeles
My commission expires My Commission Expires October 17, 1942
[SEAL]

Signed Mrs. Jennie S. Cheney
(Signature of any credible person other than the previous affiant)
338 - E - 62nd St.
(Street Address, City, State)
Los Angeles Calif.

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of Montpelier

No ____, ____ St.

Hospital ____

Registration District No 24

Primary Registration District No 2098

File No. 6984

Registered No. 154

FULL NAME OF CHILD Ruby May Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 13, 1912

FATHER		MOTHER	
FULL NAME	Christopher Hansen	FULL MAIDEN NAME	Huguette Glover
RESIDENCE	Grow Creek Idaho	RESIDENCE	[illegible], Grow Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Hunts Mill Utah	BIRTHPLACE	Ills
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Poyner M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

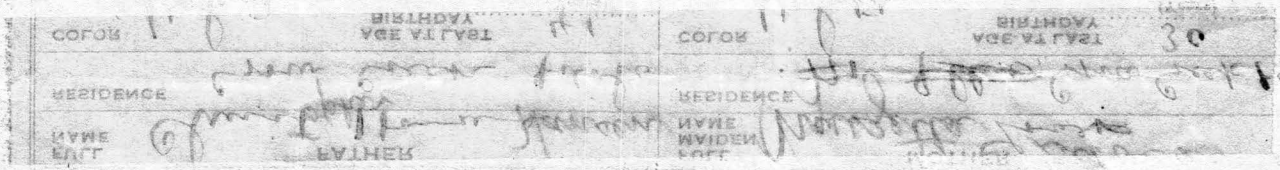
Filed June 25, 1912 J. L. Haywood

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Certified Copy issued Jan. 27, 1941. E.W.



912-116-004-155

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No 24

File No. 6985

No ....., ... St.

Primary Registration District No 2098

Registered No. 1064

Hospital .....

FULL NAME OF CHILD Leslie Earl Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	June 16 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Rasmussen	Anna Jensen
RESIDENCE	(Bench) Montpelier	
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	31 (Years)
BIRTHPLACE	Bloomington	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed June 26 1912 J. M. Hayward Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 1 1976

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Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No 24 File No. 6986

No ....., ... St.

Primary Registration District No. 2098 Registered No. 156

Hospital .....

FULL NAME OF CHILD Florence Mae Owen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		third	yes	6 12 1912

FATHER		MOTHER	
FULL NAME	Daniel Bert Owen	FULL MAIDEN NAME	Nina Mae Geer
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth. third

Number of children, of this mother, now living, including present birth. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Francis E. Bridges

Midwife

(Physician or Midwife)

Address Montpelier, Idaho.

Given names added from a supplemental report

....., 19.....

Filed June 20 1912 Jill Hayward Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 30 1963

DECEASED

343-114004-787

Form V. S.-No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Geneva

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6987

Primary Registration District No. 2090 Registered No. 143

FULL NAME OF CHILD Elmer Russell Fuellers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	June 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Fueller	Eliza Gygi
RESIDENCE	Geneva	Geneva
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jr. Ashley

(Physician or ~~midwife~~)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 1 1912 J. H. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

CHOOSE ONE FOR PRINTING
THIS IS A PERMANENT

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

6987

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Geneva
Street and House No.
County Bear Lake

Registered Number 143
Registration District No. 24

Sex of Child Male

Date of Birth, June (Month) 19 (Day) 1912 (Year)

Full Name of Father Edward Tisller

Full Maiden Name of Mother Eliza Gygi

IDAHO STATIONERY & PRINTING CO. LTD.

I HEREBY CERTIFY that the child described herein has been named:

Elmer Russell Tisller
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

J. W. Hayward
(Local Registrar)

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF Vital STATISTICS

1-9-41

993-118 000K-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [illegible]

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 6988

Primary Registration District No. 209 Registered No. 169

FULL NAME OF CHILD Lothair Rich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 18 1912

	FATHER	MOTHER
FULL NAME	Ray Rich	
FULL MAIDEN NAME		Mattie Bear
RESIDENCE	St Charles	St Charles
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M.D.

(Physician or midwife)

Address Paris Idaho

Filed June 26 1912 J. W. Hayward Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

JUN 17 1963

MAY 0 4 2007

ammended August 13, 1958

PLACE OF BIRTH

245·229·1004 795

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Registration District No. 24 File No. 6989

Hospital ..... Primary Registration District No. 2090 Registered No. 162

FULL NAME OF CHILD Gayle Bunderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
female			yes	June 29, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Hervin Bunderson	FULL MAIDEN NAME: Leona Linford
RESIDENCE: St. Charles	RESIDENCE: St. Charles
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Teacher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward, M. D.

M. D.
(Physician or midwife)

Address Paris, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed June 30, 1922 J. W. Hayward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles — Registration District No. 24 — File No. 6989

No. ____ St. — Primary Registration District No. 2040 — Registered No. 1602

Hospital ____

FULL NAME OF CHILD Gayle Bunderson ~~Latham~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 29 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Orvin Bunderson	FULL MAIDEN NAME	Leona Linford
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M. on the date above stated.

(Signature) J W Hayward M D

(Physician or midwife)

Address Paris Idaho

Filed June 29 1912 J W Hayward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1969

AUG 1 4 19[illegible]

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 6989

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gayle Bunderson (Name on Original Certificate) who was born (Was Born or Died) on June 29, 1912 (Date of Event)
in St. Charles Bear Lake, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by child's birth certificate child born in 1944 cert. #392173 drivers license (Idaho) (Bible Record, Insurance Policy, Etc.) prepared on 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex	male	female

Subscribed and sworn to before me this 9 day of Aug, 1958

Blaine C Beeson

Notary Public, residing at NAMPA IDAHO

My commission expires April 28, 1962

(Seal)

Signed Kenneth Bunderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Aug, 1958

Blaine C Beeson

Notary Public, residing at NAMPA

My commission expires April 28 1962

(Seal)

Signed Tom R Hales
(Signature of Any Credible Person)

1004-13 ave So Nampa Ida
(Street Address, City, State)

FORM DPH 55. 155

cj

747-118-004-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

Registration District No. 24

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-6-11-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 6990

Primary Registration District No. 2090

Registered No. 161

FULL NAME OF CHILD Coulson Rich Pugmire

Sex of Child M

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth June 18 (Month) (Day) 1912 (Year)

FATHER

FULL NAME Morgan Pugmire

RESIDENCE St Charles

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Loretta Rich

RESIDENCE St Charles

COLOR W. AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 26 1912 J. M. Hayward Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 8-15-42

Form V. No. 27B--5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

6992

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City: St Charles; Street and House No.: ; County: Bear Lake }

Registered Number: 461

Registration District No.: 24

Sex of Child: Male

Date of Birth, June (Month) 15 (Day) 1912 (Year)

Full Name — Father: Moroni Pugmire

Full Maiden Name — Mother: Loretta Rich

I HEREBY CERTIFY that the child described herein has been named:

Coulson Rich Pugmire
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

J. W. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

195-117-004-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles — Registration District No. 24 — File No. 6991

No. ____ St. — Primary Registration District No. 2090 — Registered No. 160

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	June 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Arnell	Jennie Michelsen
RESIDENCE	St Charles	St Charles
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hayward M.D.
(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Jun 25 1912 J. H. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1974

665·119·028

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

6992

County of Kootenai

City of Harrison Registration District No. 1 2 File No.

No. , St. Primary Registration District No. 2049 Registered No. 106

Hospital

FULL NAME OF CHILD Kenneth Owen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	April 19, 1912

FATHER	MOTHER
FULL NAME Perry Dewright Owen	FULL MAIDEN NAME Minnie Boatright
RESIDENCE Harrison Idaho	RESIDENCE Harrison Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) April 19 12 at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M Heaney

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19.....

Filed 7/10 1912 D D Dressman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 6 1966

FEB 1 1943

659-22-1028 [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, Indiana St.

Hospital ____

Registration District No. 12

Primary Registration District No. 1003

File No. 6993

Registered No. 107

FULL NAME OF CHILD Bernice Elizabeth Wernette

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2	Yes	April 21, 1912

FATHER		MOTHER	
FULL NAME	Nicodemus V. Wernette	FULL MAIDEN NAME	Oralinda Elizabeth Blanchard
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Minn.
OCCUPATION	Attorney at Law	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Boyer M.D.

(Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/10 19 12 H. L. Hermann

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793-205 028-165

Form V. S. No. 11-C—Rev.-6-15-28

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6994

County of Kootenai

City of S'pt. Lake

Registration District No. 12 File No.

No. St.

Primary Registration District No. 2201 Registered No. 108

Hospital

FULL NAME OF CHILD Dorothy Gilkey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		yes	May 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Gilkey	Della M Jones
RESIDENCE	Spirit Lake Ida	Sp Lake Ida
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Cal	Ia
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Smith MD

(Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

....., 19.....

Filed 7/10 1912 H. A. Sherman

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1941

493-108-028-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Spt. Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 6996

Primary Registration District No. 2051 Registered No. 110

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	—	yes	May 8 1912

FATHER		MOTHER	
FULL NAME	Wm Jubert	FULL MAIDEN NAME	Kate Brown
RESIDENCE	Spt Lake	RESIDENCE	Spt L
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Ark
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Moore M.D. (Physician or midwife)

Address Spt Lake Id

Given names added from a supplemental report

..... 19.....

Filed 4/10 1912 A. H. Stevenson Registrar

..... Registrar

S-Y CO. 20174

(55-208-028-319

1. PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 17-C—15m-6-20-11

6997

County of Kootenai
City of Coeur d'Alene Registration District No. 12 File No.
No. , St.
Primary Registration District No. 103 Registered No. 111
Hospital

FULL NAME OF CHILD [illegible] Avey Rachel Cora

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F.	1	1	Y.	May 8, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Francis Avey	Clara Carruthers
RESIDENCE	C. D. A.	Topeka Kan.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Toronto. C.	Topeka. Kan.
OCCUPATION	Engineer.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Wood.
Physician
(Physician or Midwife)
Address Coeur d'alene Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 1912 John Hunt Shepherd Sub-Registrar
H. H. Brennan registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 9 1944

DECEASED

STATE OF IDAHO MAR 8 1944

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 6997

Date Filed March 4, 1944

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or ~~Death~~)
for Rae Eliza Avey (Name on Original Certificate) who was born (Was Born ~~or Died~~) on May 8, 1912 (Date of Event)
in Coeur d'alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, ~~Insurance Policy, Etc.~~) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rae Eliza Avey	Rachel Cora Avey

Subscribed and sworn to before me this fourth
day of March, 1944
E. W. Heubach Justice of the Peace
Notary Public, residing at Hillyard Precinct
My ~~commission~~ expires Spokane County
(Seal)

Signed Mrs A. F. Avey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1829 W Mission Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this fourth
day of March, 1944
E. W. Heubach Justice of the Peace
Notary Public, residing at Hillyard Precinct
My ~~commission~~ expires Spokane County
(Seal)

Signed Arthur F. Avey
(Signature of Any Credible Person Other Than Previous Year)
1829 W. Mission Spokane Wash.
(Street Address, City, State)

MAR 13 1944

279-218-028-717

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C [illegible]

PLACE OF BIRTH

County of Kootenai

City of Spt. Lake

No. ..... St.,

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 12 File No. 6998

Primary Registration District No. 2051 Registered No. 112

FULL NAME OF CHILD Muriel Gertrude Sprague

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1	—	Yes	May 18, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Royal Sprague	FULL MAIDEN NAME Alda V Page
RESIDENCE	Spirit Lk	RESIDENCE Sp L
COLOR	Wh	COLOR Wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Mich	BIRTHPLACE Mich
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) Earl S Smith MD

(Physician or midwife)

Address Spirit Lake Ida

Filed 7/10 1912 H. H. Hermann Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174 -

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 21 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 6998

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unhamed	Muriel Gertrude Sprague

Subscribed and sworn to before me this 18th
day of February, 1944
F. O. Phillips
Notary Public, residing at Seattle
My commission expires Sept. 26, 1945
(Seal)

Signed Royal Sprague (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 4 Box 943 Seattle, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

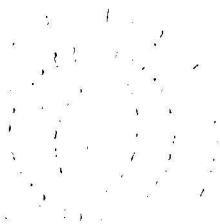
State of Washington } ss.
County of King

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.
Subscribed and sworn to before me this 18th
day of February, 1944
F. O. Phillips
Notary Public, residing at Seattle.
My commission expires Sept. 26-1945
(Seal)

Signed Alda Viola Sprague
(Signature of Any Credible Person Other Than Previous Year) Mother
Route 4 Box 943 Seattle, Wash
(Street Address, City, State)

FEB 24 1944



214-21-028-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6999

County of [illegible]

City of Pocatello

Registration District No. 14

No. ____, ____ St.

Primary Registration District No. 2051

Registered No. 113

Hospital ____

FULL NAME OF CHILD Joe Estacuet

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	5 21 1912

FATHER		MOTHER	
FULL NAME	Roscoe Estacuet	FULL MAIDEN NAME	Mina B Babcock
RESIDENCE	Pocatello	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Her

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Dreuen

M D

(Physician or Midwife)

Address Pocatello Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/10 1912 A. H. Heman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-128-028-366

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 7000

Primary Registration District No. 1013 Registered No. 114

FULL NAME OF CHILD Richard Lorraine Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	yes	May 26, 1912

FATHER		MOTHER	
FULL NAME	Leonard S. Davis	FULL MAIDEN NAME	Rosa Cowin
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Davis

Physician

(Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/6 1912 H. H. Hansman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 14 1942

299-4-31-028-249

PLACE OF BIRTH

County of Kootenai

City of C.D.A.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 7001

No. ..... St.

Primary Registration District No. 1003 Registered No. 115

Hospital .....

FULL NAME OF CHILD Margaret Lucille Brill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	6	Y	May 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Brill.	Lou Smith.
RESIDENCE	C.D.A.	C.D.A.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Poplar Bluff. Mo.	Sandpoint. Ida.
OCCUPATION	Engineer.	Housewife.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. alive (Born alive or stillborn), at 9 a.m. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Allwood. M.D.

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19..

..... Registrar

Filed 7/9 19 12 John Trust Shepherd Registrar

S. S. Sherman registrar Sub-

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

STATE OF IDAHO

419.102.028-447

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7002

Primary Registration District No. 2051 Registered No. 116

FULL NAME OF CHILD Not named Maurice Martin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	1	and	yes	June 2 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Henry C Martin	Mary E Duxbury
RESIDENCE	Unknown	Spirit Lake Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	England	England
OCCUPATION	Shoemaker	Housewife

Number of child of this mother, including present birth 5-th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 20 P M. on the date above stated.

(Signature) Earl S Grindy M.D.

(Physician or midwife)

Address Spirit Lake Ida

Filed June 10 1912 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 19 1942

253-102-028-396

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spt Lake

Registration District No. 12 File No. 7003

No. ..... St.

Primary Registration District No. 2057 Registered No. 117

Hospital .....

FULL NAME OF CHILD Unnamed Finis Allen Ball

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	( ) (To be answered only in event of plural births)			Yes	June 2 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Emmett A Ball	FULL MAIDEN NAME Minnie Livingston
RESIDENCE	Spirit Lake Ida	RESIDENCE Sp L
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE Mo
OCCUPATION	R. R. Employee	OCCUPATION

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

(Signature) Earle A Brandt MD

(Physician or midwife)

Address Spt Lake

Filed 7/6 1912 H. H. Heusman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-15

2403

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Post Falls
Street and House No.
County Kootenai

Registered Number 117
Registration District No. 12

Sex of Child Male

Date of Birth, June (Month) 2 (Day) 191 2 (Year)

Full Name of Father Everett A Bell

Full Maiden Name of Mother Minnie Livingston

I HEREBY CERTIFY that the child described herein has been named:

Francis Allen Bell
(Given name in full) (Surname)

as reported by Mrs Ed Bell
(Father or Mother)

D D Drennan
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

FEB 18 1964

735 1/13 628 863

PLACE OF BIRTH

Form V. S. No. 11-C—15m. 6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

7004

County of Kootenai

City of Harrison

Registration District No. 12 File No.

No. , St.

Primary Registration District No. 249 Registered No. 118

Hospital

FULL NAME OF CHILD Walter Mike Pleger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes.	June 13, 1912

	FATHER	MOTHER
FULL NAME	Walter Earnest ~~Pledger~~ PLEGER	FULL MAIDEN NAME Bertha R. Holstine
RESIDENCE	Harrison Idaho.	RESIDENCE Harrison Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	LaCrosse Wis.	BIRTHPLACE Missouri
OCCUPATION	Laborer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 13. 1912, at 11.47 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tierney.
Physician.
(Physician or Midwife)

Address Harrison Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/10 1912. H. F. Hinman
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIR
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 7004

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Walter Mike Pledger (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 13, 1912 (DATE OF EVENT)
in Harrison, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Pledger	Pleger
Name		Walter Mike

(Is Walter Mike Pleger the boy's correct name?) Yes.

Subscribed and sworn to before me this 17th day of February, 19 43.

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-31-44
(SEAL)

Signed Mrs. Walter Pleger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. #1, Hayden Lake, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 19 43.

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 8-31-44
(SEAL)

Signed Mary Dahlgren
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt. #1, Hayden Lake, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 20 1956

FEB 20 1943

434-2061028-699

Form V. S. No. 11-C—15m-6 20 11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Bayview

Registration District No. 1V

File No. 7005

No. ____, ____ St.

Primary Registration District No. 2057

Registered No. 119

Hospital

FULL NAME OF CHILD Dorthea Louise McDonald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			yes	June 6 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E McDonald	Nadya Prickett
RESIDENCE	Bayview	"
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Mo	Mo
OCCUPATION	Operator	Operator wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Drennen

M D

(Physician or Midwife)

Address Bellevue

Given names added from a supplemental report

....., 19....

Filed June 10 1912

A A Drennen Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Non-Standard

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1905

Certificate of Birth

County of

City of

Registration District No.

File No.

593/061028-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7006

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ....., ... St.

Hospital .....

Registration District No. 12 File No. .....

Primary Registration District No. 1251 Registered No. 120

FULL NAME OF CHILD Cecil Allen Nicodemus

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	June 6, 1912

FATHER	MOTHER
FULL NAME William C. Nicodemus	FULL MAIDEN NAME Mary Kempf
RESIDENCE near Rathdrum, Ida R. F. D. # 2.	RESIDENCE near Rathdrum Ida R. F. D. # 2
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Ohio
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5.00 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wentz

Physician

(Physician or Midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

....., 19.....

Filed 7/10 1912 M. M. Gleason Registrar

S-Y CO., 16670

..... Registrar

Form V. S. No. 11-C—15m-6

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1906

453-207-028-453

PLACE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 12 File No. 7007

No. ____, ____ St.

Primary Registration District No. 2049 Registered No. 124

Hospital ____

FULL NAME OF CHILD Anna De Luca

Sex of Child Female | Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth 5th | Legitimate? Yes | Date of birth June 7 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Angelo De Luca	FULL MAIDEN NAME Angelo De Luca
RESIDENCE Harrison Idaho	RESIDENCE Harrison Idaho
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Italy	COLOR White
OCCUPATION Laborer	AGE AT LAST BIRTHDAY 35 (Years)
	BIRTHPLACE Italy
	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive June 7, 1912 (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Heaney

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 7/9 1912 H. H. Hansman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 23 1963

819-215-028-153

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7008

Primary Registration District No. 2049 Registered No. 122

FULL NAME OF CHILD Barbara Christina Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5-4	yes	June 15, 1912

FATHER		MOTHER	
FULL NAME	E. P. Harris	FULL MAIDEN NAME	Leonora Tiesslenburg
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	AGE AT LAST BIRTHDAY (Years)	57
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Cal.	BIRTHPLACE	Cal.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Rieger

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19.....

Filed 7/10 19 12 H. A. Hamman

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 17 1975

698-32n 228-39k

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of McGuire

Registration District No. 14

File No. 7009

No. ____, ____ St.

Primary Registration District No. 2051

Registered No. 123

Hospital ____

FULL NAME OF CHILD Majorie Eloise Fry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	June 17, 191..

FATHER		MOTHER	
FULL NAME	Lee Fry	FULL MAIDEN NAME	Grace Ann
RESIDENCE	McGuire	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebr	BIRTHPLACE	Dakota
OCCUPATION	Rancher	OCCUPATION	Hsw

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Freeman

M D (Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7/18 1912 L. L. Freeman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 2 1942

363217102B-955

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Spt. Lake

No. ____ St.

Hospital "Pruitt"

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 — File No. 7010

Primary Registration District No. 9051 — Registered No. 124

FULL NAME OF CHILD Not named Wanda Locklin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1	—	Yes	June 17 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter M Locklin	Fannie M Rovier
RESIDENCE	Spirit Lake	Sp Lake
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Ia	Minn.
OCCUPATION	Meat Cutter	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A M. on the date above stated.

(Signature) Earle S Pruitt MD

(Physician or midwife)

Address Spirit Lake Ida.

Filed 1/1 1913 H. M. Hamman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1952

AUG 1 4 1974

Amended 10/18/73

384-218-028-238

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7011
Local Reg. No.
Reg. Dist. No. 12

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: P.O. Garwood

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Garwood

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Winifred b. (Middle): c. (Last): Churchill

4. SEX: Fem.

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) June (Day) 18, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Allen b. (Middle): H. c. (Last): Churchill

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wis.

10. USUAL OCCUPATION: farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Minnie b. (Middle): E. c. (Last): Schwitty

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Germany

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Frank Wenz

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rathdrum, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7/10/12

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...
...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

~~City of~~ P.O. Garwood

Registration District No. 12

File No. 7011

No. ....., ... St.

Primary Registration District No. 2051

Registered No. 125

Hospital .....

FULL NAME OF CHILD Wilhelmina Churchill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	—	—	Yes	June 18, 1912

FATHER		MOTHER	
FULL NAME	Allen H. Churchill	FULL MAIDEN NAME	Minnie E. Schwitter
RESIDENCE	Garwood	RESIDENCE	Garwood
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis.	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10.30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wm. Penn

Physician

(Physician or Midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/4 19 12 M. L. Williamson

Registrar

S-Y CO., 16670

OCT 1 8 1973

AUG 4 1959

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

OCT 1 12 02 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ILLINOIS } ss.
County of COOK

Certificate No. 7011

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Wilhelmina Churchill (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1912 (Date of Event)
in Garwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Wilhelmina Churchill	Winifred Churchill

Subscribed and sworn to before me this 9 day of Sept, 1973

Baymon A Jaruzek

Notary Public, residing at Berwyn, Illinois

My commission expires 6956 W 30th St

(Seal) My Commission Expires Nov. 29, 1974

Signed Howard R Churchill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

926 W Rudolph Libertyville Ill
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ILLINOIS } ss.
County of COOK

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Sept, 1973

Baymon A Jaruzek

Notary Public, residing at Berwyn, Illinois

My commission expires 6956 W 30th St

(Seal) My Commission Expires Nov. 29, 1974

Signed Dorothy J Churchill Rohrdanz
(Signature of Any Credible Person)

Chilton Wis RR4 53014
(Street Address, City, State)

FORM DH 60-155

CL 8/28/73 nm

Certificate of Baptism gives name as Winifred Churchill. Was Baptized Sept. 4, 1924. in Amberg Presbyterian Church. Viewed by V. S.

Marriage License from Illinois gives groom's name as Laddie Skarecky and the bride's name as Winifred Churchill. Dated June 25, 1937. Viewed by V. S.

249-1191 028-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of P. O. Corbin

No ——, —— St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 7012

Primary Registration District No. 2051 Registered No. 126

FULL NAME OF CHILD George Alfred Burnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	June 19. 1912

FATHER		MOTHER	
FULL NAME	Oswald A. Burnett	FULL MAIDEN NAME	Rudolfina Binder
RESIDENCE	P. O. Corbin, Ida.	RESIDENCE	P. O. Corbin, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Austria
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11. 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or Midwife)

Address Rathdrum Ida

Given names added from a supplemental report

....., 19.....

Filed 7/10 1912 H. P. Thurman Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-D71-748

795·224·028-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7013

County of Kootenai

City of Rathdrum R.F.D. Registration District No. 12

No. ____, ____ St.

Primary Registration District No. 2051 Registered No. 127

Hospital ____

FULL NAME OF CHILD Ruth Dorothy Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	6/24/12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Green	Elizabeth Roberts
RESIDENCE	Rathdrum R.F.D.	R.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	53	22
BIRTHPLACE	Mich	Mich
OCCUPATION	Rancher	Hw

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Sherman

M. D.

(Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 7/10 1912 A. A. Sherman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1942

713-226-028-853

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

Registration District No. 14

File No. 7014

No. ____, ____ St.

Primary Registration District No. 2051

Registered No. 128

Hospital ____

FULL NAME OF CHILD Frances Elnora Gratz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	6 26 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Gratz	Rosa Kelder
RESIDENCE	Athol	"
COLOR / AGE AT LAST BIRTHDAY (Years)	W 44	W 22
BIRTHPLACE	Germany	Wis
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 4, at 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Freeman

M D (Physician or Midwife)

Address Pathdrum

Given names added from a supplemental report

....., 19....

Filed 7/10 1912 A A Freeman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

256-227-028-313

PLACE OF BIRTH Amended 8/18/51

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12 File No. 7015

Primary Registration District No. 2051 Registered No. 129

FULL NAME OF CHILD IVA LOUISE SNOOK
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
FEMALE			YES	JUNE 27 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Eugene C. Snook	FULL MAIDEN NAME: Frances Caldonia
RESIDENCE: Rathdrum, Idaho	RESIDENCE: Rathdrum, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Mo.
OCCUPATION: lumberman	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 p. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Frank Wenz

physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed 7/10 1912 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 7015

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Frances C Snook (Name on Original Certificate) who born (Was Born or Died) on 27 June 1912 (Date of Event)
in Kathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers Statement (Bible Record, Insurance Policy, Etc.) prepared on 16 August 1951 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Frances C. Snook	Iva Louise Snook
Mother's maiden name	Frances C. Davis	Frances Caldonia

Subscribed and sworn to before me this 16 day of August, 1951

Notary Public, residing at Spokane Wn
My commission expires Feb 17 - 1954
(Seal)

Signed Frances C Snook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

837 So. Cowley Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH - 51117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12 File No. 7015

No. ____, ____ St.

Primary Registration District No. 91 51 Registered No. 129

Hospital ____

FULL NAME OF CHILD Frances C. Snook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 27, 1912

FATHER	MOTHER
FULL NAME: Eugene C. Snook	FULL MAIDEN NAME: Frances C. Davis
RESIDENCE: Rathdrum, Ida	RESIDENCE: Rathdrum, Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: ____ (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Mo.
OCCUPATION: Lumberman	OCCUPATION: housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank King

Physician (Physician or Midwife)

Address Rathdrum Ida

Given names added from a supplemental report

....., 19.....

Filed 7/10 1912 H. M. Stevenson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

AUG 20 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

657-127028-419

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No ____, ____ St.

Hospital ____

Registration District No. 12 File No. 7016

Primary Registration District No. 2051 Registered No. 130

FULL NAME OF CHILD Howard L. Wegner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			Yes	June 27, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Lawrence J. Wegner	FULL MAIDEN NAME Mary J. Marcott
RESIDENCE Rathdrum, Ida.	RESIDENCE Rathdrum Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Wis.
OCCUPATION Merchant	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11. 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Weng

Physician (Physician or Midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/10 1912 L. L. Heusman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

749-128-028-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum — Registration District No. 17 — File No. 7017

No. ____ St. — Primary Registration District No. 2051 — Registered No. 131

Hospital ____

FULL NAME OF CHILD Earl J Purcell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 28 1912

FATHER	MOTHER
FULL NAME: Virgil F. Purcell	FULL MAIDEN NAME: Myrtle Parker
RESIDENCE: Rathdrum	RESIDENCE: Rathdrum
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Mich
OCCUPATION: Rancher	OCCUPATION: Hse

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. T. Brennan

(Physician or midwife)

Address Rathdrum Ida

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 7/10 1912

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-129-028-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No 12 File No. 7018

No ....., ... St.

Primary Registration District No. 1003 Registered No. 132

Hospital .....

FULL NAME OF CHILD Lindsay Winkler.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	I	Yes	6 29 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Lemuel L Winkler.	FULL MAIDEN NAME Nellie O Shower
RESIDENCE Post Falls Idaho	RESIDENCE Post Falls Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Rosalia Wash	BIRTHPLACE Walla Wash
OCCUPATION Farmer.	OCCUPATION H.W.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gonzales

Physician (Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Filed July 19 12 D. D. Sherman Registrar

E. H. Shepherd

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-294.920

458-10410 01-952

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Rivers Crossing — Registration District No. 1 — File No. 7020

No. ____, ____ St. — Primary Registration District No. 2004 — Registered No. 128

Hospital ____

FULL NAME OF CHILD Raymond Clarence Meyer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	June 4th, 1912

FATHER		MOTHER	
FULL NAME	Walter Meyer	FULL MAIDEN NAME	Josephine M. Inselmann
RESIDENCE	Rivers Crossing - B.V. Ry	RESIDENCE	Rivers Crossing
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

..... 19....

Filed June 7 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 3 1 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...CE OF BIRTH ... STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of 1 Mile North of

No. Rivers Crossing St.

Registration District No. 1 File No. 7021

Primary Registration District No. 2004 Registered No. 129

Hospital

FULL NAME OF CHILD Georgia Pyratt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	June 6th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Gr. Pyratt	Mercy E Rivers
RESIDENCE	1 mi No. Rivers Crossing	1 mi No. Rivers Crossing
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	23
BIRTHPLACE	Arkansas	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D. (Physician or Midwife)

Address Baine, Ida.

Given names added from a supplemental report

....., 19.....

Filed June 7, 1912 E. E. Shawhan Registrar

Registrar

S-Y CO., 16670

JAN 26 1942

JUL 17 1964

OCT 23 1974

SEP 17 1943

855-2041001-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Mc Intyre Gulch - Long pelow school dist.

Registration District No. 1

Primary Registration District No. 2004

File No. 7022

Registered No. 130

Hospital

FULL NAME OF CHILD Sadie June Yensen

Sex of Child female

Twin, Triplet, or other? (To be answered only in event of plural births)

and Number in order of birth

Legitimate? Yes

Date of birth June (Month) 4 (Day) 1912 (Year)

FATHER

FULL NAME Jay Yensen

RESIDENCE Boise - Idaho -

COLOR W.

AGE AT LAST BIRTHDAY 23 yrs. (Years)

BIRTHPLACE Neb.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Anna Benton

RESIDENCE Boise - Idaho -

COLOR W.

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Montana

OCCUPATION H. Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. Carl Hill

(Physician or ~~Midwife~~)

Address Boise Ida.

Filed June 19 19 12 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 3 1942

25-215.00-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Baise outside of limits

No. 105, So 38th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1

Primary Registration District No. 2004

File No. 7023

Registered No. 132

FULL NAME OF CHILD Alice Seaman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
female	—	—	yes	June 15, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Lewis Seaman	Venona Ardell Strong
RESIDENCE	Baise, Ida.	Baise, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Sullivan Co., Missouri	Sullivan Co., Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9:40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician

(Physician or Midwife)

Address Baise, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 16, 1912 G. E. Shawhan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 1 4 1966

816-22.00-437

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

Registration District No. 1

File No. 7024

Primary Registration District No. 2004

Registered No. 133

FULL NAME OF CHILD Margaret Hawk

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	5 — 22 — 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mass Hawk	FULL MAIDEN NAME	Ellen Mc Kinley
RESIDENCE	S. Boise	RESIDENCE	S. Boise
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Carpenter	OCCUPATION	Nne.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Callaway

Physician

(Physician or Midwife)

Address 820½ Idaho - Boise.

Given names added from a supplemental report

....., 19.....

Filed June 17 1912 G. E. Shawhan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 17 1970

Dup001912-14579.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] Form V. S. No. 11-C—15m-6-20-11

[redacted] OF BIRTH

PLACE OF BIRTH

County of Ada

City of ——

No. Beech St.

Registration District No. 1

File No. 7025

Primary Registration District No. 2004

Registered No. 134

Hospital ——

FULL NAME OF CHILD Alma Rose Krulish

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	June 6, 1912

	FATHER	MOTHER
FULL NAME	John Krulish	FULL MAIDEN NAME Ina Alice Perry
RESIDENCE	Rural #1	Rural #1
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Iowa	Wisc.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasse

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 17 1912 E. E. Shawhan
Registrar

S-Y CO., 16670

Certified copy issued Dec. 27, 1940. E.W.

JUN 15 1966

613-215-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of 3½ miles S. W. of City, Registration District No. 1 File No. 7026

No. ____, ____ St. Primary Registration District No. 2004 Registered No. 136

Hospital ____

FULL NAME OF CHILD Catherine Walsh

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	June 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Walsh	Ellen Carey
RESIDENCE	3½ mi. S.W. of Boise	3½ mi S.W. of Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	34
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Farmer and Miner	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ on June 15 1912, at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R. Nunnemaker

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed June 20 1912 H. E. Shawhan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 5 1970

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 7027

No. ____, ____ St.

Primary Registration District No. 2003

Registered No. 138

Hospital ____

FULL NAME OF CHILD Winifred Jane Nash

Sex of Child: Female

Twin, Triplet, or other? (To be answered only in event of plural births)

Number in order of birth: 1st

Legitimate? Yes

Date of birth: June 7 (Month) (Day) 191.2 (Year)

FATHER	MOTHER
FULL NAME: Neal N. Nash	FULL MAIDEN NAME: Ethel L. Trellith
RESIDENCE: Meridian Idaho	RESIDENCE: Meridian Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska
OCCUPATION: School Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or Midwife)

Address Meridian Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 22, 1912 G. E. Shawhan Registrar

S-Y CO., 16670

MAR 25 1949

655-110-004-766

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada Mc Kinley School Dis.

City of ____

No. ____, ____ St.

Hospital ____

Registration District No. 1 File No. 7028

Primary Registration District No. 2004 Registered No. 140

FULL NAME OF CHILD Harvey Lee Weeks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	June 10th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jay I Weeks	Grace E Look
RESIDENCE	Ada County.	Ada County
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Idaho	Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or dead~~) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baeck

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

____, 19____

Registrar

Filed July 2 19 12 E. E. Shawhan

Registrar

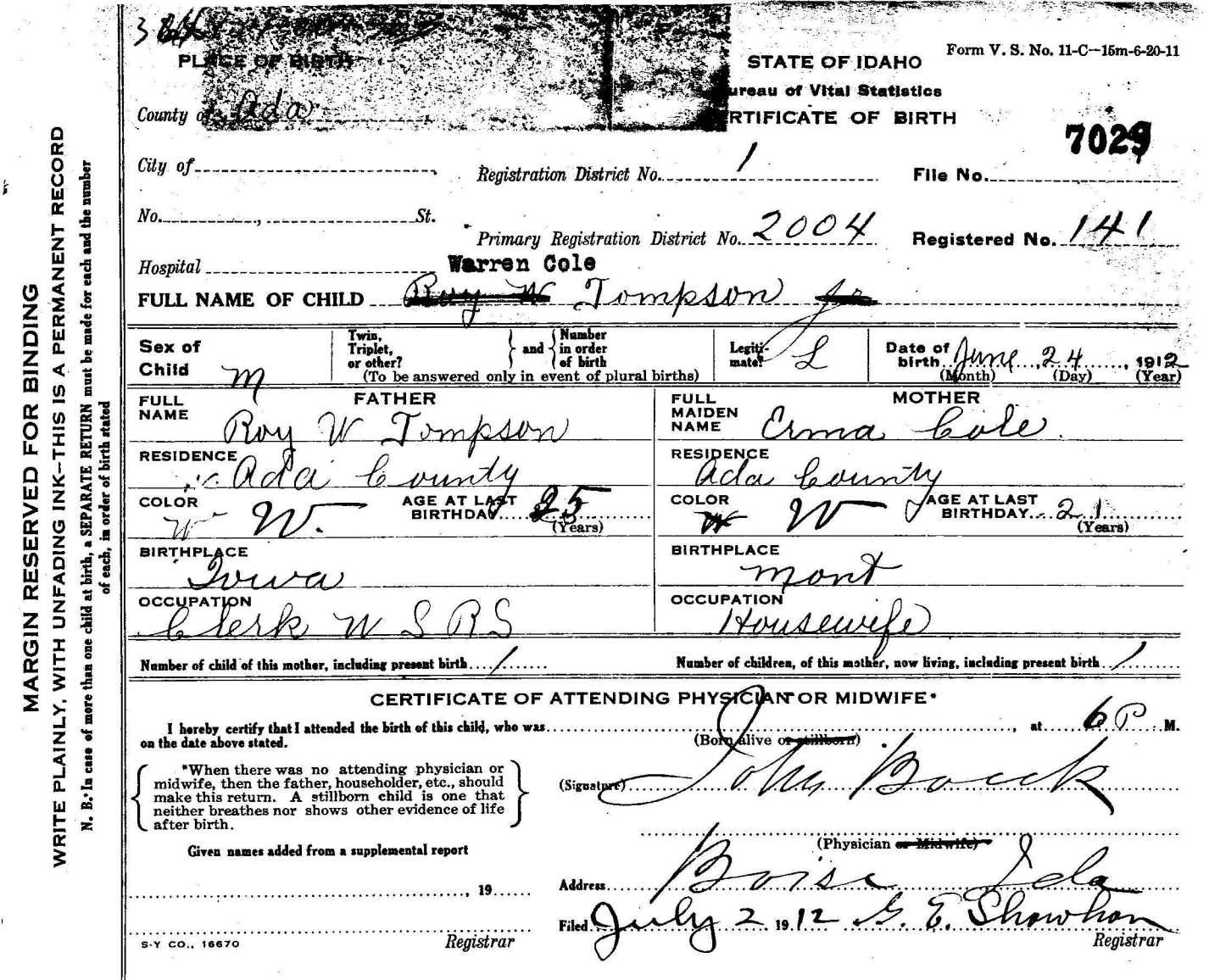
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 3 1942



PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7029

County of Ada

City of _____ Registration District No. 1 File No. _____

No. _____, _____ St. Primary Registration District No. 2004 Registered No. 141

Hospital Warren Cole

FULL NAME OF CHILD ~~Roy W~~ Tompson ~~Jr~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	June 24, 1912

FATHER	MOTHER
FULL NAME: Roy W Tompson	FULL MAIDEN NAME: Erma Cole
RESIDENCE: Ada County	RESIDENCE: Ada County
COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: ~~W~~ W AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Mont
OCCUPATION: Clerk W S R S	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed July 2 19 12 G. E. Thornton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 7 1942

813-22-1001-243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1

File No. 7030

No. 2410 N 16 St.

Primary Registration District No. 2004

Registered No. 143

Hospital

FULL NAME OF CHILD Louise Irene Yates

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		—	Yes	June 27, 1913

FATHER	MOTHER
FULL NAME William Edney Yates	FULL MAIDEN NAME Lizzie Suttles
RESIDENCE 2410 N 16	RESIDENCE 2410 N 16
COLOR white AGE AT LAST BIRTHDAY 27 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mo.	BIRTHPLACE N. J.
OCCUPATION Teamster	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glease

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed July 3, 1913 G. E. Shawhan

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 17 1964

NOV 20 1970

235.125.001-3/4

PLACE OF BIRTH — STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Near Penitentiary — Registration District No. 1 — File No. 7031

No. ____, ____ St. — Primary Registration District No. 2004 — Registered No. 144

Hospital ____

FULL NAME OF CHILD Verle Stevens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	———	———	Yes	June 25th, 1912

FATHER		MOTHER	
FULL NAME	William Edward Stevens	FULL MAIDEN NAME	Rease May Lamb
RESIDENCE	Boise Warm Springs Ave	RESIDENCE	Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Indiana	BIRTHPLACE	Tennessee
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Born 8 a.m. at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed July 4 1912 G. E. Shawhan

S-Y CO., 16670 Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 -233815

557-125-001-893

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 7032

Primary Registration District No. 2002 Registered No. 145

FULL NAME OF CHILD Kenneth Mount Eagle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	May 25 1912

FATHER		MOTHER	
FULL NAME	Irvin Allen Eagle	FULL MAIDEN NAME	Genevieve Edna Hickey
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Waterloo Iowa	BIRTHPLACE	Cherokee Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom M.D. (Physician or midwife)

Address Eagle Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 6 1912 G. E. Shawhan Registrar

8-Y CO. 20174

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1968

AUG 1 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

42

[redacted] Statistics

[redacted] OF BIRTH

County of Ada

City of Meridian Registration District No. 2 File No. 7033

No. ____, ____ St.

Primary Registration District No 2003 Registered No. 150

Hospital ____

FULL NAME OF CHILD Raymond Davidson Teeter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Leonard Teeter	Nancy Victoria Davidson
RESIDENCE	2 Mi E 2 Mi So	2 Mi E 2 Mi So
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or ~~Midwife~~)

Address Meridian

Given names added from a supplemental report

....., 19.....

S-Y CO., 16670

Registrar

Filed June 20 1912 C. L. Sutton Registrar

July 10, 1912. H. E. Shawhan

212-214-004-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

Registration District No. 1

File No. 7034

Primary Registration District No. 2001

Registered No. 146

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 19, 1912

FATHER		MOTHER	
FULL NAME	Frank Baker	FULL MAIDEN NAME	Ora Ellen Kingery
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Vaughn M.D

(Physician or Midwife)

Address Star

Given names added from a supplemental report

~~June 14~~, 1912

J E Vaughn
Registrar

Filed June 19 1912

July 6 1912 W. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 18 1974

366-228-001-693

PLACE OF BIRTH

Form V. S. No. 11 C—15-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

7035

County Ada

City of Boise

No. ____ St.

Hospital

Registration District No. 1 File No.

Primary Registration District No. 2004 Registered No. 147

FULL NAME OF CHILD ELLEN MARIE COWE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	Yes	6, 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Cowe	Pearl Milton
RESIDENCE	S. Boise	S. Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	18
BIRTHPLACE	Scotland	Boise, Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M. Allen Calloway

Physician
(Physician or Midwife)

Address Boise Ida

Filed July 9, 1912 G. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

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N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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413-23 or. 18

PLACE OF BIRTH

Form V. S. No. 11-C—15-6-21-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

46

County of Ada

City of Meridian

Registration District No. 1

File No. 7036

No. ____, ____ St.

Primary Registration District No. 2003

Registered No. 149

Hospital

FULL NAME OF CHILD Helen Lee Mathews

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6 — 13 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy E. Mathews.	Frymier
RESIDENCE	6½ Mi. S. 3 Mi. E.	6½ Mi. S. 3 Mi. E.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25.	18.
BIRTHPLACE	Star, Idaho.	Trinidad Colorado.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Q. L. Sutton

(Physician or ~~Midwife~~)

Address Meridian Ada

Given names added from a supplemental report

....., 19.....

Registrar

Filed 6-17-1912. 19..... Q. L. Sutton Registrar

July 10, 1912 E. E. Shawman

S-Y CO., 16670

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N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FULL NAME OF CHILD

Hospital

469-128-001-741

PLACE OF BIRTH

County of Ada

~~City of~~ near Eagle

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1 File No. 7037

Primary Registration District No. 2002 Registered No. 142

FULL NAME OF CHILD Frederick Lee Morrison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			L	June (Month) 28 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Darwin D Morrison	FULL MAIDEN NAME	Mamie Granger
RESIDENCE	Ada County	RESIDENCE	ada County
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Pa
OCCUPATION	Farmer & Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barick

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed July 2 1912 G. E. Shawhan

..... Registrar

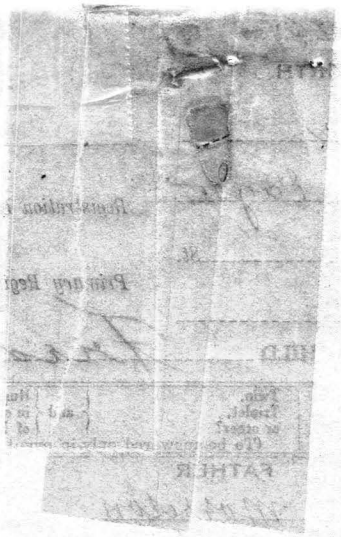
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



AMENDED 9/22/1972

413-123-001-437

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Stewarts Gulch

No ____, ____ St.

Hospital ____

Registration District No 1

File No. 7038

Primary Registration District No. 2002

Registered No. 139

FULL NAME OF CHILD ERNEST JAMES DALY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	6 / 23 / 1912

	FATHER	MOTHER
FULL NAME	James L Daly	FULL MAIDEN NAME Daisy McGinnis
RESIDENCE	Dry Creek	RESIDENCE Dry Creek
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE Ida
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Tuttle

(Physician or ~~Midwife~~)

Address Stark Bldg

Given names added from a supplemental report

....., 19.....

Filed June 25 1912 H. E. Shawhan

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-258538

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 258538

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Earnest James Daly (Name on Original Certificate) who was born (Was Born or Died) on June 23, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Earnest James Daly	Ernest James Daly

Subscribed and sworn to before me this 21st day of September, 1937

Notary Public, residing at Boise Idaho

My commission expires 9-15-76

(Seal)

X Signed Hazel C. Daly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 2307 N. 22nd St. Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

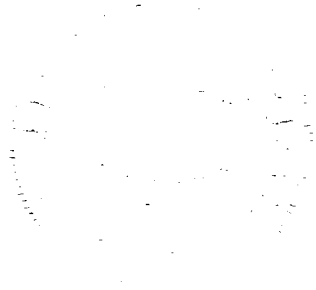
(Street Address, City, State)

FORM DH 60-155

SEP 25 1972

Marriage license and certificate #10652 dated October 26, 1935 and filed November 1, 1935 Ada County gives name as Ernest James Daly. -- Viewed by VS.

High School Diploma from Boise, Idaho - Boise High School - dated June 3, 1932 gives name as Ernest Daly. -- Viewed by VS.



Jan said since it was not notarized and was only spelling O.K. to make correction.

345-212 001-464

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian School Dist Registration District No. 1 File No. 7039

No. ____, ____ St. Primary Registration District No. 2004 Registered No. 137

Hospital ____

FULL NAME OF CHILD Lunstrum, Bernice Maxine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	June 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Forrest Lunstrum	Mabel Douglas
RESIDENCE	Ada Co. Idaho	Ada County
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3-25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward L Bires M.D

Physician (Physician or Midwife)

Address 208 Donna Bldg. Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed June 20, 1912

G. E. Shaw Recorder
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 20 1942

MAR 20 1974

JUN 9 1953

463-11700632

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Ada

~~City of~~ on 10 Mile

~~No.~~ I.X.L. Ranch ~~St.~~

Hospital

Registration District No. 1

File No. 7040

Primary Registration District No. 2004

Registered No. 135

FULL NAME OF CHILD Wilbert H. Moller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	June 17, 1912

FATHER	MOTHER
FULL NAME: Nels A. Moller	FULL MAIDEN NAME: Martina Olsen
RESIDENCE: I.X.L. Ranch - 10 Mile	RESIDENCE: I.X.L. Ranch on 10 Mile
COLOR: white — AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7th

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Comatose (Born alive or stillborn) at 6 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M D

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed June 17, 1912 G. E. Shawhan

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

m Child's Birth Cert. on file, #256237 gives full name of father as Wilbert H. Moller-
iewed by V.S. - and Statement from Lee W. Merrill, Clerk, of the Minidoka County Schools
Joint Class A. District No. 331, Rupert, Idaho - states "This is to verify that accord-
ng to School Census records IDAHO STATE BOARD OF HEALTH
aken from 1916-33 on file in DIVISION OF VITAL STATISTICS
this office, Wilbert H. Moller was born June 17, 1912 at I x L Ranch on 10 Mile, Ada

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho, County, Idaho, a son of Nels A. Moller Certificate No. 7040

County of Minidoka and Martina Olsen Moller." viewed by V.S. Date Filed

received letter Oct. 4, 1960 requesting parent's names to be left as they are -

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Moller - male child (Name on Original Certificate) who born (Was Born or Died) on June 17, 1912 (Date of Event)

in Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Wilbert H. Moller
Full Name of Father	Nels A. Moller	Neils Anderson Moller
Full Maiden Name of Mother	Martina Olsen	Elnora Marthina Olsen

Subscribed and sworn to before me this 21st day of Sept., 19 60

Notary Public, residing at Rupert Idaho

My commission expires 7-1-61

(Seal)

Signed Olaf Moller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Father Brother

RFD #2 Rupert Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 (B) CL 10-27-59. one copy pd. receipt #16470.

FEB 17 1970

OCT 5 1960

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star Registration District No. 1 File No. 7041

No. ____, ____ St. Primary Registration District No. 2001 Registered No. 131

Hospital ____

FULL NAME OF CHILD Esmerelda Irene Ayres

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes.	May 21 1912

FATHER		MOTHER	
FULL NAME	Charles R. Ayres.	FULL MAIDEN NAME	Mabel Edith Coonrad
RESIDENCE	Star	RESIDENCE	Star
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Waugh

(Physician or Midwife)

Address Star

Given names added from a supplemental report

May 21, 1912

J. E. Waugh Registrar

Filed May 21, 1912 J. E. Waugh Registrar

June 10, 1912 E. E. Shawhan

S-Y CO. 19670

193-101-201-691

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

~~City of~~ Morris Hill

Registration District No. 1

File No. 7042

No. ——, St.

Primary Registration District No. 2004

Registered No. 127

Hospital

FULL NAME OF CHILD MARION FRANK ARCHER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	June 1st, 1912

FATHER		MOTHER	
FULL NAME	J. Elmer Archer	FULL MAIDEN NAME	Elizabeth Frank
RESIDENCE	Morris Hill	RESIDENCE	Morris Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 11

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4:35 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed June 7, 1912 G. E. Shawhan
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 7 1942

145/125/010-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 7 File No. 7043

No. ~, St.

Primary Registration District No. 2027 Registered No. 172

Hospital ~

FULL NAME OF CHILD Loyd Rex Arnold

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	7 12 1912

FATHER		MOTHER	
FULL NAME	Geo Warnock	FULL MAIDEN NAME	Grace A Davis
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Dakota	BIRTHPLACE	N. York
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 10 M. on the date above stated.

(Signature) J. M. Mack MD

(Physician or Midwife)

Address Idaho Falls Idaho

Filed July 31 1912 H. Hammond Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR

Form V. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7043

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Idaho Falls
Street and House No.
County Bonneville

Registered Number 172

Registration District No. 7

Sex of Child Male

Date of Birth, July (Month) 21 (Day) 1912 (Year)

Full Name of Father George R. Arnold

Full Maiden Name of Mother Ida Davis

I HEREBY CERTIFY that the child described herein has been named:

Loyd Rex Arnold
(Given name in full) (Surname)

as reported by mother
(Father or Mother)

[signature]
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

Idaho 227.01-257

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7044

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No.

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 173

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Jul. 27, 1912.

FATHER	MOTHER
FULL NAME: David O. Thomas,	FULL MAIDEN NAME: Rosetta Heines,
RESIDENCE: Idaho Falls, Ida.	RESIDENCE: Idaho Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35, (Years)	AGE AT LAST BIRTHDAY: 28, (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah.
OCCUPATION: Sheepman,	OCCUPATION: Wife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born, alive July 27, 1912, at 10 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Bridges.

(Physician or Midwife)

Address Idaho Falls, Idaho,

Given names added from a supplemental report

....., 19.....

Filed July 31 19 12

Registrar

S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

212-219-010-653

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7045

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7 File No. _____

Primary Registration District No. 2032 Registered No. 171

FULL NAME OF CHILD Luella Bassett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 19 1912

FATHER	MOTHER
FULL NAME: Chancy Albert Bassett	FULL MAIDEN NAME: Mary Anis Wetzel
RESIDENCE: Poplar, Idaho.	RESIDENCE: Poplar, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Providence, Utah.	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Ogden, Idaho

Given names added from a supplemental report

..... 19.....

Filed July 26 1912

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1962

Form V. S. No. 11-C Rev. 6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ✓, ... St.

Hospital ✓

Registration District No. 7 File No. 7046

Primary Registration District No. 1027 Registered No. 17

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. B. Short	Gladis Carpenter
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	wht	wht
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Mo.	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Brown M.D.

Physician

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 27 19 12 Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 7 1973

226-227-010-863

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Fullers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

7047

Registration District No. 7 File No. .....

Primary Registration District No. 2027 Registered No. 169

FULL NAME OF CHILD Erma Grace Skorr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	July 27 1912

FATHER		MOTHER	
FULL NAME	Peter H Skorr	FULL MAIDEN NAME	Anna Holmes
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Lemmond

P. Lyman (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 27 1912 W. W. Lemmond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7047.

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Idaho Falls Idaho
Street and House No.
County Bonneville

Registered Number 169
Registration District No. 7

Sex of Child Female

Date of Birth, July (Month) 27 (Day) 1912 (Year)

Full Name of Father Peter H Skow

Full Maiden Name of Mother Annie H Olsen

I HEREBY CERTIFY that the child described herein has been named:

Emma Jean Skow
(Given name in full) (Surname)

as reported by Father
(Father or Mother)

D W Sumsion
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

AUG 2 2 1974

LIBRARY STATIONERY & PRINTING CO., LTD., HONG KONG

613-214-010-793

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 7048

Primary Registration District No. 2027 Registered No. 160

FULL NAME OF CHILD Imogene Marie Walters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	July 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Walters	Sara Gillmore
RESIDENCE	Idaho Falls Ida.	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Iowa	Wis.
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 14 1912, at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Fuller M.D.

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed July 28 1912 H. Freeman

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

112-210-010-415

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 7049

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Registration District No. 7 File No. ____

Primary Registration District No. 2027 Registered No. 167

FULL NAME OF CHILD Fern Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1st	yes	July 10, 1912

FATHER		MOTHER	
FULL NAME	Wm Baker	FULL MAIDEN NAME	Lucile Daniels
RESIDENCE	Irwin Idaho	RESIDENCE	Irwin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on July 10 1912 at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 24 1912 ____ Registrar

S-Y CO., 16670

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 7049

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Fern Baker (Name on Original Certificate) who Ju Born 0 1912 on July 10 1912 (Was Born or Died) (Date of Event) in Idaho Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Fern Baker

Subscribed and sworn to before me this 30th day of December, 1943.

A E H Peterson

Notary Public, residing at Salt Lake City, Utah

My commission expires July 27.1944 (Seal)

Signed Laura Lucille Daniels Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th. day of December, 1943

A E H Peterson

Notary Public, residing at Salt Lake City, Utah.

My commission expires July 27th. 1944 (Seal)

Signed Stella Daniels Wallenstein
(Signature of Any Credible Person Other Than Previous Year)

58 E. 4th. So. St.
(Street Address, City, State)

JAN 14 1944

JAN 5 1944

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 7050

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 166

Hospital ____

FULL NAME OF CHILD ARTHUR ROY MEAD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	July 15, 1912

FATHER		MOTHER	
FULL NAME	Roy Mead	FULL MAIDEN NAME	Jennie Wright
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ on the date above stated. July 15 1912 2 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S S Fuller M.D.

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed July 27 1912 [signature] Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7050

State of IDAHO } ss.
County of BINGHAM

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or death)
for Arthur Roy Mead (Name on original certificate) who was born (Was born or died) on November 16th, 1912 (Date of event)
in Idaho Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge of ~~xxxxxx~~ mother, the undersigned. (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Mead	Arthur Roy Mead

Subscribed and sworn to before me this 5th day of November, 19 41

Notary Public, residing at Blackfoot, Idaho

My commission expires July 20th, 1943

[SEAL]

Signed Jennie Mead
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Two miles south of Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BINGHAM

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge, I being the father of said child.

Subscribed and sworn to before me this 5th day of November, 19 41

Notary Public, residing at Blackfoot, Idaho

My commission expires July 20th, 1943

[SEAL]

✓ Signed G. R. Mead
(Signature of any credible person other than the previous affiant.)

Two miles south of Pocatello, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 17 1941

NOV 25 1975

23-206-010-213

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 7051

No. ....., ... St.

Primary Registration District No. 2027

Registered No. 165

Hospital .....

FULL NAME OF CHILD Mabel Melvena St. John

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1st	Yes	July 6, 1912

FATHER		MOTHER	
FULL NAME	J B St John	FULL MAIDEN NAME	Clara Baldwin
RESIDENCE	Idaho Falls	RESIDENCE	I F Idaho Falls Ida
COLOR	White	COLOR	Wht
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive July 6 1912, at 3 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed July 24 1912 [illegible]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Form V. S. No. 37B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7051

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Idaho Falls Ida.
Street and House No.
County Bonneville

Registered Number 1685

Registration District No. 7

Sex of Child Female

Date of Birth, July (Month) 4 (Day) 1912 (Year)

Full Name of Father I. B. St John

Full Maiden Name of Mother Clara Baldwin

I HEREBY CERTIFY that the child described herein has been named:

Mabel Melvina St John
(Given name in full) (Surname)

as reported by [signature]
(Father or Mother)

[signature]
(Local Registrar)

AHO STATIONERY & PRINTING CO- LTD., BOISE

GLO STATIONERY & PRINTING CO. LTD., BOISE

632-118-010-863

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of ——— Registration District No. 7 File No. 7052

No. ———, ——— St. Primary Registration District No. 2027 Registered No. 164

Hospital ———

FULL NAME OF CHILD — Alson, Ronald W.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes	July 18 — 1912

FATHER		MOTHER	
FULL NAME	Andrew William Alson	FULL MAIDEN NAME	Ethel Holton
RESIDENCE	Idaho Falls, Ida R.F.D. #2	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Melleville, Utah	BIRTHPLACE	Murray, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was F M alson (Born alive ~~or stillborn~~), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T C Hollister

P Lyman

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 27 1912 H Hammond Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

010-883

RECEIVED
FEB 11 1975
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 7052

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Olson (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ronald W. Olson

Subscribed and sworn to before me this 3 day of Feb., 1975
Alene M. Hill
Notary Public, residing at Ucon, Idaho
My commission expires June 25, 1975
(Seal)

Signed L. A. Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 276 Ucon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Feb., 1975
Alene M. Hill
Notary Public, residing at Ucon, Idaho
My commission expires June 25, 1975
(Seal)

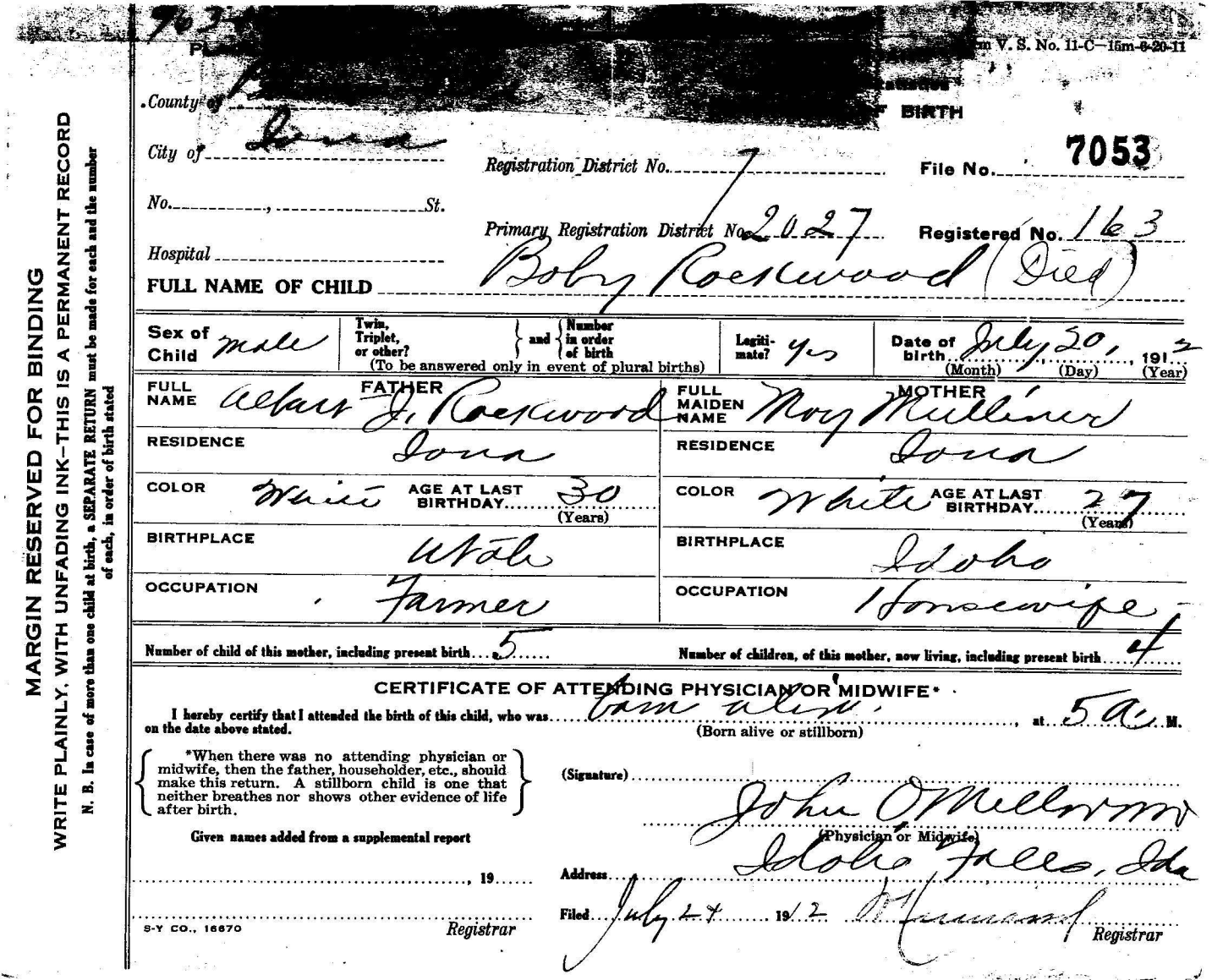
Signed E. Bynam Hill
(Signature of Any Credible Person)
Box 254 Ucon, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1/22/75 nm

Insurance policy from United Benefit Life Insurance Rx gives name as Ronald W. Olson of Idaho Falls, Idaho. dated April 1, 1947. viewed by V. S.

MAY 23 1975

Record of Blessing from the LDS Church gives name as Ronald William Olson born on July 18, 1912 at Ucon, Idaho. Blessed Jan 11, 1914. father's name given as Andrew William Olson and Ethel Elizabeth Holton. viewed by V. S.



7023

Form V. S. No. 11-C—15m-6-20-11

BIRTH

County of [redacted]

City of [redacted]

Registration District No. 7 File No. 7053

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 163

Hospital ____

FULL NAME OF CHILD Boby Rockwood (Died)

Sex of Child: male	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of birth: July 20, 1912 (Month) (Day) (Year)	

FATHER		MOTHER	
FULL NAME	Albert J. Rockwood	FULL MAIDEN NAME	Roy Mullinex
RESIDENCE	Iowa	RESIDENCE	Iowa
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, on the date above stated. at 5 a. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellowm M.D.

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 27 1912 [illegible]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

814-1[illegible]-010-261

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7054

Registration District No. 7

File No. ____

Primary Registration District No. 9027

Registered No. 162

FULL NAME OF CHILD James Hammer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Hammer	Mary J. Swanson
RESIDENCE	Ammon	Ammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Melveny M.D.

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

____, 19____

Filed July 27 1912 H. Swanson

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

41-123-010-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2027

File No. 7055

Registered No. 161

FULL NAME OF CHILD OLIVER LEON MARTIN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	2nd	Yes	July 23 1912

FATHER	MOTHER
FULL NAME Clarence Martin	FULL MAIDEN NAME Flora Bolson
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Missouri
OCCUPATION Farm Land	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Twin alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

J. P. Lyncan (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 23 1912 [signature] Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7055

State of California }
County of Fresno } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on July 23, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 23, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Oliver Leon Martin

Subscribed and sworn to before me this 17th day of June, 1942

J. William G. Allen
Notary Public, residing at Riverdale
My commission expires Aug. 14, 1944
(Seal)

Signed O C Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Riverdale Ada Co
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Fresno } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1942

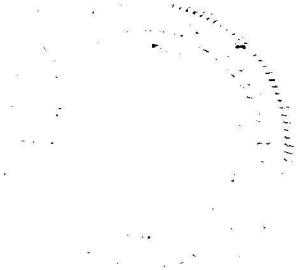
J. William G. Allen
Notary Public, residing at Riverdale
My commission expires Aug. 14, 1944
(Seal)

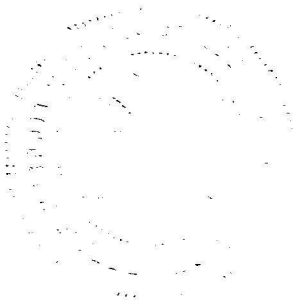
Signed Ilda Edna Martin
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 23 1942

Corrected Z.J.





JUN 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-223-010-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7056

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2027

File No. _____

Registered No. 160

FULL NAME OF CHILD OLA LORRAINE MARTIN

Sex of Child Female

Twin, Triplet or other? Twin and Number in order of birth 1st

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth July 23 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Clarence Martin	FULL MAIDEN NAME Flora Wilson
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Missouri
OCCUPATION Farm Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Guy Linnard M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 23 1912 Guy Linnard Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Fresno }

Certificate No. 7056

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on July 23, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on July 23, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ola Lorraine Martin

Subscribed and sworn to before me this 17th
day of June, 1944
William G. Allen
Notary Public, residing at Riverdale
My commission expires Aug 14, 1944
(Seal)

Signed O. C. Martin.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Riverdale Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Fresno }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

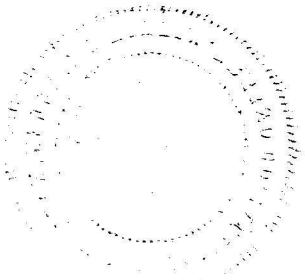
Subscribed and sworn to before me this 17th
day of June, 1944
William G. Allen
Notary Public, residing at Riverdale
My commission expires Aug. 14, 1944
(Seal)

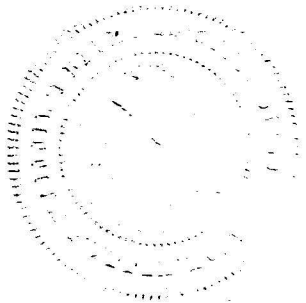
Signed Flora Edna Martin.
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 22 1940

Corrected Z.J.





JUN 24 1942

395-1 19-010-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form ... 2-15-12

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 7057

Primary Registration District No. 2027 Registered No. 179

FULL NAME OF CHILD Harold Creger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 19 1912

FATHER	MOTHER
FULL NAME Samuel Creger	FULL MAIDEN NAME Dora M. Peterson
RESIDENCE Idaho Falls Ida.	RESIDENCE Idaho Falls Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 4-10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 19 1912 [signature] Registrar

5-Y CO. 20174

Form V. S. No. U-C-Adm-5-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

275-210-010-219

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7058

Registration District No. 7 File No. ____

Primary Registration District No. 2027 Registered No. 117

FULL NAME OF CHILD Stewart, Gladys Irene

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Marion Stewart	FULL MAIDEN NAME	Mary Davis
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Olmo

Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed July 1st 1912

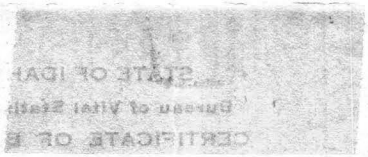
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



466-110-010-319

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. R. 7. D # 4 St.

Hospital

FULL NAME OF CHILD Moore

OF IDAHO

Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 7059

Primary Registration District No. 2027

Registered No. 117

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Howard Moore	Mary Roxanna Cashel
RESIDENCE	Idaho Falls Idaho	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	23
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 1912 [signature]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7060

County of Bonneville

City of Idaho Falls Registration District No. 7 File No.

No. , St. Primary Registration District No. 2027 Registered No. 156

Hospital

FULL NAME OF CHILD LaVern Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 28, 1912

FATHER		MOTHER	
FULL NAME	Andrew C. Jensen	FULL MAIDEN NAME	Emma Lefgren
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah		30
OCCUPATION	Bookkeeper	BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellar md

(Physician or Midwife)

Address

Given names added from a supplemental report

, 19

Registrar

Filed July 16 1912 Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 8 1994

DuPont 1912-275391

632-209-010-652

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Registration District No. 7 File No. 7061

Primary Registration District No. 2029 Registered No. 155

Hospital .....

FULL NAME OF CHILD Edna Amanda Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	July (Month) 9 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Madin K Olsen	Bertha N Wessman
RESIDENCE	Milo Idaho	Milo Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	36 (Years)
BIRTHPLACE	Norway	Sweden
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

~~Physician~~ or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 17 1912 W. H. Hammond Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

JUL 30 1975

962-102-010-238

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln — Registration District No. 7 — File No. 7062

No. ____, ____ St. — Primary Registration District No. 2027 — Registered No. 154

Hospital ____

FULL NAME OF CHILD Glenn Roberts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 21, 1912

	FATHER	MOTHER
FULL NAME	Frank Roberts	FULL MAIDEN NAME Amanda Lehow
RESIDENCE	Lincoln	RESIDENCE Lincoln
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellar M.D.

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed July 20 1912 — Registrar

S-Y CO., 16670 — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 17, 1941. E.W.

APR 22 1975

719-104-040-318

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 61, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 7064

Primary Registration District No. 2027 Registered No. 152

FULL NAME OF CHILD Denton Bert Parker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single		yes	July 4, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Parker	Pearl Marie Taylor
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Riverdale, Utah	Lincoln Neb.
OCCUPATION	Horse trainer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Pendleton

Physician (Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 10 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 7 1974

JAN 15 1945

365-127-010-168

PLACE OF BIRTH

County of Bonneville

City of Pleasant View

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C [illegible]

Registration District No. 7 File No. 7065

Primary Registration District No. 2027 Registered No. 171

FULL NAME OF CHILD Edward Spencer Concert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	June 27 1912

FATHER

FULL NAME: William S Concert

RESIDENCE: Pleasant View

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Cottonwood Utah

OCCUPATION: Common Laborer

MOTHER

FULL MAIDEN NAME: Ella McJohnson

RESIDENCE: Pleasant View

COLOR: white

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Idaho Falls Idaho

OCCUPATION: housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) June 27, at 2 a m 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Richardson

Chaskielson (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Iona Bonneville Co., Idaho

Filed July 7 19 12 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

276-29-010-291

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 7066

Primary Registration District No. 2027 Registered No. 150

FULL NAME OF CHILD Darlene Francis Spotts.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 29, 1912.

FATHER	MOTHER
FULL NAME: Everett J. Spotts.	FULL MAIDEN NAME: Ruth Brainard,
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: Wht. AGE AT LAST BIRTHDAY: 24. (Years)	COLOR: Wht. AGE AT LAST BIRTHDAY: 19, (Years)
BIRTHPLACE: West Virg.	BIRTHPLACE: Colorado.
OCCUPATION: Bookkeeper & clerk.	OCCUPATION: Wife.

Number of child of this mother, including present birth ... 1st.

Number of children, of this mother, now living, including present birth ... 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, June 29, 1912, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Bridges MD

Physician

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 3 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

893-230 · 010-296

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 7067

Primary Registration District No. 227

Registered No. 149

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 (Year)
Female		1	Yes	6 30 2

FATHER		MOTHER	
FULL NAME	George L. Stiles	FULL MAIDEN NAME	Nancy Brown
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Georgia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella Clair

Physician

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 3 1912 [signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. [illegible] Cliff St.

Registration District No. 7 File No. 7065

Primary Registration District No. 227 Registered No. 148

Hospital

FULL NAME OF CHILD Ronald Lloyd Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 15 1912

FATHER		MOTHER	
FULL NAME	Lloyd S. Wilson	FULL MAIDEN NAME	Alta Watson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 3 1912 [illegible]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLAC[redacted]

Form V. S. No. 11-C Jan. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1

File No. 7069

No. 1016, Front St.

Primary Registration District No. 1004

Registered No. 25

Hospital

FULL NAME OF CHILD JOHN ALDAPE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 26, 1912

FATHER		MOTHER	
FULL NAME	Faype ALDAPE	FULL MAIDEN NAME	Maria Arzini
RESIDENCE	1016 Front St	RESIDENCE	1016 Front
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Lodging House Proprietor	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Faith M. D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

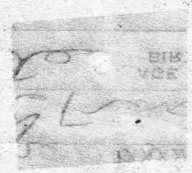
Filed JUL 29 1912 19.....

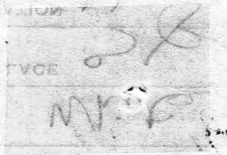
Fay McConnell D. Registrar

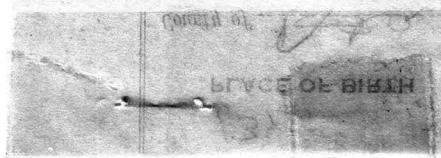
S-Y CO., 16670

Maria Ospina

Maria Ospina







STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7069

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Juan Adape	John Aldape

Subscribed and sworn to before me this 27 day of May 1943

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Judith Aldape
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

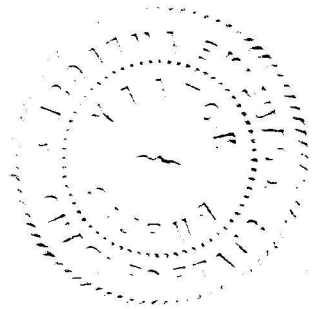
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 25 1943



389-219.001-142

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 110 N 23 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 7071

Registered No. 3

FULL NAME OF CHILD CONSTANCE MARIE CHRISTENSEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L.	June 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis H Christensen	Blanche Robertson
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Utah	Minn
OCCUPATION	Newspaperman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~) at 1.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barker

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed JUL 2 - 1912 19.....

Fay McConnell D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 1944

538-219.00-134

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 7072

No. 918 Idaho Ave. St.

DeLamar Room

Primary Registration District No. 1004

Registered No. 20

Hospital Home

FULL NAME OF CHILD Beatrice Echeverria

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 19, 1912

FATHER		MOTHER	
FULL NAME	Justo Echeverria	FULL MAIDEN NAME	Raimunda Aldamiz
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep Man	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was normal, (Born alive or stillborn) at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falls M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed JUL 23 1912 19.....

Fay McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

PLACE OF BIRTH

County of

669-225-001-953

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-B — Rev. 6-24

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1523 Hays St.

Hospital

Registration District No. 2

Primary Registration District No. 1001

File No. 7073

Registered No. 5

FULL NAME OF CHILD Shirley Ford

Sex of Child Female

Twin, Triplet, or other? (To be answered only in event of plural births)

and Number in order of birth

Legitimate? L.

Date of birth June 25, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Walter H Ford	FULL MAIDEN NAME Edith C Retzell
RESIDENCE Boise Idaho	RESIDENCE Boise Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Pa.
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Borck

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed JUL 2 1912 19.....

Fay McConnell D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise.

No. 1804 N. Jefferson St.

Hospital

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7074

Registration District No. 2 File No.

Primary Registration District No. 1604 Registered No. 26

FULL NAME OF CHILD Dwight M Green

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	July 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David M Green.	Louise Ernst.
RESIDENCE	1804 N. Jefferson	1804 N. Jefferson
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 37	White / 27
BIRTHPLACE	Indiana	Michigan
OCCUPATION	Carpenter	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward 2 Bauer M.d

Physician (Physician or Midwife)

Address 708 Sonna Bldg.

Given names added from a supplemental report

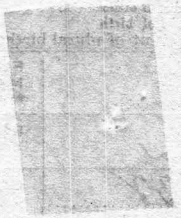
....., 19.....

Registrar

Filed JUL 29 1912, 19..... Fay M Clement D. Registrar

S-Y CO., 16670

MAY 1 1974



765.109.001-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes Hosp.

Registration District No. 2 File No. 7075

Primary Registration District No. 1004 Registered No. 9

FULL NAME OF CHILD Wm Goeble Jr.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m.			L.	July 9, 1912.

FATHER	MOTHER
FULL NAME Wm Goeble	FULL MAIDEN NAME Vivian Roberts
RESIDENCE 402 E. Bannock.	RESIDENCE 402 E. Bannock
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Io	BIRTHPLACE Florida
OCCUPATION Baker.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:40 P. M. on the date above stated.

(Signature) [signature]

(Physician or Midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed JUL 16 1912 19..... Ray McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

853/22.001-217

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 4-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 7076

No. ____ St.

Primary Registration District No. 1004

Registered No. 26-27

Hospital St Alphonsus

FULL NAME OF CHILD Thomas James Hellman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 22, 1912

FATHER		MOTHER	
FULL NAME	Mike J Hellman	FULL MAIDEN NAME	Mollie Barker
RESIDENCE	Thunder City	RESIDENCE	Thunder City
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Ry Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) July 22, at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R Nuuibes

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed JUL 29 1912 19.....

Amy McConnell D. Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 9 1942

213-121-001-964

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. St. Lukes St.

Hospital St. Lukes

Registration District No. 2 File No. 7077

Primary Registration District No. 1604 Registered No. 21

FULL NAME OF CHILD James Willard Kalbus

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 21st, 1912

FATHER		MOTHER	
FULL NAME	L. A. Kalbus	FULL MAIDEN NAME	Cora Lydia Romlow
RESIDENCE	1016 North 6½ St.	RESIDENCE	1016 No 6½ St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Bookkeeper in Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed JUL 28 1912 19.....

Fay McConnel
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4/7/41 L. B.

JUL 22 1954

357-Idaho-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 512, No 3rd St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7078

Primary Registration District No. 1004 Registered No. 8

FULL NAME OF CHILD Edith May Leppert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Leppert	Lettie Mills
RESIDENCE	512 No 3rd.	512 No 3rd
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	Ohio	Kas
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingell (Physician or Midwife)

Address Talk Bldg

Given names added from a supplemental report

July 15, 1912

Filed JUL 10 1912 Fay McConnell Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 17 1974

SEP 17 1974

345-208-001-275

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 7079

No. 1509 N 12 St.

Primary Registration District No. 1004 Registered No. 13

Hospital E/Fr 189

FULL NAME OF CHILD Bertha Lundquist

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			L	July 8, 1912

FATHER	MOTHER
FULL NAME Lawrence E Lundquist	FULL MAIDEN NAME Amelia Stephan
RESIDENCE 1509 N 12.	RESIDENCE 1509 N 12.
COLOR W AGE AT LAST BIRTHDAY 22 (Years)	COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ill	BIRTHPLACE Germany
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Lundquist

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed JUL 16 1912 19..... Jay McConnell, Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

358-21-001-215

PLACE OF BIRTH

County of Ada

City of Boise

No. 419 S 14 St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 7080

Primary Registration District No. 1064 Registered No. 2

FULL NAME OF CHILD Geo Ferdinand Lehmann

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	——	——	yes	6 — 21 , 191?

FATHER		MOTHER	
FULL NAME	R. M. Lehman	FULL MAIDEN NAME	Grace M. Sanders
RESIDENCE	419 S. 14 — Boise	RESIDENCE	419 S 14th Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M Allen Calloway

Physician
(Physician or Midwife)

Address Boise Idaho

Filed JUL 1 — 1912 19.....

Fay McConnel
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 1964

462-117001-294

PLACE OF BIRTH

[redacted] V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2111 N. 15th St.

Registration District No. 2 File No. 7081

Primary Registration District No. 1064 Registered No. 17

Hospital

FULL NAME OF CHILD Harold Arthur Mosher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 17th, 1912

FATHER	MOTHER
FULL NAME: Alpheus A. Mosher	FULL MAIDEN NAME: Pearl Adah Simpson
RESIDENCE: 2111 N. 15th St.	RESIDENCE: 2111 N. 15th St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: So. Dakota
OCCUPATION: Express Messenger	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed JUL 18 1912 19.....

Ray McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

54-230.00-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Bureau of [redacted] Statistics

CERTIFICATE OF BIRTH

7082

County of Ada

City of Boise

No. 901 N. 20 St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 7

FULL NAME OF CHILD Helen Neuman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month), (Day), (Year)
Female		One	yes	6-30, 1912

FATHER	MOTHER
FULL NAME: David Neuman	FULL MAIDEN NAME: Rebecca Ulmann
RESIDENCE: 901 N. 20th	RESIDENCE: 901 N. 20th St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Vienna	BIRTHPLACE: New York
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) .....

Wm H Jas. S. Stewart
(Physician or Midwife)

Address 410 Overland Bldg

Filed 7-5-1912

JUL 5 1912

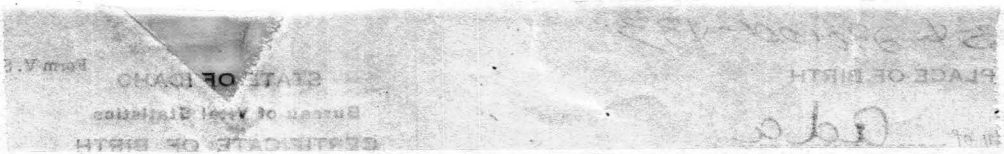
Jay McConnell D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Amended 12-10-58

PLACE OF BIRTH

552-205-001-819

County of Ada

City of Boise

No. 29 & Bannock St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7083

Primary Registration District No. 1004 Registered No. 11

FULL NAME OF CHILD Gladys Velvia Nesbit
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
F.			Yes	July 5, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George W. Nesbit	FULL MAIDEN NAME	Zena Harris
RESIDENCE	29 & Bannock	RESIDENCE	29 & Bannock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Texas
OCCUPATION	Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed July 16, 1912 Fay McConnel D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy of Marriage Record, California, for Gladys Velvia Nesbit, Sept. 22, 1934 gives correct name and Father's Name as George Nesbit; Birth Certificate (Idaho) of Goldie E. Nesbit gives Father's Name as George W. Nesbit, #202295; Family Bible Record gives Father's Name as George . Nesbit; Social Security App. gives name as

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Gladys Velvia Nesbit Gray-564-05-2419 and gives Father's Name as George Nesbit - documents viewed by VS

Certificate No. 7083

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Madge Nesbit (Name on Original Certificate) who was born (Was Born or Died) on July 5, 1912 (Date of Event)

in Boise, Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Madge Nesbit	Gladys Velvia Nesbit
father's name	Geo. W. Nesbitt	George W. Nesbit

Subscribed and sworn to before me this 6th day of October, 1958

Notary Public, residing at Meridian, Idaho

My commission expires Sept. 10, 1960

(Seal)

Signed Gladys Velvia Nesbit
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2025 PACIFIC BAKERSFIELD CALIFORNIA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 1958

Notary Public, residing at Meridian Idaho

My commission expires Sept 10, 1960

(Seal)

Signed Goldie Edith Nesbit
(Signature of Any Credible Person)

3526 EL CAMINO REAL SANTA CLARA CAL
(Street Address, City, State)

FORM DPH 55.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 294 Bannock St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 7083

Registered No. 11

FULL NAME OF CHILD Madge Nesbitt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L.	July 5, 1912

FATHER		MOTHER	
FULL NAME	Geo W Nesbitt	FULL MAIDEN NAME	Bena Harris
RESIDENCE	294 Bannock	RESIDENCE	294 Bannock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Texas
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 9.15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed JUL 16 1912 19.....

[signature]

Registrar

S-Y CO., 16670

DEC 23 1950

562-124.001-612

PLACE OF BIRTH

Form V. S. No. 11-C—15m-[illegible]-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 20th & Sherman

Hospital St. Lukes

Registration District No. 2 File No. 7084

Primary Registration District No. 1004 Registered No. 24

FULL NAME OF CHILD Jean Noble

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	Yes	7-24-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. W. Noble	Helen Wakefield
RESIDENCE	20th & Sherman St	20th & Sherman St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Traveling Salesman	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James L. Stewart M.D.

(Physician or Midwife)

Address [illegible] S.H.

Given names added from a supplemental report

....., 19.....

JUL 29 1912

Registrar

Filed 7-27-1912

JUL 29 1912

Fay McConnel D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

632-215-001-632

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1140, River St.

Hospital

Registration District No. 2

File No. 7085

Primary Registration District No. 1004

Registered No. 15

FULL NAME OF CHILD Daarthea Elizabeth Olson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	July 15-12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Olson	Johanna Daarthea Olson
RESIDENCE	1140 River St	1140 River St.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Norway	Norway
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

JUL 18 1912, 19

Registrar

Filed JUL 16 1912, 19 Ray McDermed D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7085

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Dorthea Eliza Olson	Daarthea Elizabeth Olson
Mother's maiden name	Hannah Olson	Johanna Daarthea Olson

Subscribed and sworn to before me this 6th day of January, 19 42

Teresa Tollenaere

Notary Public, residing at Boise, Idaho.

My commission expires Dec. 3rd, 1945.

(SEAL)

Signed Johanna Daarthea Olson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1166 River St. Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 19 42

Teresa Tollenaere

Notary Public, residing at Boise, Idaho.

My commission expires Dec. 3rd, 1945

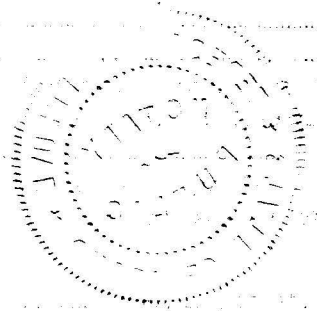
(SEAL)

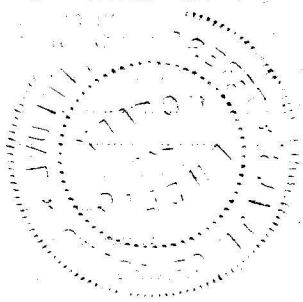
Signed Louis Olson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1166 River St
(STREET ADDRESS, CITY, STATE)
Boise Idaho

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 6 1942





632714.001-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 2013 N 9th St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7086

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 16

FULL NAME OF CHILD George Anderson Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr. 14 1912

FATHER	MOTHER
FULL NAME Carl J. Olsen	FULL MAIDEN NAME Olga Katherine Anderson
RESIDENCE Dry Creek	RESIDENCE Dry Creek
COLOR Light	COLOR Light
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Christiana Norway	BIRTHPLACE Ephraim Utah
OCCUPATION Lawyer	OCCUPATION House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. N. Handy D.O.

(Physician or Midwife)

Address 2013 N 9th Boise Ida.

Given names added from a supplemental report

....., 19.....

Filed JUL 16 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

NOV 24 1970

762-29-001-497

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 251 S. Ada St.

Hospital

Registration District No. 2 File No. 7087

Primary Registration District No. 1007 Registered No. 4

FULL NAME OF CHILD Alice Linda Postlethwaite

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L.	June 28, 1912

	FATHER	MOTHER
FULL NAME	Wm L Postlethwaite	
FULL MAIDEN NAME		Gertrude Dix
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Kansas	Ohio
OCCUPATION	Auditor	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or ~~Midwife~~)

Address Boise Ida.

Given names added from a supplemental report

....., 19.....

Filed JUL 2 - 1912 19.....

Fay McLeod
Registrar

S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

849-116-00-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St Lukes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7088

Registrar's District No. 2 File No. ____

Primary Registration District No. 100 Registered No. 18

FULL NAME OF CHILD EUGENE HOPKINS QUINTER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin S. Quinter	Maude H. Quinter
RESIDENCE	1003 N. 16th.	1003 N. 16th.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Washington D.C.	Washington D.C.
OCCUPATION	Clerk	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

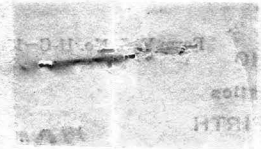
Registrar

Address .....

Filed July 22, 1912

Fay McConnell D. Registrar

S-Y CO., 16670



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 7088

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Unnamed Quinter (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 16, 1942 (DATE OF EVENT) in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 12, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Eugene Hopkins Quinter

Subscribed and sworn to before me this 12th day of January, 1942

Notary Public, residing at Boise, Idaho

My commission expires 12/10/42

(SEAL)

Signed Alma S Quinter

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1218 E. Jefferson St. Boise Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1942

Notary Public, residing at Boise, Idaho

My commission expires 12/5/42

(SEAL)

Signed V S Pence

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

605 Bannock St. Boise, Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 17 1942

NOV 18 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7089

County of Ada

City of Boise

No. Hammett St.

Hospital St. Lukes

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No. 6

FULL NAME OF CHILD James Evarlyn Russell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		One	Yes	7 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James H Russell	Viola G. Morrison
RESIDENCE	Hammett	Hammett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Ill	Penn
OCCUPATION	mercantile	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Wm. F. Smith (Physician or Midwife)

Address 410 Overland

July 8, 1912

Fay McConnel Registrar

Filed 7-5 1912

Fay McConnel Registrar

JUL 5 1912

S-Y CO., 16670

STATE OF IDAHO

PLACE OF BIRTH

916-205-001-312

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 7090

No. 1121, Jefferson St.

Primary Registration District No. 1064

Registered No. 14

Hospital

FULL NAME OF CHILD Lois Alline Rawls

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	July 4-16, 1912

FATHER		MOTHER	
FULL NAME	Noel B. Rawls	FULL MAIDEN NAME	Lucy Case
RESIDENCE	1121 Jefferson St.	RESIDENCE	1121 Jefferson St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

S-Y CO., 16670 Registrar

Filed JUL 16 1912 19.....

Gay McConnel M.D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 6 1976

230201-001-694

PLACE OF BIRTH

County of Ada

City of Boise

No. 21 Locust Hosp. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 7091

Primary Registration District No. 1004 Registered No. 23

FULL NAME OF CHILD [illegible]

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	July 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glynn Sloan	Fayne Widener
RESIDENCE	911 E. Wash. Boise	911 E Wash. Boise
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Paris Indiana	Corning Iowa
OCCUPATION	Engineer	H-W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Tuttle

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed JUL 29 1912, 19..... Ray M Smith Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. II-C—Rev.-1941

236-224-1004-359

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 7092

No. 1102, No. 21st St.

Primary Registration District No. 1004

Registered No. 22

Hospital

FULL NAME OF CHILD Valetta Florence Scott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	July 24, 1912

FATHER	MOTHER
FULL NAME R. L. Scott	FULL MAIDEN NAME Emma L. Terrill
RESIDENCE 1102 No 21st St.	RESIDENCE 1102 No. 21st
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Real Estate Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 5-00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-25-12

Fay McConnel D. Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 3 0 1970

JUN 7 1971

249-103-0095-4

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1316, N 5 St.

Registration District No. 2 File No. 7093

Primary Registration District No. 1004 Registered No. 19

Hospital

FULL NAME OF CHILD Lester Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 3, 1912

FATHER		MOTHER	
FULL NAME	Clemie F Smith	FULL MAIDEN NAME	Ethel Redhead
RESIDENCE	1316 N 5 Boise	RESIDENCE	1316 N 5 Boise
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	white	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Nebr.
OCCUPATION	R.R. Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glesne

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed JUL 23 1912 19.....

Fay McConnel
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-407342

28(223)001-213

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7094

County of Ada

City of Boise

No. 1213 Idaho St.

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 1

Hospital

FULL NAME OF CHILD Sylvia Mildred Shaffer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	—	yes	6 — 23 , 191

FATHER		MOTHER	
FULL NAME	Glen Shaffer	FULL MAIDEN NAME	Sylvia Baldwin
RESIDENCE	1213 Idaho	RESIDENCE	1213 Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Colo.	BIRTHPLACE	Utah
OCCUPATION	Motorman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician

(Physician or Midwife)

Address 820½ Idaho St.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed JUL 1 — 1912, 19.....

Fay McConnell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 20 1967

SK 11 7004-814

PLACE OF BIRTH

County of Ada

City of Boise

No. 812, State St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 • File No. 7095

Primary Registration District No. 1004 Registered No. 28

FULL NAME OF CHILD Clyde Glase Vaden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 17, 1912

FATHER		MOTHER	
FULL NAME	Sidney Vaden	FULL MAIDEN NAME	Nellie Hamilton
RESIDENCE	812 State Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or Midwife)

Boise

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed JUL 29 1912 19.....

Amy McConnell D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 8 1947

MAY 31 1955

OCT 14 1959

693202 00-113

PLACE OF BIRTH

County of Ada

City of Boise

No. 402 E Jeff St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 7096

Primary Registration District No. 1007 Registered No. 112

FULL NAME OF CHILD Margaret Alice Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L.	July 2, 1912

FATHER		MOTHER	
FULL NAME	Chas A Williams	FULL MAIDEN NAME	Sarah Jackson
RESIDENCE	402 E Jeff	RESIDENCE	402 E Jeff
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mfg Goldsmith-Jewler.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed JUL 13 1912 19..... Fay McConnell D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 4 1965

SEP 13 1943

PLACE OF BIRTH Amended July 7, 1958

689/106/09-813

County of Ada

City of Boise

No. 1011 E. Washington

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 7097

Primary Registration District No. 1004 Registered No. 10

FULL NAME OF CHILD ORVILLE AARON WHIPPLE

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				JULY 6, 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	David E. Whipple	FULL MAIDEN NAME	Nellie Hatcher
RESIDENCE	1011 E. Washington	RESIDENCE	1011 E. Washington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	S. Dakota	BIRTHPLACE	Vanzant, Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

Physician (Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed July 16, 1912 Fay McConnel Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7097

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Orville Aaron Whipple (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1912 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Delayed birth certificate filed in Washington Aug 25, 1955 prepared on viewed by V.S. (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Iowa	Washington, Vanzant

Subscribed and sworn to before me this 18th day of April 19 56

Maura K Carroll

Notary Public, residing at Boise Idaho

My commission expires 4-5-59

(Seal)

*Signed Nellie V Whipple

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Stark St 603, San Diego 4 Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April 19 56

Maura K Carroll

Notary Public, residing at Boise Idaho

My commission expires 4-5-59

(Seal)

*Signed Helen P Hatch Sandlin

(Signature of Any Credible Person)

1002 E Wash. St Boise Idaho

(Street Address, City, State)

FORM DPH 55.155

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1011 E. Washington St.

Hospital

Registration District No. 2 File No. 7097

Primary Registration District No. 1004 Registered No. 10

FULL NAME OF CHILD Orville Aaron Whipple

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	July 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David E Whipple	Nellie Hatcher
RESIDENCE	1011 E. Washington	1011 E. Washington
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	S Dakota	Iowa
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul Burk

(Physician or ~~Midwife~~)

Given names added from a supplemental report

July 20, 1912

Address

Registrar

Filed JUL 16 1912 19

Fay McConnel D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 5 1968

JUL 8 1958

763-121-0.

PLACE OF ST...

Form V. S. No. 11-C ~~Rev. 6-25-18~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

~~City of~~ Weatlake Precinct Registration District No. 2042 File No. 7098

No. ..... St. Primary Registration District No. 10 Registered No. 118

Hospital .....

FULL NAME OF CHILD Alva Thomas Potter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 21st 1912

FATHER		MOTHER	
FULL NAME	John Potter	FULL MAIDEN NAME	Effie May Swatman
RESIDENCE	Ola Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	S Dakota
OCCUPATION	Engineer	OCCUPATION	Houspe

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry B Black M.D.
(Physician ~~or midwife~~)

Address Kentonville, Idaho

Given names added from a supplemental report

..... 19.....

Filed July 22 1912 G S Stockton Registrar
per B.

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

846-105-025-493

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 7099

Primary Registration District No. 10 Registered No. 117

FULL NAME OF CHILD William Earl Huff.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	One	Yes	July 5 1912

FATHER		MOTHER	
FULL NAME	William M Huff	FULL MAIDEN NAME	Belle Mitchell Huff
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Smith M.D.

Phys (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

Filed July 15 1912 G. S. Stockton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

719-22-025-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Cottonwood Registration District No. 2042 File No. 7100

No. ____, ____ St. Primary Registration District No. 10 Registered No. 116

Hospital ____

FULL NAME OF CHILD ~~Gertrude~~ Marlys Parker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3rd	Yes	June 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E L Parker	Carrie Watson
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY	47 (Years)	37 (Years)
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or Midwife)

Address Cottonwood Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 5 1912 G. S. Stockton Registrar

(Child not named) H.B.B.

S-Y CO., 16670 Registrar

JAN 19 1966

MAY 8 1975

MAY 30 1975

1/8/41 L. B.

512-174-025-966

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of W. Whitebird Registration District No. 10 File No. 7101

No. ____, ____ St.

Primary Registration District No. 2041 Registered No. 115

Hospital ____

FULL NAME OF CHILD Joseph Raymond Nash

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	4	yes	July 14, 1912

FATHER		MOTHER	
FULL NAME	Patric Henry Nash	FULL MAIDEN NAME	Annie Rowe
RESIDENCE	Whitebird	RESIDENCE	Whitebird Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Address Whitebird

Filed Aug 5 1912 G S Stockton Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 9 1944

APR 8 1944

793-1/2 10 25-396

Form V. S. No. 11-5 20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Lolo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7102

Primary Registration District No. 2044 Registered No. 114

FULL NAME OF CHILD Ronald Keith Gill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 12 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas M Gill	Goldie S Groch
RESIDENCE	Lolo Idaho	Lolo Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stocklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 27 1912 G. S. Stocklin Registrar

S-Y CO. 20174

PLACE OF BIRTH

418-113-025-944

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7103

Primary Registration District No. 2044 Registered No. 113

FULL NAME OF CHILD Frederick Sidney Dahl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 13, 1912

FATHER		MOTHER	
FULL NAME	Anton Dahl	FULL MAIDEN NAME	Mary Zumwalt
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Dahl

Father

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 27 1912 G S Stockton Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-d—20m-2-15-12

RECEIVED
JUN 16 1941

STATE OF IDAHO)
County of Idaho) SS.

Mrs. May Dahl Brooks, being duly sworn, deposes and says, that Frederick Sidney Dahl, was born February, 13th. 1912, his mothers maiden name was May Zumwalt, fathers name was Anton Dahl, Frederick Sidney Dahl, was born at Grangeville, Idaho. the attending phisician was Dr. Stockston, now deceased, attending ladies names, Mrs Bert Decker, and Mrs Albert Zumwalt, both living at Grangeville Idaho.

Mrs May Dahl Brooks

Subscribed and sworn to before me this 14th. day of June, A.D., 1941, the same being or having been read to this affiant, she being of sound mind and understanding the same.

S F Gurtund
Notary Public- Kooskia
Idaho

My Commission expires
May 1st. 1945

895-106-025-515

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7104

Primary Registration District No. 1001 Registered No. 112

FULL NAME OF CHILD George Gordon Hinman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 6 1912

FATHER		MOTHER	
FULL NAME	Jasper Gordon Hinman	FULL MAIDEN NAME	Henrietta Vandyke
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wisconsin
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henrietta Hinman

Mother
(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 19 12 G. B. Stockton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1943

353-107-025-693

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

Form V. S. No. 11-C 20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 7105

Primary Registration District No. 1001 Registered No. 111

FULL NAME OF CHILD William Dedrick Telcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	July 3 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Ralph D Telcher	FULL MAIDEN NAME	Lennah R Wilson
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1912 G. S. Stockton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 7 1941

DECEASED

33-204025-719

Form V. S. No. 11-C 60m 3-12-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Harpster

No. _____ St.

Hospital _____

Registration District No. 10 File No. 7106

Primary Registration District No. 2044 Registered No. 110

FULL NAME OF CHILD Joy Elizabeth Clark

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 1 1912

FATHER		MOTHER	
FULL NAME	Wm F Clark	FULL MAIDEN NAME	Minnie Garretson
RESIDENCE	Harpster	RESIDENCE	Harpster
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	New York	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 10 1912 G S Stricklin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 5 1969

469-22-029-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 920, S Spruce St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 7107

Primary Registration District No. 2066 — Registered No. 228

FULL NAME OF CHILD Richard Morse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 22, 1912

FATHER		MOTHER	
FULL NAME	Newton Sibley Morse	FULL MAIDEN NAME	Nell Gertrude Morse
RESIDENCE	Potlatch Idaho	RESIDENCE	Potlatch Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arlington Mass.	BIRTHPLACE	Omaha Neb.
OCCUPATION	Lumber grader	OCCUPATION	

Number of child of this father, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) on the date above stated, at 8:20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M. D.

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 22 1912 D. J. W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 1 1969

Dup 08 1912-3504776

319-22-022295

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 13

File No. 7108

Primary Registration District No. 1088

Registered No. 269

FULL NAME OF CHILD Frances Cecil Carey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	July 26" 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward J. Carey.	Seana Ringer
RESIDENCE	Moscow. Idaho.	Moscow Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Liverpool, England.	Paulding, Ohio.
OCCUPATION	Prof. Music	Housekeeper.

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

Physician (Physician or Midwife)

Address Moscow Idaho.

Given names added from a supplemental report

Aug ____, 19____

Registrar

Filed Aug 5 1912 D. F. Rae

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 29 195

NOV 21 1944

391-410-029249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 436, E. Lewis St.

Registration District No. 15

File No. 7109

Primary Registration District No. 1009

Registered No. 203

Hospital

FULL NAME OF CHILD Orrin Ardeen Tracy

Orrin Ardeen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 10th, 1912

	FATHER	MOTHER
FULL NAME	S. D. Tracy	FULL MAIDEN NAME Inez I Smith
RESIDENCE	Moscow	RESIDENCE Moscow
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	18 (Years)
BIRTHPLACE	Madison, Wis.	Clay Center Kansas
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman

Physician

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 16 1912 W. F. Rae

Registrar

.....

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 1974
MAR 2 8 1974

1/24/41 L. B.

76943-029-381

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7110

Primary Registration District No. 1808 Registered No. 197

FULL NAME OF CHILD Myles Conrad Poindexter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July 31 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Conard May C. Poindexter	FULL MAIDEN NAME	Effie Dora Chamberlain
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Hotel Keeper	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Race

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Aug 2 1912 D. F. Race

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Dec. 5, 1940. E.W.

S23 20N 02E-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Moscow

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 7111

Primary Registration District No. 1008 Registered No. 199

FULL NAME OF CHILD Mona Crystal Estes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.			yes	July 7 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	W. G. Este	FULL MAIDEN NAME Anna M. McPherson
RESIDENCE	Moscow	RESIDENCE Moscow
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE Iowa
OCCUPATION	Laborer	OCCUPATION

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 3 - a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Address Moscow

Filed July 22 1912 S. F. Rae

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

APR 3 0 1974

719-108-029-613

PLACE OF BIRTH

County of Latah.

City of Moscow.

No. ..... St.

Hospital Sprague

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 1008 ~~206~~

File No. 7112

Primary Registration District No. .....

Registered No. 202

FULL NAME OF CHILD Beverly Crockett Parmenter

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	One.	Yes.	July 8th 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Beverly Crockett Parmenter	FULL MAIDEN NAME	Metta Clara Walby.
RESIDENCE	Moscow.	RESIDENCE	Moscow.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40 Yrs.
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	38 Years.
BIRTHPLACE	Illinois	BIRTHPLACE	California
OCCUPATION	Farmer.	OCCUPATION	Graduate nurse.

Number of child of this mother, including present birth. One

Number of children of this mother now living, including present birth. One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Address Moscow

Filed July 22 19 12 A. F. Rae Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-1241 089-244

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 7113

Primary Registration District No. 2062 Registered No. 226

FULL NAME OF CHILD Leroy Cook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2d	Yes	5 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William H. Cook	Lenna M Bumpass
RESIDENCE	Genesee	Genesee
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	California	Harrington
OCCUPATION	Clerk	Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter A. Long M.D.

(Physician or Midwife)

Address Uniontown Wn

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 12 1912 W. H. Cohen

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 11 1975

942-125-029-695

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Samuel Edward Ruberg

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7114

Primary Registration District No. 2064 Registered No. 206

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	7 25 12

FATHER		MOTHER	
FULL NAME	Edward Ruberg	FULL MAIDEN NAME	Mary French
RESIDENCE	Kendrick Ida	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Minnesota	BIRTHPLACE	Wash.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt MD (Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-25 1912 J. E. Hoyt
Registrar

SVMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 16 1976

JUN 10 1942

914101-029-819

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7115

Primary Registration District No. 2068 Registered No. 207

FULL NAME OF CHILD Harold Russel Ramey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M.	—	—	Yes	July 1 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	George M. Ramey.	FULL MAIDEN NAME	Minnie Haire
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Mich.
OCCUPATION	farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:9: M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. L. Faust

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/1 19.12 P. L. Faust Registrar

S-Y CO. 20174

366-26-002391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fatah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7116

Primary Registration District No. 2068 Registered No. 208

FULL NAME OF CHILD Lester Earl Loomis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M.	—	—	Yes	June 26 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Earl Loomis	FULL MAIDEN NAME	Elsie Crane
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Loomis

Father (Physician or midwife)

Address Avon

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/9 19 12 P. E. Stanstrup Registrar

S-Y CO. 20174

11-27-41

962-110-029-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7117

Registration District No. 15 File No. .....

Primary Registration District No. 2065 Registered No. 219

FULL NAME OF CHILD Stanley Gustaf Rose

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 10 1912

FATHER		MOTHER	
FULL NAME	Carl H. Rose	FULL MAIDEN NAME	Hannah L Nelson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	N.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 10 - 1912, at 4:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 J W Olson

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 6 1967

261-105-028-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7118

Primary Registration District No. 2065 Registered No. 218

FULL NAME OF CHILD Austin Edward Swanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 5 1912

FATHER		MOTHER	
FULL NAME	Axel E. Swanson	FULL MAIDEN NAME	Elena Cordelia Nellis Dalin
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

* Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive July 5 1912, at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Troy Idaho

Registrar

Filed July 6 1912 J. W. Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

JAN 18 1968

652-1041 029-168

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7119

Primary Registration District No. 2065 Registered No. 217

FULL NAME OF CHILD Wilbur Arlington Westberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 4th, 1912

FATHER	MOTHER
FULL NAME Carl J. Westberg	FULL MAIDEN NAME Ella K Johnson
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR white AGE AT LAST BIRTHDAY 29 (Years)	COLOR white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) July 4th 1912, at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 6 1912 J. W. Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 0 1974

944-128-029-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7120

Primary Registration District No. 2065 Registered No. 216

FULL NAME OF CHILD Cecil Gordon Rudeen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male				Yes	Apr	28	1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul W. Rudeen	Olga Fredlund
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Wipis Minn	Troy Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Apr 28 1912 at 10 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Anna Fredlund

Midwife
(Physician or Midwife)

Address Troy Idaho

Filed July 3 1912 J. W. Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

DECEASED

DuPOB 1912-2733604

247-105-1029-745

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 7121

Primary Registration District No. 2065 Registered No. 215

FULL NAME OF CHILD Leslie Milton Bugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 5 1912

FATHER		MOTHER	
FULL NAME	Ralph Bugh	FULL MAIDEN NAME	Gueller
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
COLOR	White	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Mo.	BIRTHPLACE	Garfield Wa.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) July 5, at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Strain

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed July 30 1912 J. W. Coon

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

285-130-022-859

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7122

Primary Registration District No. 2065 Registered No. 214

FULL NAME OF CHILD Harvey James Shepherd SHEPHERD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 30 1912

FATHER	MOTHER
FULL NAME Nathan R Shepherd SHEPHERD	FULL MAIDEN NAME Maud A Herbert
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White AGE AT LAST BIRTHDAY 47 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Pine Knot Ky	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 30 1912, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician
(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19....

Filed July 31 1912 J. W. Olson
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

893-22-0292 85

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7123

Primary Registration District No. 2665 Registered No. 213

FULL NAME OF CHILD Goldie Lucile Hickman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 28 1912

FATHER		MOTHER	
FULL NAME	Charley E. Hickman	FULL MAIDEN NAME	Gertie E. Byers
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29	COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Youngs. Ohio	BIRTHPLACE	Troy Idaho
OCCUPATION	Farm Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 28 1912, at 12:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. W. Robinson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed July 29 1912 J. W. Robinson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

FULL NAME OF CHILD

FATHER

MOTHER

623-127-029-177

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7124

Registration District No. 15 File No. .....

Primary Registration District No. 2065 Registered No. 212

FULL NAME OF CHILD Frederick Raymond Glenn Cattleys

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 27 1912

FATHER	MOTHER
FULL NAME Oscar F. Osterberg	FULL MAIDEN NAME Minnie L. Applequist
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Polk Co Minn	BIRTHPLACE Troy Idaho
OCCUPATION Farmer	OCCUPATION Home Life

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 27 1912, at 10 9. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J W Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed July 27 1912 J W Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MAR 10 1942

632-224-029-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7125

Registration District No. 15 File No. ____

Primary Registration District No. 2065 Registered No. 211

FULL NAME OF CHILD Evelyn Beatrice Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emory Olson	Kate G. Miller
RESIDENCE	Deary Idaho	Deary Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	34
BIRTHPLACE	Jackson Minn	Peru Ill
OCCUPATION	Merchant Guildston	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on July 24 1912, at 2:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed July 24 1912 J. W. Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 13 1943

736213-029-092

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7126

Primary Registration District No. 2065 Registered No. 210

FULL NAME OF CHILD Bessie Maria Glover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther Glover	Hattie B. Bishop
RESIDENCE	Troy Idaho	Troy Idaho
COLOR / AGE AT LAST BIRTHDAY	White / 36 (Years)	White / 34 (Years)
BIRTHPLACE	Soldier Ky	Soldier, Ky
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth #5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 13 1912 at 5 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Blair

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed July 20 1912

J. C. Woolcock

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

K

JUN 2 0 1942

629-207, 029-455

PLACE OF BIRTH

County of Latah

City of Potlatch (Country)

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 7127

Primary Registration District No. 2066 Registered No. 221

FULL NAME OF CHILD SARAH ELIZABETH O'Brien

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 7 1912

FATHER		MOTHER	
FULL NAME	Wm F. O'Brien	FULL MAIDEN NAME	Dessie Mendenhall
RESIDENCE	Potlatch, Idaho.	RESIDENCE	Potlatch I.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho.
OCCUPATION	Painter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd M D

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 15th 1912 D. W. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 7127

Date Filed Apr APR 8 42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Betsy O'Brien (Name on Original Certificate) who was born on July 7, 1912 (Date of Event)
in Coeur d'Alene Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of ~~his~~ her knowledge, the true facts are shown by personal knowledge of parent (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Betsy O'Brien	Sarah Elizabeth O'Brien

Subscribed and sworn to before me this 6
day of April 1942

J. C. Denton
Notary Public, residing at Lacey

My commission expires June 23 - 1943
(Seal)

Signed Sarah Ardess O'Brien
~~Mother of Sarah Elizabeth O'Brien~~
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2, Box #503, Olympia, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this seventh
day of April 1942

K. D. Tyrrell
Notary Public, residing at Fort Lewis Wn.

My commission expires April 7 - 1943
(Seal)

Signed W. M. Mamara
(Signature of Any Credible Person Other Than Previous Year)

Field Commissary, Fort Lewis, Wash.
(Street Address, City, State)

APR 13 1942

231-210-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 820, Redwood St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7128

Primary Registration District No. 2066 Registered No. 222

FULL NAME OF CHILD Louise Staples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	— and —	yes	July 10, 1912

FATHER		MOTHER	
FULL NAME	Ward Staples.	FULL MAIDEN NAME	Jennie Johnston.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Nor. Dakota.
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Boyd M D (Physician or Midwife)

Address Palouse Washn

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 15th 1912. J. W. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

719-230-029-392

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County, of Latah

City of Moscow

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 7129

Primary Registration District No. 2066 Registered No. 223

FULL NAME OF CHILD Mavis Anna Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		yes	June 30, 1912

FATHER		MOTHER	
FULL NAME	William J Parker	FULL MAIDEN NAME	Ruby A Cisney
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. Thompson

Physician

(Physician or Midwife)

Address Princeton Idaho

Given names added from a supplemental report

....., 19.....

Filed July 10th 19 12. Dr. W. Thompson

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah }

Certificate No. 7129
Date Filed 7/10/1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Anna Parker (Name on original certificate) who was born (Was born or died) on June 30, 1912 (Date of event)

in Woodfel, Latah Co., Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Anna Parker	Mavis Anna Parker

Subscribed and sworn to before me this 1
day of July, 19 41

Notary Public, residing at Potlatch Idaho

My commission expires NOTARY PUBLIC My commission expires December 16, 1943
[SEAL]

Signed Mrs. Ruby A. Parker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

11-11-41

243.107.029-195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7131

Registration District No. 15. File No. .....

Primary Registration District No. 2066. Registered No. 223

FULL NAME OF CHILD Royce L. Button.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	yes	July 7, 1912

FATHER

FULL NAME Charles L. Button.

RESIDENCE Potlatch

COLOR White AGE AT LAST BIRTHDAY 35. (Years)

BIRTHPLACE Missouri

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Bertha E. Arnold.

RESIDENCE .....

COLOR White. AGE AT LAST BIRTHDAY 31. (Years)

BIRTHPLACE Michigan

OCCUPATION Housewife.

Number of child of this mother, including present birth 3. Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) D. J.W. Thompson M. D.

(Physician or Midwife)

Address Potlatch.

Filed July 20, 1912. D. J.W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 9 1968

655-22-0293 19

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Registration District No 15 File No. 7132

Primary Registration District No 2066 Registered No. 226

Hospital ____

FULL NAME OF CHILD Lottie Evelyn Christina Weeck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	yes	July 22 1912

FATHER		MOTHER	
FULL NAME	Jack. Weeck.	FULL MAIDEN NAME	Theresa. Larson.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	25. (25) (Years)	AGE AT LAST BIRTHDAY	19. (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer. in Lumber Mill.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jn. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 29. 1912. D. Jn. Thompson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 16 1972

693-22-02854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 7133

Primary Registration District No. 20 66 — Registered No. 227

FULL NAME OF CHILD Catherine Joy Fitch.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes	June 21 1912.

FATHER		MOTHER	
FULL NAME	George Luther Fitch.	FULL MAIDEN NAME	Grace Esther Hedges.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34. (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Canada
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8th.

Number of children, of this mother, now living, including present birth 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Thompson M. D. (Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed July 12th 1912 J. W. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MAR 23 1972

534-24-5102-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Driskell Ridge - Troy Registration District No. 15 File No. 7134

No. ....., ... St. Primary Registration District No. 2062 Registered No. 214

Hospital .....

FULL NAME OF CHILD Hazel Elder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 5, 1912

FATHER		MOTHER	
FULL NAME	Frank Elder	FULL MAIDEN NAME	Rachel David
RESIDENCE	Driskell Ridge - Troy	RESIDENCE	Driskell Ridge, Troy
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman

q. m. m.

Physician

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed July 10 19 12 D. H. Rice

Registrar

.....

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 8 1973

659-32-029-299

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No 15

File No. 7135

No. ..... St.

Primary Registration District No. 2062

Registered No. 205

Hospital .....

FULL NAME OF CHILD Beatrice Leona Wren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			yes	July 12, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James F. Wren	FULL MAIDEN NAME	Elizabeth Birchmier
RESIDENCE	Near Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth.... 3

Number of children, of this mother, now living, including present birth.. 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed July 22 1912 S. F. Rae

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 1971

819-111-029319

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7136

Primary Registration District No. 2062 Registered No. 198

FULL NAME OF CHILD Walter Earl Hart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	July 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everard W. Hart	Anna B. Cooper
RESIDENCE	Moscow	Moscow
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	19
BIRTHPLACE	Washington	South Dakota
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10-30-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or Midwife)

Address Moscow

Filed July 21 1912 L. F. Rae Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

JAN 27 1942

JAN 31 1942

DEC 10 1964

518-12 8209-785

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2062

File No. 7137 281

Registered No. ____

FULL NAME OF CHILD John Calvin Naylor

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	June 15, 1912

FATHER		MOTHER	
FULL NAME	J. R. Naylor	FULL MAIDEN NAME	Helen Phelps
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 11-a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) J. H. Clarke

(Physician or ~~Midwife~~)

Address Moscow

Filed July 22 1912 D. F. Rae

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

11-12-41

MAY 5 1943

366-120-002493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 7138

Primary Registration District No. 2062 Registered No. 201

FULL NAME OF CHILD Clinton Oliver Town

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	July 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. M. Town	Sarah Dillmon
RESIDENCE	Moscow	Moscow
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	Idaho	Ore
OCCUPATION	Farmer	—

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed July 22, 12 D. F. Ras.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 29 1964

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette R7 D4 1 Registration District No. 22 File No. 7139

No. ....., ... St. Primary Registration District No. 2008 Registered No. 85

Hospital .....

FULL NAME OF CHILD Harold Leonard Judy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 1, 1912

FATHER		MOTHER	
FULL NAME	Charles F Judy	FULL MAIDEN NAME	Carrie Marlar
RESIDENCE	Payette Ida. R7 D4 1	RESIDENCE	Payette Ida R7 D4 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1145 A. M. on the date above stated.

(Signature) S. R. Woodward

Phy.

(Physician or Midwife)

Address Payette, Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 6 19 12 J. C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 23 1942

SEP 23 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of CANYON COUNTY IDAHO

City of PAYETTE, IDAHO

Registration District No. 22

No. ....., ... St.

Primary Registration District No. 2008

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7140

Registered No. 86

FULL NAME OF CHILD Allon Benjamin Hodges

Sex of Child Male

Twin, Triplet, or other? ..... and Number in order of birth .....

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth July 5 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Benjamin Franklin Hodges	FULL MAIDEN NAME Minnie Esther Ringer
RESIDENCE Payette Idaho	RESIDENCE Payette, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Virginia	BIRTHPLACE Missouri
OCCUPATION Cattleman	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal alive (Born alive or stillborn) at 4:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. E. Ringer

Midwife (Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed July 8 1912 J. C. Woodward Registrar

.....

Registrar

S-Y CO., 15670

STATE OF IDAHO

PLACE OF BIRTH

259-204-014-593

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette Registration District No. 22 File No. 7141

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 87

Hospital .....

FULL NAME OF CHILD Beryl Bernice Kerr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) July (Day) 4, (Year) 1912
Female			yes	

FATHER		MOTHER	
FULL NAME	Avry B. Kerr	FULL MAIDEN NAME	Juliette Nichols
RESIDENCE	Payette	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Fruit Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed July 12 1912 J. C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 4 1949

415-20-101K-234

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of BOUNDARY IDAHO

City of

Registration District No. 22 File No. 7142

No. , St.

Primary Registration District No. 2008 Registered No. 88

Hospital

FULL NAME OF CHILD Viola augusta Doors

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	July 10th, 1912

	FATHER	MOTHER
FULL NAME	Frank Edward Doors	Augusta Katherine Blume
RESIDENCE	Fruitland, Idaho	Fruitland, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	Boonbridge, N.Y.	New York City
OCCUPATION	Farmer	Hodsonic - Trained Nurse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 40 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright M.D.

Fruitland, Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address FRUITLAND, IDAHO

Filed July 17 19 12 J.C. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 8 1942

264-28-014-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No ____, North 6th St.

Registration District No 22 File No. 7143

Primary Registration District No. 2008 Registered No. 89

Hospital ____

FULL NAME OF CHILD Unnamed (Cecil Bodenhammer)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 18, 1912

FATHER		MOTHER	
FULL NAME	W. H. Bodenhammer	FULL MAIDEN NAME	Lilly Lyon
RESIDENCE	North 6th Ave.	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 29 1912 J. C. Woodward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 1 6 1970

914-128-044415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of CANYON COUNTY IDAHO

City of [illegible]

Registration District No. 22

File No. 7144

No. ____ St. ____

Primary Registration District No. 2008

Registered No. 90

Hospital Woodward Dr's

FULL NAME OF CHILD James Henry Bauer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 28, 1912

FATHER		MOTHER	
FULL NAME	William Bauer	FULL MAIDEN NAME	Ada L. Manser
RESIDENCE	Thurman Idaho	RESIDENCE	Thurman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Filed July 29 1912 J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 13 1968

65-24-10-1231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ____, ____ St.

Hospital ____

Registration District No. 221 File No. 7145

Primary Registration District No. 2010 Registered No. 91

FULL NAME OF CHILD Frank Julius Feuling

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	** (To be answered only in event of plural births)		**	yes	6 24 1912

FATHER		MOTHER	
FULL NAME	Frank T. Feuling	FULL MAIDEN NAME	Emilda J. Blake
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Merchant	OCCUPATION	H.W

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Blake MD

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 1 1912 J C Woodward

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 7 1962

AUG 17 1954

APR 27 1962

692-206-01K515

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 22 File No. 7146

No. ____, ____ St.

Primary Registration District No. 2009 Registered No. 92

Hospital ____

FULL NAME OF CHILD Iris Leona Fishburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	July 6, 1912

FATHER		MOTHER	
FULL NAME	John P. Fishburn	FULL MAIDEN NAME	Ida May Van Cleave.
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth -
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Indiana
OCCUPATION	farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D. Parma

(Physician or Midwife)

Address New Plymouth, Ida.

Given names added from a supplemental report

....., 19....

Filed Aug 1 1912 J C Woodward Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

593-108.014-513

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Falk

Registration District No. 22 File No. 7147

No. ____, ____ St.

Primary Registration District No. 2009 Registered No. 93

Hospital ____

FULL NAME OF CHILD Frankie Hugh Nichols

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 8, 1912

FATHER		MOTHER	
FULL NAME	Hugh J. Nichols	FULL MAIDEN NAME	Mary Agnes Nate
RESIDENCE	Falk Idaho	RESIDENCE	Falk Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Falk, Idaho	BIRTHPLACE	Long Valley Ida-
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Ingraham M.D

(Physician or Midwife)

Address Nnr Plymouth, Ida-

Given names added from a supplemental report

....., 19....

Filed Aug 1 19 12 J C Woodward Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 8 1972

468-11401 & 319

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15

Registration District No. 22 File No. 7148

Primary Registration District No. 2010 Registered No. 94

FULL NAME OF CHILD Melven Moyer

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	### (To be answered only in event of plural births)		###	yes	7 — 14 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Moyer	Josephine Carr
RESIDENCE	Emmett	Emm ett
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Iowa	###. Utah
OCCUPATION	Ranch hand	H.W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M D

(Physician or Midwife)

Address Emmett

Given names added from a supplemental report

....., 19.....

Filed Aug 1 1912 J O Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 20 1944

384-114-014-465

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. R.F.D. St.

Registration District No. 22 File No. 7149

Primary Registration District No. 2009 Registered No. 95

Hospital

FULL NAME OF CHILD Hugh Thomas Church

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	July 14, 1912

FATHER		MOTHER	
FULL NAME	James Church	FULL MAIDEN NAME	Katharine Doulan
RESIDENCE	New Plymouth	RESIDENCE	New Plymouth Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ireland	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 1 1912 J.C. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1965

013-216-014-864

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22

File No. 7150

No. ____, ____ St.

Primary Registration District No. 2010

Registered No. 96

Hospital ____

FULL NAME OF CHILD Lovina Juanita Walters

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	***	***	Yes	7 16 1912

FATHER		MOTHER	
FULL NAME	Garland Walters	FULL MAIDEN NAME	Mary Young
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Kans.
OCCUPATION	Rancher	OCCUPATION	Hw.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. H. Clark M.D.

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug. 1 1912 J. O. Woodward

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOT A RECORD
Please do not
remove this page

465-222-01K-995

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Ply.

No. ____, ____ St.

Registration District No. 22 File No. 7151

Primary Registration District No. 2009 Registered No. 97

Hospital ____

FULL NAME OF CHILD Leona Mallie Monroe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) July (Day) 22 (Year) 1912
female			yes	

FATHER		MOTHER	
FULL NAME	Ora Monroe	FULL MAIDEN NAME	Ora Reiag
RESIDENCE	New Plymouth R.F.D.	RESIDENCE	New Plymouth
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Indiana	BIRTHPLACE	North Carolina
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 1 19 12 J. C. Woodward Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-346174

231-124.014-156

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

Registration District No. 22

Primary Registration District No. 2009

File No. 7152

Registered No. 98

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 24, 1912

	FATHER	MOTHER
FULL NAME	Loren Blaydes	FULL MAIDEN NAME Florence Anderson
RESIDENCE	Caldwell, Idaho.	RESIDENCE Caldwell, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE Vermont
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Blaydes M D

(Physician or Midwife)

Address Rex Plymouth Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug. 1 1912 J. O. Woodward
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-22-01K/168 Amended 6/14/71

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Bramwell Registration District No. 2010-22 File No. 7153

No. ....., ... St. Primary Registration District No. 3-2010 Registered No. 99

Hospital .....

FULL NAME OF CHILD Della May Carruth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	6-26-1912

FATHER

FULL NAME James William Carruth

RESIDENCE Bramwell Ida

COLOR W AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Ann Johanson

RESIDENCE Bramwell Ida

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed 7-7-1912 J. L. Reynolds Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 27 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....

County of .....

Certificate No. 7153

Date Filed .....

RECEIVED JUN 10 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Carruth (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1912 (Date of Event)

in Bramwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Carruth	Della May Carruth
Date of birth	June 25, 1912	June 26, 1912

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 19.....

.....

Notary Public, residing at Salem, Oregon

My commission expires My Commission Expires Aug. 7, 1972

(Seal)

Signed Delon B Peterson

(Signature of Any Credible Person)

340 14th Ave

(Street Address, City, State)

Seaside Ore 97-138

Older Sister to Subject

FORM DH 60-155 CL 5/27/71

Family record appears to be old. Record of births gives child's name as Della May Carruth born June 26, 1912. Parents names as James William Carruth and Mary Katherine Carruth. Viewed by V. S.

JUN 1 4 1971

Application to the Metroploitan Life Insurance Compnay gives nameas Della M. Kenworthy. Marital status: Divorced. Date of birth given as June 26, 1912. Dated Sept. 7, 1961. Signed by. James L. Lupoli. Viewed by V. S.

462-526-01443 2

PLACE OF BIRTH Amended Aug. 8, 1960

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

7154

CERTIFICATE OF BIRTH

County of Canyon

City of Wilburus

No. ____ St.

Registration District No. 22 File No. 7154

Hospital ____ Primary Registration District No. 2010 Registered No. 100

FULL NAME OF CHILD Oma Lois Mosman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	July 26, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leo Frank Mosman	FULL MAIDEN NAME	Anna McKee
RESIDENCE	Wilburus, Idaho	RESIDENCE	Wilburus, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds, M.D.

(Physician or midwife)

Address Emmett, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 8-2-1912 192 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Father's Death cert. on file Idaho 58-832

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7154

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mossman (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1912 (Date of Event)
in Wilburs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	X Oma Lois Mosman
Father's Name	Lee Mossman	Leo Frank ~~Mrs~~ Mosman

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elsie L. Mosman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of
December, 1938

Notary Public, residing at Boise Idaho
My commission expires 9-17-41
(Seal)

Signed Charles H. T. Smith
(Signature of Any Credible Person)

15½ W. Main Boise Idaho
(Street Address, City, State)

FORM DPH 55.155

Child's birth certificate, Idaho #49-063, gives name as Oma Lois Mosman. Social Security Card #519-05-3094 gives name as Oma Lois Mosman, issued 8-11-1937. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Wilburs

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22

File No. 7154

Primary Registration District No. 2010

Registered No. 100

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	7-24-1912

FATHER		MOTHER	
FULL NAME	Lee Mossman	FULL MAIDEN NAME	Emma McGee
RESIDENCE	Wilburs Idaho	RESIDENCE	Wilburs Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	None

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Filed 8-2- 1912 J. L. Reynolds

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

AUG 9 1960

794135.01 K 949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 7155

Primary Registration District No. 2008 Registered No. 101

FULL NAME OF CHILD Oliver Perry Giddings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 29th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Josiah Giddings	Mary Jane Murphy
RESIDENCE	Fruitland, Idaho	Fruitland, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Beaman, Iowa	Magnolia, ~~Ohio~~ Iowa
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.

Fruitland, Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Aug. 1 19 12 J. C. Woodward
Registrar

S-Y CO., 16670

10/3/40

NOV 6 1940

413.229.003-455

Amended 1-10-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7156
Local Reg. No. 143
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Norma b. (Middle): Alta c. (Last): Dal Pino

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 29, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Egisto b. (Middle): E. c. (Last): Dal Pino

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Italy

10. USUAL OCCUPATION: Machinist

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): c. (Last): Menicucci

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Italy

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 3

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. F. Howard, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7-30-1912

22. REGISTRAR'S SIGNATURE: Earl D. Jones

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

ITAL STATISTICS, BOISE, IDAHO.

PREFACE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
DEC 1 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 7156

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Edalpino (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1912 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Norma Alta Dal Pino (last name)
Full Name of Father	Egisto E. Edalpino	Egisto E. Dal Pino
Mother's First Name	Marie	Mary

Subscribed and sworn to before me this 1 day of Dec, 1967.

Lora M Carlson

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Egisto E Dal Pino ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 1967.

Lora M Carlson

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Sherry Helmandanar
(Signature of Any Credible Person)

Box 77A - Inkom Idaho
(Street Address, City, State)

CL 8-9-67. one copy pd.

FORM PH 60-155

Another Child's Birth Cert. on file: (Idaho Birth) #49259 gives full name of parents as Egisto DalPino and Mary Menicucci - viewed by V.S.

Certificate of Baptism for Dalpha L. Dal Pino, June 20, 1924 St. Anthony's Catholic Church, Pocatello, Idaho gives full name of parents as Egisto Dal Pino and Mary Menicucci - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #305021 gives full name of mother as Norma Alta Dal Pino - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #373051 gives full name of mother as Norma Alta Dal Pino - viewed by V.S.

State of Idaho, County of Bannock, Marriage License and Certificate, married July 2, 1938 at Pocatello, Idaho ~~to~~ gives full name of groom as Noel K. Breneman and full nam of bride as Norma Dal Pino - viewed by V.S.

Form V. S. No. 11-C—2m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 660 N 6th Ave.

Hospital —

Registration District No. 19 File No. 7156

Primary Registration District No. 1002 Registered No. 143

FULL NAME OF CHILD — — Edalpino

Sex of Child Female | Twin Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 29 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Gisb E. Edalpino	FULL MAIDEN NAME Marie Monicucci
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Machinist	OCCUPATION Housework

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) on the date above stated., at 6 00 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Howard M.D.

(Physician ~~or midwife~~)

Address

Given names added from a supplemental report

19

Registrar

Filed 7-30 1912 Earl D Jones

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1966
JAN 10 1968

DECEASED

356-29-1003-961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 8th & Lander St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 — File No. 7157

Primary Registration District No. 1002 — Registered No. 142

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 29, 1912

FATHER		MOTHER	
FULL NAME	Leo N. Lewis	FULL MAIDEN NAME	Lillian Swaning
RESIDENCE	Corner 8th & Lander	RESIDENCE	corner 8th & Lander
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	New York City
OCCUPATION	merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 29, at 2:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D. Per F.C.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 1, 1912 — Earl D. Jones, Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

JUL 1 2 1976

Amended 10/31/72
962-218-003-296

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 344 S Arthur St. Registration District No. 19 File No. 7158

Hospital ____ Primary Registration District No. 1002 Registered No. 141

FULL NAME OF CHILD Dorothy Marie Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 18, 1912

FATHER	MOTHER
FULL NAME Paul Roberts	FULL MAIDEN NAME Anna Bradley
RESIDENCE 344 S. Arthur	RESIDENCE 344 S. Arthur
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Richfield, Kansas	BIRTHPLACE Denver, Colo.
OCCUPATION Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 28, at 12:35 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley
Rev. F C
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 8-1 1912 Earl D Jones a.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 23 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 11 12 2 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss
County of Sep 11 12 2 PM '72

Certificate No. 7158

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Roberts (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 28, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Dorothy Marie Roberts
		July 18, 1912

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Fresno

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of December 19 71

Orville W. Lutz

Notary Public, residing at 3269 E. Hedges Ave., Fresno, Calif.

My commission expires Oct. 3, 1973
(Seal)

Signed Josephine J. Jespersen Sister
(Signature of Any Credible Person)

3282 E. Hedges Ave., Fresno, Calif. 93703
(Street Address, City, State)

FORM DH 60-155 CL 11/23/71 nm

Holy Sacrament of Baptism from Romas Catholic Church gives name as Dorothy Roberts child of Paul Roberts and Ann Bradley. Born in Pocatello, Idaho on July 18, 1912. Was Baptized June 21, 1916. Signed by Pastor Fr. Harold A. Fumo. Viewed by V. S.

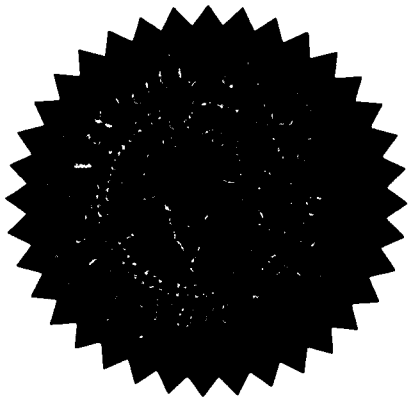
NOV 7 1972

Letter dated Nov. 22, 1938 from Minnie S. Rasmuson, R. N., Superintendent of the Pocatello General Hospital 1931-1936. gives name as Dorothy Roberts Evans. Viewed by V. S.

Transcript from Idaho State College , Pocatello, Idaho gives name as as Dorothy Marie Roberts Evans born July 18, 1912. For the school year of 1931-1932. Viewed by V. S.

STATE OF CALIFORNIA,

County of Fresno } ss.



CNA 5-60

ON December 15, 19 71, *before me, the undersigned a Notary Public in and for the State of California with principal office in the County of* Fresno, *personally appeared*

known to me to be the person whose name Josephine F. Hesperson *subscribed to the within Instrument, and acknowledged to me that* she *executed the same.*

(SIGNATURE OF NOTARY) Orville W. Lutz

(NAME OF NOTARY PRINTED) _____

Notary Public in and for the State of California.

OFFICIAL SEAL
ORVILLE W. LUTZ
NOTARY PUBLIC-CALIFORNIA
FRESNO COUNTY
My Commission Expires Oct. 3, 1973

STATE OF CALIFORNIA

County of Fresno

On December 15, 19 71, before me, the undersigned a Notary Public in and for the State of California with principal office in the County of Fresno, personally appeared

known to me to be the person whose name she subscribed to the within Instrument, and acknowledged to me that executed the same.

SIGNATURE OF NOTARY

(NAME OF NOTARY PRINTED) Notary Public in and for the State of California

SEAL

414-21-003 113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 646 S. 3rd Ave St

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 7159

Primary Registration District No. 1002 Registered No. 140

FULL NAME OF CHILD Robert McVEE Madsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	July 21st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bernard Madsen	Agnes M. Jackson
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	23
BIRTHPLACE	Springdale Utah	Mongahela City, Pa.
OCCUPATION	Fireman	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on July 21st 1912, at 5:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D.

(Physician or Midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

....., 19.....

Filed 8-1 1912 Earl D Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

7159

State of California } ss.
County of Sacramento }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Robert Matthew Madson (Name on original certificate) who born (Was born or died) on July 21-1912 (Date of event)
in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by County Records (Bible record, insurance policy, etc.) prepared on or about July 21-1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Robert Matthew Madson	Robert McVee Madson

Subscribed and sworn to before me this 18th
day of December, 1941
Charlotte Bader
Notary Public, residing at Sacramento, Calif
My commission expires 3/31/43
[SEAL]

Signed Agnes Jackson Madson
(Signature of parent (or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1015 Arcade Blvd No. Sacramento Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of December, 1941
Charlotte Bader
Notary Public, residing at Sacramento Calif
My commission expires 3/31/43
[SEAL]

Signed Margaret J Pedersen
(Signature of any credible person other than the previous affiant.) (Witness)
1015 Arcade Blvd.
(Street Address, City, State)
No. Sacramento Calif

Received for filing on ..... By .....
(Registrar's signature)

DEC 27 1941

615-120-003-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 422 N. Buchanan St. Registration District No. 19 File No. 7160

Hospital ..... Primary Registration District No. 1002 Registered No. 139

FULL NAME OF CHILD Lester M. Fannin Fannin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 20 1912

FATHER	MOTHER
FULL NAME Moses Fannin	FULL MAIDEN NAME Cora Gates.
RESIDENCE Rattlesnake, Idaho	RESIDENCE Rattlesnake, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Kentucky
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. July 20 at 3:30 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 7-22 1912 Earl D. Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

4/3/41 L. B.

818-120-903-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 628 S 4th Ave

Registration District No. 19

File No. 7161

Primary Registration District No. 1002

Registered No. 138

Hospital —

FULL NAME OF CHILD Clark Henry Hahne

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	7 20 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles A Hahne	FULL MAIDEN NAME	Phoebe Bullock
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Faribault Co. Minn.	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	R.R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 7-25 1912 Earl D Jones

Registrar

S-Y CO., 16670

JUL 21 1955

6/11/41 L. B.

249-21-1003-755

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 426 - S - 3rd St.

Registration District No. 19

File No. 7162

Primary Registration District No. 1002

Registered No. 137

Hospital

FULL NAME OF CHILD Adelaide Burns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			No	7 15 1912

FATHER		MOTHER	
FULL NAME	James Burns	FULL MAIDEN NAME	Etta May Pendery
RESIDENCE	Pocatello	RESIDENCE	Poca
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Unknown	BIRTHPLACE	St. Charles, Ida
OCCUPATION	Machinist	OCCUPATION	None

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Dj nes DO

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 7-18 1912 Earl D Jones

.....
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

434-116-003-315

Form V. S. No. 11-O—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19 — File No. 7163

No. 416 W. Freemont

Primary Registration District No. 1002 — Registered No. 136

Hospital

FULL NAME OF CHILD Joseph Edward McDowell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 16 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. McDowell.	Catherine La Velle.
RESIDENCE	Pocatello Idaho	Pocatello. Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	35 (Years)
BIRTHPLACE	St Joe, Missouri.	Rock Island, Ill.
OCCUPATION	Rail Road Engineer	House Keeper.

Number of child of this mother, including present birth Six (6) — Number of children of this mother now living, including present birth Six (6)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 3— a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E Nilsson.

Mid wife (Physician or midwife)

Address 544 W. Center St. Pocatello. Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 8-6 1912 Earl D Jones Registrar

S-Y CO. 20174

a.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1949

369209-005-819

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Rear, 605 N. Hayes.

Registration District No. 19

File No. 7164

Primary Registration District No. 1002

Registered No. 136

Hospital

FULL NAME OF CHILD LUCILLE CORSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 8th, 1912

FATHER	MOTHER
FULL NAME: Loyd W. Carson	FULL MAIDEN NAME: Otis Harvey.
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: white.	COLOR: white.
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Sun River, Montana.	BIRTHPLACE: Colony, Kansas.
OCCUPATION: Paper-Hanger.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 16, 1912, at 12 Noon on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Smith Woolley M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-23 1912 Earl D. Jones

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Snohomish }

Certificate No. 7164

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was / born (Was Born or Died) on July 8, 1912 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lucille Corson

Subscribed and sworn to before me this seventh day of July, 19 42

Notary Public, residing at Snohomish, Wash.

My commission expires August 15, 1945

(Seal)

Signed Lloyd W. Corson. (Parent)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3926 Hoyt Avenue, Everett, Washington

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this seventh day of July, 19 42

Notary Public, residing at Marysville

My commission expires 8-16-43

(Seal)

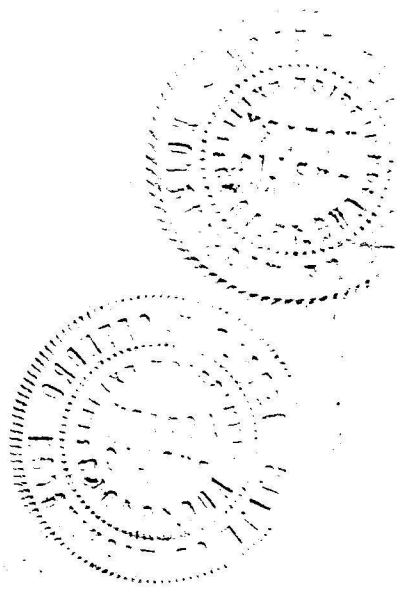
Signed

(Signature of Any Credible Person Other Than Previous Year)

Snohomish Wash.

(Street Address, City, State)

AUG 3 1 1943



815-114-003-993

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 434 W. Wyatt St.

Hospital

Registration District No. 19 File No. 7165

Primary Registration District No. 1002 Registered No. 134

FULL NAME OF CHILD Harrell Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 14 1912

FATHER	MOTHER
FULL NAME Wm. J. Hansom	FULL MAIDEN NAME Ethel Rice
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Utah
OCCUPATION Railroad man	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on July 14, at 4:00a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 7-22 1912 Earl D. Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

IN RESERVED FOR BINDING

MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V S. No. 11-C—10m-8-7-11.

249-112-003-753

PLACE OF BIRTH

amended 8-7-61

County of Bannock

City of Pocatello

No. 540 N. Main St. St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 7166

Primary Registration District No. 1002 Registered No. 133

FULL NAME OF CHILD Vernon Kenneth Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	June 12 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Joseph O. Smith	FULL MAIDEN NAME: Sadie Peterson
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Logan, Utah
OCCUPATION: Foreman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M. D.
(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 7-23- 1912 Earl D. Jones
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7166

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1 HO, N Main St.

Hospital

Registration District No. 19 File No. 7166

Primary Registration District No. 1002 Registered No. 133

FULL NAME OF CHILD Clabe Fern Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 12 1912

	FATHER	MOTHER
FULL NAME	Joseph O. Smith	FULL MAIDEN NAME Sadie Peterson
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Texas.	Logan, Utah.
OCCUPATION	Foreman	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 12, 1912, at 1:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician or Midwife)

Address Pocatello, Idaho.

Given names added from supplemental report

....., 19.....

Registrar

Filed 7-23 1912 Earl D. Jones a. Registrar

SYMS - YORK CO., PTRS. & BDRS 17538

[redacted]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 5 1961

AUG 7 1961

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 7166

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clabe Fern Smith (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Clabe Fern Smith	Vernon Kenneth Smith
Date of Birth	July 12, 1912	June 12, 1912
Sex of child	Female	Male

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X Sadie Grant Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of
August, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires 4/1/65
(Seal)

Signed Sadie Grant
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

United Benefit Life Insurance Co. Dated November 28 , 1939. Viewed by VS.
Gives name as Vernon Kenneth Smith date of birth as June 12, 1912. Sex Male.

Occidental Life Insurance Company of California gives name of Vernon Kenneth Smith born June 12, 1912. Dated January 14, 1946. Viewed by VS.

815-111-003-385
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 920 W. Center St. Registration District No. 19 State File No. 7167
Hospital ____ Primary Registration District No. 1002 Local Registrar's No. 132

FULL NAME OF CHILD John C. Hannaford
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 11, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Will G. Hannaford	FULL MAIDEN NAME	Ruth Chedgzey
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Milwakee, Wisconsin	BIRTHPLACE	A lmy Way
OCCUPATION	Clerk for RR	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) O. B. Thomas

(Physician ~~or midwife~~)

Address ____

____, 192__

Registrar.

Filed 7/15 1912 Earl D. Jones
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Original lost - this one made up

MAR 10 1971

284-111-003-955

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 440 S. Main St.

Registration District No. 19 File No. 7168

Primary Registration District No. 1002 Registered No. 131

Hospital

FULL NAME OF CHILD Elmer Ray Shultz.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 11, 1912

FATHER	MOTHER
FULL NAME S. F. Shultz.	FULL MAIDEN NAME Lillie E. Reneau
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Tennessee.	BIRTHPLACE Tennessee
OCCUPATION Cleaner.	OCCUPATION Housewife.

Number of child of this mother, including present birth. Three

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) July 11, at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 7-22 1912 Earl D. Jones Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—Items 2-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Jackson } ss.

Certificate No &L 7168

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elmer Shults (Name on Original Certificate) SEP 18 1942 who was born (Was Born or Died) on July 11, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elmer	Elmer Ray Shults
Mother's maiden name	Liddow	Lillie E. Reneau

Subscribed and sworn to before me this 16th
day of September, 1942
C. C. Pierce
Notary Public, residing at Medford, Oregon
My commission expires July 19, 1946
(Seal)

Signed Sherman Taylor Shults
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
#412 No. Grape St. Medford, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Jackson } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of September, 1942
C. C. Pierce
Notary Public, residing at Medford, Oregon
My commission expires July 19, 1946
(Seal)

Signed M. D. Shults
(Signature of Any Credible Person Other Than Previous Year)
530 So. Central Ave Medford, Oregon.
(Street Address, City, State)

SEP 18 1942

OCT 6 1965

SEP 2 1 1942

391-210-003-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-7-21

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. Keystone Diary St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 7169

Primary Registration District No. 1002 Registered No. 130

FULL NAME OF CHILD Margaret Crane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 10 1912

FATHER	MOTHER
FULL NAME W. J. Crane	FULL MAIDEN NAME Etta Willey
RESIDENCE Keystone Diary	RESIDENCE Keystone Diary
COLOR white AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Bristol England	BIRTHPLACE Meadow, Utah
OCCUPATION Dairyman	OCCUPATION Housewife

Number of child of this mother including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) July 10, at 11:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 7-22 1912 Earl D. Jones

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

APR 8 1942

513-210-607-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 540 N. 6th St. Registration District No. 19 State File No. 7170

Hospital ..... Primary Registration District No. 1002 Local Registrar's No. 129

FULL NAME OF CHILD Esler
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				July 10, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER

FULL NAME: William H. Esler

RESIDENCE: Pocatello, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Harrisburg, Pa.

OCCUPATION: Heater RR

MOTHER

FULL MAIDEN NAME: Harriett A. Stinger

RESIDENCE: Pocatello, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Ogden, Utah

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 9:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

.....
Registrar.

(Signature) O. B. Healey

.....
(Physician or midwife)

Address .....

Filed 7 13 1917 Earl D. Jones
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-210-003-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 759 S. Arthur St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7171

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 128

FULL NAME OF CHILD Opal Evelyn Stowell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	July 10th 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archie B. Stowell	FULL MAIDEN NAME	Lola E. Richardson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR		COLOR	
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kanesville Utah	BIRTHPLACE	Malad, Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive July 10/12 (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

Dr

(Physician or Midwife)

Address Pocatello Ida

Given names added from a supplemental report

....., 19.....

Filed 7-15 1912 Earl D Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 2 2 1943

819-208-003-781

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 658 N. Harrison St.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 19 — File No. 7172

Primary Registration District No. 1062 — Registered No. 127

Hospital — Premature unnamed

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓	✓	Yes	July 8th 1912

FATHER		MOTHER	
FULL NAME	Harold L. Hartvigsen	FULL MAIDEN NAME	Myrtle E. Phoenix
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Cheyenne Wyo.
OCCUPATION	Fireman	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 8 1912 (Born alive or stillborn) at 5:15 A. M. on the date above stated. Lived 5 hours

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or Midwife)

Address Pocatello Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 16 1912 Earl D. Jones a.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

239-201-003-613

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 231 S. Main St.

Hospital General

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19 File No. 7173

Primary Registration District No. 1002 Registered No. 126

FULL NAME OF CHILD — — Street

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	July 1, 1912

FATHER		MOTHER	
FULL NAME	Glenn Orville Street	FULL MAIDEN NAME	Mary Walton
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sioux City Iowa	BIRTHPLACE	Muskegon, Michigan
OCCUPATION	Salesman School Supplies	OCCUPATION	Home

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:20 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Howard, M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 7-3 1912 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

245-10-003 691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 527 S. Arthur St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 7174

Primary Registration District No. 1022 Registered No. 125

FULL NAME OF CHILD Stanley Castle Bunce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	July 1st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Stanley Bunce	Caroline Fraser
RESIDENCE	Pocatello Idaho	Pocatello, Idaho.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Reybay, Idaho.	Franklin Idaho
OCCUPATION	Brakeman	HW

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 1/12, at 10:10 A. M. on the date above stated.

(Born alive or still-born)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

Dr.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-3 1912 Earl D Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 1 6 1974

254-218 -64

PLACE OF BIRTH

County of Cassia

City of Dubois

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 7175

Primary Registration District No. 2125 Registered No. 124

FULL NAME OF CHILD Edna Kemsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	June 15 1912

FATHER		MOTHER	
FULL NAME	Charles Kemsley	FULL MAIDEN NAME	Laura Tomlin
RESIDENCE	Dubois Idaho	RESIDENCE	Dubois Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Slater M.D.

(Physician or midwife)

Address Malta Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 3 19 12 L. B. Stockslager

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 1/5/73
318-22-0653

PLACE OF BIRTH

County of Cassia

City of Malta

No. _____ St.

Hospital _____

[redacted]

CERTIFICATE OF BIRTH

Registration District No. 31

File No. 7176

Primary Registration District No. 2175

Registered No. 125

FULL NAME OF CHILD Blanche Taylor

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	June 22 1912

(To be answered only in event of plural births)

(Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Taylor	Lena Nelson
RESIDENCE	Malta Ida	Malta Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	housewife

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 P.M. on the date above stated.

(Signature) C. L. Sales MD

(Physician or midwife)

Address Malta Idaho

Filed Aug 3 19 12 L. B. Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN 5 1973

DECEASED

12 12 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 5 3 42 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7176

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Taylor (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1912 (Date of Event) in Malta, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Taylor	Blanche Taylor
Date of birth	July 1, 1912	June 22, 1912

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 18th day of December, 1972

Lenora L. Bradley

Notary Public, residing at Burley, Idaho
My commission expires Feb 23, 1974
(Seal)

Signed X Stella Kemp
(Signature of Any Credible Person)

Burley, Idaho
(Street Address, City, State)

OCT 24 1974

Certificate of Membership LDS Church , Boise, Idaho Blanche Taylor born June 22, 1912, Blessed Sept. 8, 1912 , Baptized Oct. 3, 1920.

Viewed by VS

Hospital Record, St. Lukes Hospital Boise, Idaho date of entry June 11, 1950 gives name as Blanche Nicholson born June 22, 1912 , signed by Kathryn Wilson
Viewed by VS

Marriage Certificate Dated Dec. 29, 1931 , married Ontario, Oregon
Carl Emil Nicholson and Blanche Taylor by Rev. B. Stanley Moore.
Viewed by VS.

623-227-016-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. ~ St.

Hospital ~

Registration District No. 31 File No. 7177

Primary Registration District No. 2175 Registered No. 176

FULL NAME OF CHILD Gertrude May Osterhout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		8	yes	July 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Osterhout	Lilly Manfull
RESIDENCE	Malta Idaho	Malta
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 3 1912 L. B. Stockdale
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 2 81970
Bureau of Vital Statistics

State of Idaho
County of Cassia } ss.

Certificate No. 7177

Date Filed Aug. 3, 1912

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Osterhout (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1912 (Date of Event)
in Malta, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church Records (Bible Record, Insurance Policy, Etc.) prepared on 1/22/32 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Osterhout	Gertrude May Osterhout

Subscribed and sworn to before me this 21st day of December 19 70

Mary E. Holmes

Notary Public, residing at Burley, Idaho

My commission expires May 1, 1974

(Seal)

Signed Ralph Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#1 Declo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of December 19 70

Mary E. Holmes

Notary Public, residing at Burley, Idaho

My commission expires May 1, 1974

(Seal)

Signed Joe Preston, Bishop
(Signature of Any Credible Person)

Declo, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12/17/70 PDA nm

Certificate of Baptism and Confirmation from LDS Church Declo, Idaho dated Sept. 10, 1922 gives child's name as Gertrude May Osterhout daughter of Thomas Osterhout and Lillie Mansfull. Born July 27, 1912 at Malta, Idaho. Was Baptized Sept. 9, 1922 by Lorenzo E. Olsen, H. P. Confirmed a member ~~XXX~~ Sept. 10, 1922 by Elder Thomas W. Lernell. Signed by Lorenzo E. Olsen, Bishop and Clark Darrington, Clerk, Viewed VS.

JAN 27 1971

State of Idaho Public School Diploma from Cassia County gives child's name as Gertrude Osterhout. Given at Burley, Cassia County, Idaho on May 18, 1928. Signed by Marguerite M. Buchanan, Coutny Superintendent of Public Instruction, Thelma Bonham Teacher and Mabelle McConnel Allen, State Superintendent of Public Instruction. Viewed by V. S.

386-117-016-294

PLACE OF BIRTH

County of Cassia

City of Albion

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 7178

Primary Registration District No 2121 Registered No. 127

FULL NAME OF CHILD Leonard Thompson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	July 17, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	William H. Thompson	FULL MAIDEN NAME Agneta Simper
RESIDENCE	Albion Idaho	Albion Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	28 (Years)
BIRTHPLACE	West Virginia	Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockdale MD

(Physician or Midwife)

Address Albion Idaho

Given names added from a supplemental report

....., 19.....

Filed July 18 1912 L B Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

253-224-016-359

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 21-24

File No. 7179

Registered No. 178

FULL NAME OF CHILD Jessie Merle Kelley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 24 191 2

FATHER		MOTHER	
FULL NAME	R. D. Kelley	FULL MAIDEN NAME	Jessie Terry
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 2 1912 L. B. Brockbank Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-6-41

IDAHO DEPARTMENT OF HEALTH

BUREAU OF [illegible]ICS

RECEIVED

APR 6 1970

Bureau of [illegible]

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7179

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jessie Kelby (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1912 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's middle name	Jessie Kelley	Jessie Merle Kelley

Subscribed and sworn to before me this 27th day of March, 19 70

X Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Springfield, Oregon
My commission expires My Commission Expires Feb. 20, 1971
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed ..... (Signature of Any Credible Person)

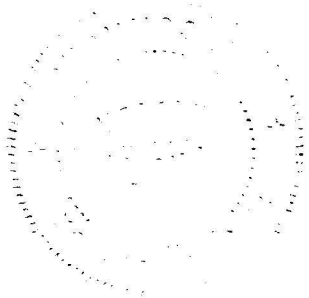
Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

FORM DH 60-155 CL 3/5/70 nm

Church record from LDS Church gives name as Jessie Merle Kelley born July 24, 1912 at Burley, Idaho. Baptized Sept. 1, 1920. Viewed by V. S. MAY 7 1970

Family record gives name as Jessie Merle Kelley born July 24, 1912 at Burley, Idaho. Parent's name as Raymond Delbert Kelley and Jessie Adelia Terry. Viewed by V. S.



255·118·016-855

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 7180

Primary Registration District No. 21 21 Registered No. 129

FULL NAME OF CHILD Donald Bennett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 18 191?

FATHER		MOTHER	
FULL NAME	E. H. Bennett	FULL MAIDEN NAME	Ellen Hendricks
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Stonemason	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11: P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 2 1912 P. Stockbarger Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-208-016-213

Form V.S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 2134

File No. 7181

Registered No. 130

FULL NAME OF CHILD ELMA EVELYN Bennett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 8th 191[illegible]

FATHER		MOTHER	
FULL NAME	R. M. Bennett	FULL MAIDEN NAME	Mary Berta
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Grocery Clerk	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 2 1912 L. B. Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7181

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Elma Evelyn Bennett

Subscribed and sworn to before me this 8th day of Oct., 1943

Notary Public, residing at Emmett

My commission expires 1/14/47

(Seal)

Signed Mary E Bennett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

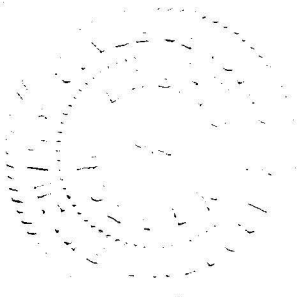
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)



OCT 8 1943

362-164-016-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

Registration District No 31 File No 7182

Primary Registration District No 2124 Registered No. 131

FULL NAME OF CHILD Grant J Coster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	July 14th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy J Coster	Mary E Stevens
RESIDENCE	Burley Idaho	Burley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Iowa	Utah
OCCUPATION	Carpenter	Dress maker

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hiatt

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed July 14 1912 L B Stackhouse

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-112.016-452

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Registration District No. 31 File No. 7183

Primary Registration District No. 712 Registered No. 132

FULL NAME OF CHILD Kaarman Elmo McBride

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one (To be answered only in event of plural births)	7	no	7/12th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Wm McBride	Deseret Edith Cummings
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	37
BIRTHPLACE	Grantsville Utah America	Grantsville Utah America
OCCUPATION	Farmer	

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilda M. Shallman

Midwife (Physician or Midwife)

Address Burley Ida.

Given names added from a supplemental report

....., 19....

Registrar

Filed Aug 2 19 12 B Stockdale

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued 12-19-1940 D.P.

12/30/40 L. B.

255-123-016-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 7184

Primary Registration District No. 212 Registered No. 133

FULL NAME OF CHILD John H. Bennett Jr. BENNETT LINWOOD FRANKLIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male					7 23 1912

FATHER	MOTHER
FULL NAME John H Bennett	FULL MAIDEN NAME Nettie Merkley
RESIDENCE Burley Ida	RESIDENCE Burley Ida.
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Y. Storry M.D.

(Physician or Midwife)

Address Burley, Ida.

Given names added from a supplemental report

....., 19.....

Filed Aug 9 1912 L. B. Stockdale

Registrar

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 7184
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for John H.Bennett,Jr. (Name on original certificate) who born (Was born or died) on July 23,1912 (Date of event)
in Burley,Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by recollection (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	JohnH.Bennett,Jr.	Linwood Franklin Bennett
Mother's name	Lottie Merkley	Lettie Merkley

Subscribed and sworn to before me this 27th. day of May, 1941

Notary Public, residing at Burley,Idaho

My commission expires Feb.1,1942

[SEAL]

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

N.Hansen Ave. Burley,Idaho (Street Address, City, State)

Uncle.

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1941

Notary Public; residing at Burley,Idaho

My commission expires Feb.1,1942

[SEAL]

Signed Mrs. W.P. Taylor (Signature of any credible person other than the previous affiant)

230 N.Miller Ave. Burley,Idaho (Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

c.c. 5/27/41. w.h.

386-105-016-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No 1 East St.

Registration District No. 31 File No. 7185

Primary Registration District No. 212 Registered No. 134

Hospital

FULL NAME OF CHILD J. T. Thompson Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male		1st	yes	July	5	1912

FATHER		MOTHER	
FULL NAME	John T. Thompson	FULL MAIDEN NAME	Eva Hansen
RESIDENCE	Burley (Twin) Ida.	RESIDENCE	Burley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth. First

Number of children, of this mother, now living, including present birth. First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

(Signature) R. G. Storm M.D.

(Physician or Midwife)

Address Burley Idaho.

Filed Aug. 9 1912 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

67/-120-016-671

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 31 File No. 7186

Hospital Residence Primary Registration District No. 21N Registered No. 135

FULL NAME OF CHILD T. A. Ogata

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	July 20, 1912

FATHER		MOTHER	
FULL NAME	S. Ogata	FULL MAIDEN NAME	Sa. Ogata
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	Mongolian	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Japan	COLOR	Mongolian
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Japan
		OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mullen

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 8 1912 C. A. Hutchings Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

STATE OF IDAHO

PLACE OF BIRTH

363-104-016-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 7187

Primary Registration District No. 21 2nd Registered No. 136

FULL NAME OF CHILD Clarence Norman Cochran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	July 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Chester Cochran	Minnie Cordelia Bard
RESIDENCE	Burley	Burley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Emerson Iowa	Orion Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) J. M. Muter

(Physician or Midwife)

Address Burley Idaho

Filed Aug 8 1912 L. D. Stockberger

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

7HL103.016-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital Residence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 7188

Primary Registration District No. 21 21 Registered No. 137

FULL NAME OF CHILD Orel Taylor Gudmunsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	July 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orel Joseph Gudmunsen	Elsie Taylor
RESIDENCE	Burley Ida	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Lehi Utah	Elba Idaho
OCCUPATION	Merchant	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 8 1912 L B Stockbridge

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

.635-21-035-363

Amended 6-14-63

(Be sure the information is complete and accurate)

State File No. 7189
Local Reg. No. 155
Reg. Dist. No. 16

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leland

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leland

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mildred

b. (Middle): Clarice

c. (Last): Fleshman

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 4 - 21 - 1912

FATHER OF CHILD

7. FULL NAME

a. (First): John

b. (Middle): Edward

c. (Last): Fleshman

8. COLOR OR RACE: White

9. AGE (At time of this birth): 49 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Indiana

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Julia

b. (Middle): Neoto

c. (Last): Lotspeich

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Reno Co., Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. Vadney

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Leland, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 8-10-1912

20. REGISTRAR'S SIGNATURE: L.J. Perkins

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

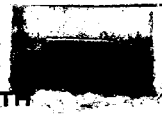
(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....



PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Deland

No 1, 1 St.

Hospital 1

Registration District No 16 File No. 7189

Primary Registration District No. 2076 Registered No. 153

FULL NAME OF CHILD Meldred Clariel Hoskinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4-21-1912

FATHER		MOTHER	
FULL NAME	John Edward Hoskinson	FULL MAIDEN NAME	Julia Wheatley Edwards
RESIDENCE	Deland Idaho	RESIDENCE	Deland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	State of Indiana	BIRTHPLACE	Reno Co. Kans
OCCUPATION	Farmer	OCCUPATION	Home Maker

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-16 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) E. V. Gardner M.D.
Physician
(Physician or Midwife)

Address Deland Idaho

Filed 8-10 19 12 L. J. Perkins
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

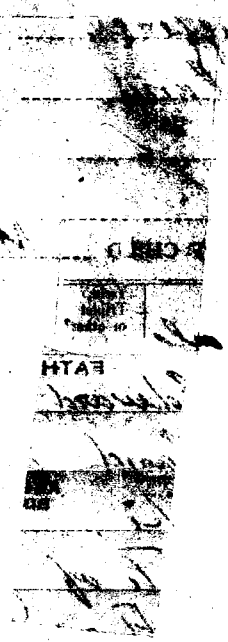
MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

JUN 14 1963



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 7189

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Meldred Clarice Fleshman (Name on Original Certificate) who was born (Was Born or Died) on April 21, 1912 (Date of Event)
in Leland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Meldred Clarice Fleshman	Mildred Clarice Fleshman
Full Maiden Name of Mother	Julia Neota Loetspeech	Julia Neoto Lotspeich
		Mrs

Subscribed and sworn to before me this 13 day of June, 1963

Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1964
(Seal)

Signed Mrs Andrew Dreps
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1610 - 13th - Ave Lewiston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

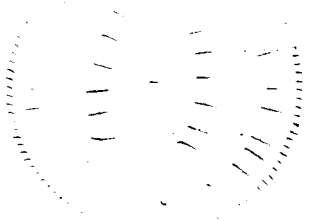
.....
(Street Address, City, State)

FORM DH 60-155 CL 5-5-61. one copy pd. receipt #15652 # 05877 6-12-63

Certificate of Baptism from The Leland Methodist Church, Leland, Idaho, gives the name of baptized as Mildred Clarice Fleshman. Baptized January 29, 1933. Viewed by V. S.

Marriage certificate Book, J. E. Fleshman and Julia N. Lotspeich, married September 9, 1908, at Spokane, Washington. Gives name of bride as Julia N. Lotspeich and book also gives children's names---Mildred Clarice Fleshman. Viewed by V. S.

Death certificate for Julia Neoto Fleshman, on file Idaho, gives maiden name as Lotspeich. File #61-2957. Died July 4, 1961, at Nez Perce Co., Lewiston, Idaho. Viewed by V. S.



458-220-D 35-414

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO,
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ____, ____ St.

Hospital ____

Registration District No. 16

File No. 7190

Primary Registration District No. 2074

Registered No. 157

FULL NAME OF CHILD Amanda Dehning

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S		Yes	6 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm H. Dehning	Maria Dammon
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Germany	Kans
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Mom

(Physician or Midwife)

Address ____

Filed 7-8 1912 E.E. Watts Registrar

8-10-1912 L.J. Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

859.229.035-458

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

Registration District No. 16

File No. 7191

No. ....., ... St.

Primary Registration District No. 2074

Registered No. 157

Hospital .....

FULL NAME OF CHILD Hilda Heitman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S		yes	6 29 1912

FATHER		MOTHER	
FULL NAME	Earnest Heitman	FULL MAIDEN NAME	Frida Dehning
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

Gifford Ida.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed 7-13 1912

E. E. Watts Registrar

8-10-1912- L.J. Perkins

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 22 1942

635-211-035-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Leland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7192

Primary Registration District No. 2076 Registered No. 158

FULL NAME OF CHILD Lula Francis Glushman

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth June (Month) 11 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Van Vorn Glushman	FULL MAIDEN NAME Lulu Blackinton
RESIDENCE Leland Idaho	RESIDENCE Leland Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Minono Co. Iowa	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-24 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney M.D.

Physician (Physician or Midwife)

Address Leland Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 L.J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

JAN 23 1968

391-225-035 262

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lelund

No ____, ____ St.

Hospital ____

Registration District No 16 — File No. 7193

Primary Registration District No 2076 — Registered No. 159

FULL NAME OF CHILD ~~Blackburn~~ Ivan Rene Craig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	1 — 24 — 1912

FATHER		MOTHER	
FULL NAME	Claud Craig	FULL MAIDEN NAME	Emma Roberts
RESIDENCE	Leland	RESIDENCE	Leland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3-30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney M.D.
(Physician or Midwife)

Address Leland Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 L.J. Perkins
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. H-C--10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah

Certificate No. 7195

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ivan Craig (Name on Original Certificate) who born (Was Born or Died) on Jan 25 1912 (Date of Event)
in Leland Nez Perce Co Idaho (Place of Event) ~~are erroneous~~ or ~~were omitted~~; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ivan Rene Craig

Subscribed and sworn to before me this 10th
day of January, 1944

Notary Public, residing at Kendrick,
My commission expires Jan. 31st, 1944
(Seal)

Signed Emma Craig - MOTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

KENDRICK, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 4 1943

JAN 19 1944

419-102-035-856

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ____, ____ St.

Registration District No. 16 File No. 7194 / 60

Primary Registration District No. 2073 Registered No. [illegible]

Hospital ____

FULL NAME OF CHILD Clifford Orville Marquam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	r	3rd	yes	June 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester Guy Marquam	Jennie D Hewett
RESIDENCE	Culdesac Ida	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE	Oregon	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... 3

Number of children, of this mother, now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Ragsdale M D

(Physician or Midwife)

Address Culdesac Ida

Given names added from a supplemental report

....., 19.....

Filed June 10 1912 J H Ragsdale Registrar

6-10-1912 d 9 Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-6-41

389-210-035-612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Slickpoo

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 · File No. 7195

Primary Registration District No. 2073 Registered No. 167

FULL NAME OF CHILD ALANA P. THIESSEN

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	—	4	Yes	June 10, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Thiessen	Elizabeth Wassem
RESIDENCE	Slickpoo P.O.	Slickpoo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Germany	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale M.D.

(Physician or Midwife)

Address Culdesac Ida.

Given names added from a supplemental report

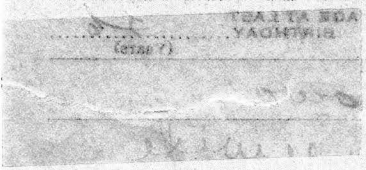
....., 19.....

Registrar

Filed June 10 1912 J. H. Ragsdale

8-16-1912 S.D. Perkins Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



593-401-035-957

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No ....., ... St.

Hospital St. Joseph.

Registration District No 16 File No. 7196

Primary Registration District No 1009 Registered No. 126

FULL NAME OF CHILD Hedley Jay Vicker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	July 1, 1912

FATHER	MOTHER
FULL NAME: Hedley A. Vicker.	FULL MAIDEN NAME: Minnie V. Ingersoll.
RESIDENCE: Clarkston, Washington.	RESIDENCE: Clarkston, Wash.
COLOR: white — AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Summerset, England.	BIRTHPLACE: Glen, New York.
OCCUPATION: Presbyterian Minister.	OCCUPATION: Housewife.

Number of child of this mother, including present birth ... 1st ...

Number of children, of this mother, now living, including present birth ... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson.

Physician.

(Physician or Midwife)

Address Clarkston, Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-10 1912 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

753-102-035-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Alexipaw

City of DeLand

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7197

Primary Registration District No. 2076 Registered No. 127

FULL NAME OF CHILD Minnie Wilhelmina Peters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Peters	Tonia Hiebertine
RESIDENCE	DeLand Idaho	DeLand Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	29
BIRTHPLACE	Halbstein Germany	Germany
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney M.D.

(Physician or Midwife)

Address DeLand Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 L.P. Carpenter

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

APR 11 1956
OCT 10 1974

762-204-035-35

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perces

City of Lewiston

No. 8th Ave & 24th St.

Registration District No. 16

File No. 7198

Primary Registration District No. 1009

Registered No. 128

Hospital

FULL NAME OF CHILD Gertrude Goble

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	Single (To be answered only in event of plural births)	8th	yes	July	4th	1912

FATHER		MOTHER	
FULL NAME	D. E. Goble	FULL MAIDEN NAME	Bertha Leadsman
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wash.	BIRTHPLACE	Ill.
OCCUPATION	Moneder.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casson & Conway

Physician.

(Physician or Midwife)

Address 201 - 5 5th

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8-10 1912 L. J. Parkin
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

436-105-035-419

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7199

Primary Registration District No. 2074 Registered No. 129

FULL NAME OF CHILD Orvin Stoeneh

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S		Yes	7, 5, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Stoeneh	FULL MAIDEN NAME	Mary Marggraf
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Germany	BIRTHPLACE	Wis
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) E. E. Watts M.D.

(Physician or Midwife)

Address Gifford

Filed 7-5-1912 E. E. Watts Registrar

8-10-1912 L. J. Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

238-20-035-179

Form V. S. No. 1—16m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Lenore, Registration District No. 16 File No. 7200

No. ____, ____ St. Primary Registration District No. 2074 Registered No. 180

Hospital ____

FULL NAME OF CHILD ~~Not Named~~, Nora Beatrice Schwartz

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Girl	Single	Seven	yes.	July 6th, 1912.
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Schwartz	FULL MAIDEN NAME	Nora Hill
RESIDENCE	Lenore, Idaho	RESIDENCE	Lenore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Farmer.

Number of child of this mother, including present birth Seven

Number of children, of this mother, now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) J. L. Remington

Physician & Surgeon
(Physician or Midwife)

Address Gifford, Idaho.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8-1 1912

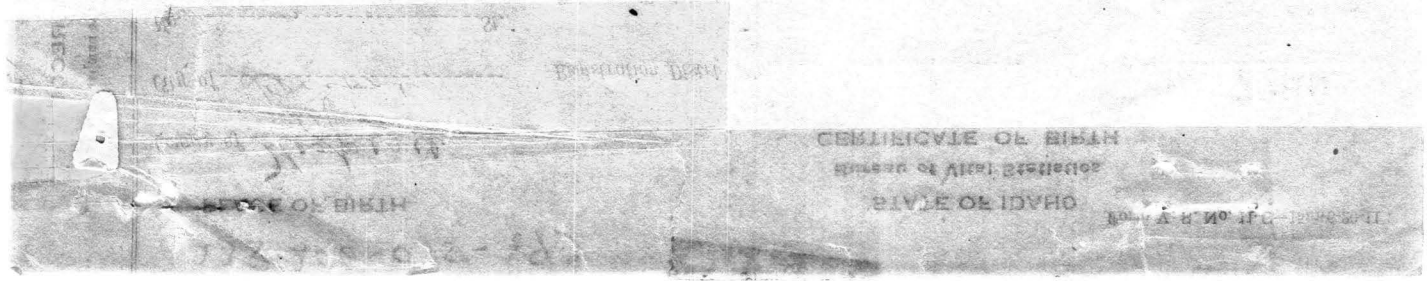
8-10-1912 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the proper number of each, in order of birth stated



Form V. S. No. 27B—5M-12-11

7206.

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lenora Ida
Street and House No.
County Nez Perce

Registered Number 130

Registration District No. 16

Sex of Child Female

Date of Birth, July (Month) 6 (Day) 1912 (Year)

Full Name of Father Chas Schwartz.

Full Maiden Name of Mother Etna Hill

I HEREBY CERTIFY that the child described herein has been named:

Nora Beatrice Schwartz.
(Given name in full) (Surname)

as reported by Nora Schwartz
(Father or Mother)

L. J. Perkins
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

AUG 5 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

759-108035-993

PLACE OF BIRTH

Form V. S. No. 11-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Juliette

No. ..... St.

Registration District No. 16

File No. 7201

Primary Registration District No. 2076

Registered No. 131 9

Hospital .....

FULL NAME OF CHILD William Clayton Perrin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	July 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Perrin	Ivy Richardson
RESIDENCE	Juliette, Idaho	Juliette, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	~~Farmer~~ Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stonebraker M.D. (Physician or Midwife)

Address Roland Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-10, 19 12 L. J. Perkins

S-Y CO., 16670

Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Hospital

FULL NAME

Sex of Child

FULL NAME

RESIDENCE

1942

643 Y081035-785

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford, Idaho, Registration District No. 16 File No. 7202

No. ....., ... St.

Primary Registration District No. 2014 Registered No. 132

Hospital .....

FULL NAME OF CHILD Ida Hawed Irvin Charles Futter

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	Twin	Yes	July 8th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charley Futter	FULL MAIDEN NAME	Mary Sherwash.
RESIDENCE	Gifford Idaho	RESIDENCE	Gifford, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20.
BIRTHPLACE	Iowa.	BIRTHPLACE	New York.
OCCUPATION	Farmer.	OCCUPATION	Farmer.

Number of child of this mother, including present birth Twin

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 2.45 A. M. on the date above stated.

(Signature) D. J. Harrington M.D.

(Physician or Midwife)

Address .....

Filed 8—1 1912 E. E. Watts Registrar

8-10-1912 L. J. Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF
1912 - 230065

659-109-535-814

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

Registration District No. 16 File No. 7203

Primary Registration District No. 1009 Registered No. 133

FULL NAME OF CHILD — Donald Ferris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	1st	yes	June 9, 1912

	FATHER	MOTHER
FULL NAME	Harry E. Ferris	FULL MAIDEN NAME Minnie Yoder
RESIDENCE	306 1st Ave	RESIDENCE Lewiston
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Ky
OCCUPATION	Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 6 A M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(~~Physician~~ or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

____, 19____

Filed 8-10 19 12 L. J. Perkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

PLEASE PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

238-209-035-113

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1C File No. 7204

Primary Registration District No. 1009 Registered No. 184

FULL NAME OF CHILD — Eden Rosa Theresa Schmidt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~~twin~~	2	yes	July 9, 1912

FATHER	MOTHER
FULL NAME: Andrew F. Schmidt	FULL MAIDEN NAME: Victoria Jacobs
RESIDENCE: Lewiston	RESIDENCE: Lewiston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: San Francisco Cal	BIRTHPLACE: Mountain View Wash
OCCUPATION: Tobacco	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician or ~~Midwife~~)

Address Lewiston Idaho

Filed 8-10 1912 D. J. Perkins

Registrar

Given names added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

692-21-035-215.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7205

Primary Registration District No. 1009 Registered No. 135

FULL NAME OF CHILD Julie Fisher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	7 11 1912

FATHER		MOTHER	
FULL NAME	Gerhard Fisher	FULL MAIDEN NAME	Julie Kane
RESIDENCE	807 East main St.	RESIDENCE	807 East main st
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Delivered alive (Born alive or stillborn) at 7 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Forman M.D.

(Physician or Midwife)

Address Lewiston Idaho

Filed 8-10 1912 L. J. Perkins Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

997-211035-653

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ____, ____ St.

Hospital ____

Registration District No. 16

Primary Registration District No. 2074

File No. 7206

Registered No. 136

FULL NAME OF CHILD FRANCES BERTHA RIGGERS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S	1	yes	7 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Riggers	Elyabeth Oslachlagen
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Germany	mo
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or Midwife)

Address Gifford Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-13 1912 E. E. Watts Registrar

8-10-1912. D. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

BIRTHDAY (Years)

BIRTHPLACE

AGE AT LAST BIRTHDAY (Years)

RESIDENCE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin }

Certificate No. 7206

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Fransiska Emma Bertha (Name on Original Certificate) who born (Was Born or Died) on July 11 1912 (Date of Event)
in Gifford Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Fransiska Emma Bertha	Frances Bertha Riggers

Subscribed and sworn to before me this 2
day of Aug, 1943

A. M. Kompton
Notary Public, residing at Clarkston Wash
My commission expires 2-20-1944
(Seal)

Signed Elizabeth Riggers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gifford Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 4 1943

AUG 6 1943

31-212-035-993

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible] 41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Gifford Ida.

Registration District No. 16 File No. 7207

No. ____, ____ St.

Primary Registration District No. 2674 Registered No. 137

Hospital ____

FULL NAME OF CHILD Not Named "Labor at 4½ Months"

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	7	Yes	July 12th, 1912.

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Thil Carter	FULL MAIDEN NAME: Annie Rice
RESIDENCE: Gifford Idaho	RESIDENCE: Gifford Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Home Work

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Lived 20 Min) (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) D. D. Herrington

Gifford, Idaho

(Physician or Midwife)

Address ____

____, 19____

____ Registrar

Filed 8-1 1912 E. E. Watts

8-10-1912 D. J. Parker Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

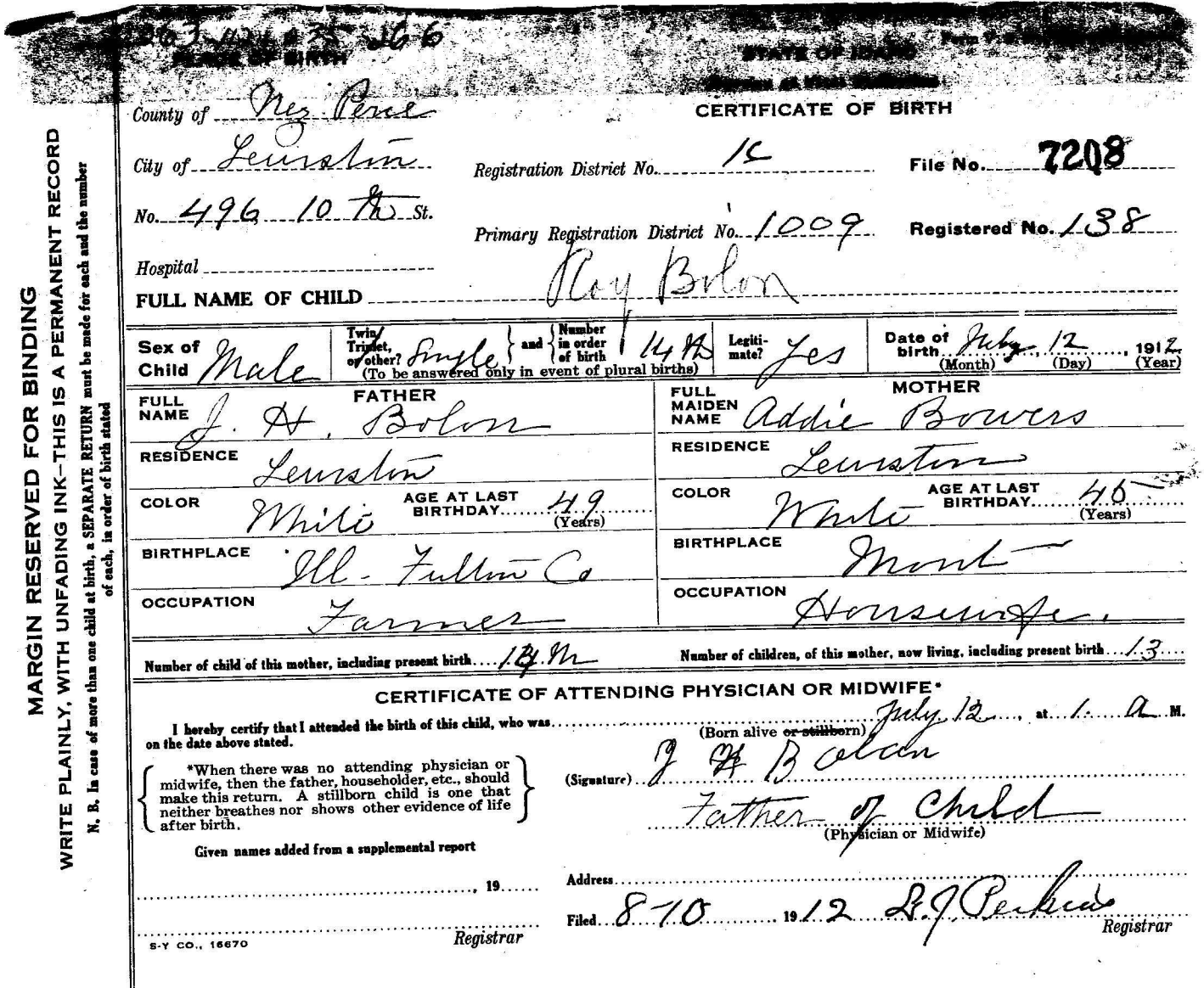
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH



BIRTH NO. 1166

STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 1c

File No. 7208

No. 496 10th St.

Primary Registration District No. 1009

Registered No. 138

Hospital

FULL NAME OF CHILD Roy Bolon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1st	Yes	July 12, 1912

FATHER		MOTHER	
FULL NAME	J. H. Bolon	FULL MAIDEN NAME	Addie Bowers
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Ill. Fulton Co	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) July 12 at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Bolon

Father of Child
(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 8 10 1912 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 7 1943

NOV 24 1941

512-14035-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Registration District No. 16 File No. 7210

No. 239 Snake River St. Primary Registration District No. 1009 Registered No. 140

Hospital

FULL NAME OF CHILD Clarence Earl Eastman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single	2-d	Yes	July (Month) 14 (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy L. Eastman	Anna Robinson
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Kansas	Maine.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cossum & Dawson Physicians

(Physician or Midwife)

Address 201-5 Salsbery Bldg

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 D. J. Perkins

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 5 1942

DEC 16 1957

253-215-035-613

PLACE OF BIRTH

Form V. S. No. [illegible] (Rev. 7-11)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 7211

No. ____, ____ St.

Primary Registration District No. 1009 Registered No. 141

Hospital St. Josephs

FULL NAME OF CHILD Bellamy, Margaret Frances Bellamy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	July 15, 1912

FATHER		MOTHER	
FULL NAME	Emery Bellamy	FULL MAIDEN NAME	Alice Walace
RESIDENCE	Clarkston Wash.	RESIDENCE	Clarkston Wash.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Kentucky
OCCUPATION	Deputy sheriff	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

Physician (Physician or Midwife)

Address Clarkston Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-10 1912 L. J. Perkins Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Clarkston Wash.

West Virginia

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7217

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Lewiston Idaho
Street and House No. St Joseph Hos.
County Nez Perce

Registered Number 141

Registration District No. 16

Sex of Child Female

Date of Birth, July (Month) 15 (Day) 1912 (Year)

Full Name of Father Emery Bellomy

Full Maiden Name of Mother Alice Wallace

I HEREBY CERTIFY that the child described herein has been named:

Margaret Frances Bellomy
(Given name in full) (Surname)

as reported by Alice Bellomy
(Father or Mother)

L. J. Berkin
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

NOV 22 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

714-116-035-814

-PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lenore

No. ____, ____ St.

Hospital

Registration District No. 16 File No. 7212

Primary Registration District No. 2076 Registered No. 1402

FULL NAME OF CHILD ~~Cordy Parks~~ PHILLIP EVERETT PARKS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	July 16, 1912

	FATHER	MOTHER
FULL NAME	Earl Parks	FULL MAIDEN NAME Betty Hammack Hamilton
RESIDENCE	Lenore, Idaho.	RESIDENCE Lenore, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Texas	BIRTHPLACE Missouri
OCCUPATION	Farmer	OCCUPATION Homemaker

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Stonebraker M.D.

(Physician or Midwife)

Address Peland Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-10- 1912 L. J. Perkins

Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON } ss.
County of KING }

Certificate No. 7212

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)

for UNNAMED - PHIL E PARKS (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on JULY 16, 1912 (DATE OF EVENT)

in NEAR PECK, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on JULY 17th, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Phillip Everett Parks
Mother's name	Hamilton	Betty Hammack

Subscribed and sworn to before me this 9th day of March, 19 43

Chas. O. Sargent

Notary Public, residing at Seattle

My commission expires July 24, 1945 (SEAL)

Signed Betty Hadeen Hammack Parks.
(SIGNATURE OF PARENT OR ATTENDANT IF CERTIFICATE IS FOR BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.) MOTHER

4th Ave & A St. Pasco, Washington & 7615 Sand Point Way, SEATTLE, WN.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 19 43

Chas. O. Sargent

Notary Public, residing at Seattle

My commission expires July 24, 1945 (SEAL)

Signed J. E. Colwell
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2531- 29th West, SEATTLE, WASH.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 1 1 1943

693-27-025-685

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Shoshone

City of Summit Ida.

Registration District No. 16 File No. 7213

No. ....., ... St.

Primary Registration District No. 2674 Registered No. 143

Hospital .....

FULL NAME OF CHILD Virginia May Wilson

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single (To be answered only in event of plural births)	Two	yes.	July 17th 1912

FATHER	MOTHER
FULL NAME Herbert G. Wilson.	FULL MAIDEN NAME Josephine Ehrlich
RESIDENCE Summit. Idaho.	RESIDENCE Summit. Idaho.
COLOR White	AGE AT LAST BIRTHDAY 34. (Years)
BIRTHPLACE California.	COLOR White
OCCUPATION Farmer.	AGE AT LAST BIRTHDAY 32. (Years)
	BIRTHPLACE Illinois
	OCCUPATION Housewife

Number of child of this mother, including present birth Two.

Number of children, of this mother, now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 9. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. J. Harrington

Physician & Surgeon

(Physician or Midwife)

Address Gifford Idaho.

Filed 8-1 1912 E. E. Watts

8-10-1912 J J Perkins Registrar

S-Y CO., 16670

JUN 2 4 1943

319-24-035-319

PLACE OF BIRTH

County of Kootenai

City of Lapwai

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S, No. 11-C—15m-6-20-11

Registration District No. 16 File No. 7214

Primary Registration District No. 2117 Registered No. 144

FULL NAME OF CHILD [redacted] & Irene Lillian Carlson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F.	(To be answered only in event of plural births)	4	Yes	7 (Month) 24 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Carlson	Flora Belle Carter
RESIDENCE	Lapwai	Lapwai
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	[redacted] Wisconsin	Iowa
OCCUPATION	Merchant	Home wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 7 A. M. on the date above stated. Irene Carlson, Irene Lillian Carlson was still born

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John N. Alley

(Physician or Midwife)

Address ____

Filed 8-10 1912 D. J. Perkins Registrar

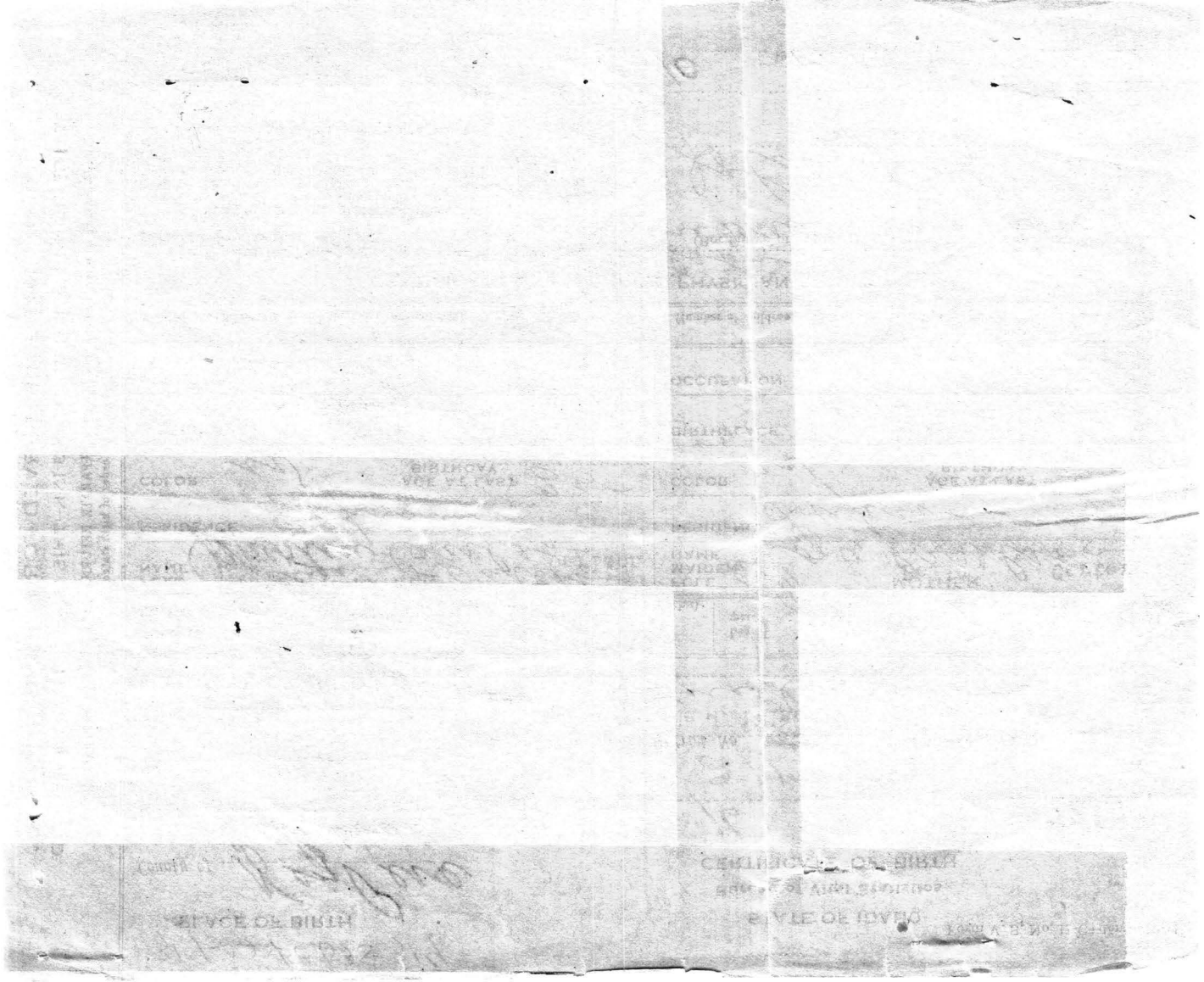
John N. Alley 19 ____ Registrar

S-C SO. 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nezperce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Lapwai
(d) Street Address or R.F.D. No. 22
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Lapwai

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Irene Lillian Carlson

5. Date of Birth (Month, day, year) July 24, 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Martin Carlson
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation General Store
15. Industry or Business Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Belle Carter
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag nit sol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** John B Alley M.D.
and address Lewiston Idaho (D.O., M.D., or C.M.) Date 30-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth, ... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

APR 9 1974

AUG 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-223-035-495

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1102 - 8th Ave

Registration District No. 16 File No. 7216

Primary Registration District No. 1609 Registered No. 146

Hospital

FULL NAME OF CHILD Elinor Jacobs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7, 23, 1912

FATHER		MOTHER	
FULL NAME	J. O. Jacobs	FULL MAIDEN NAME	Jessie O. Dresser
RESIDENCE	Lewiston.	RESIDENCE	Lewiston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Indiana.	BIRTHPLACE	Ill.
OCCUPATION	Lumber Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Ludd M.D.

(Physician or Midwife)

Address Lewiston, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-10 1912 R. J. Perkins

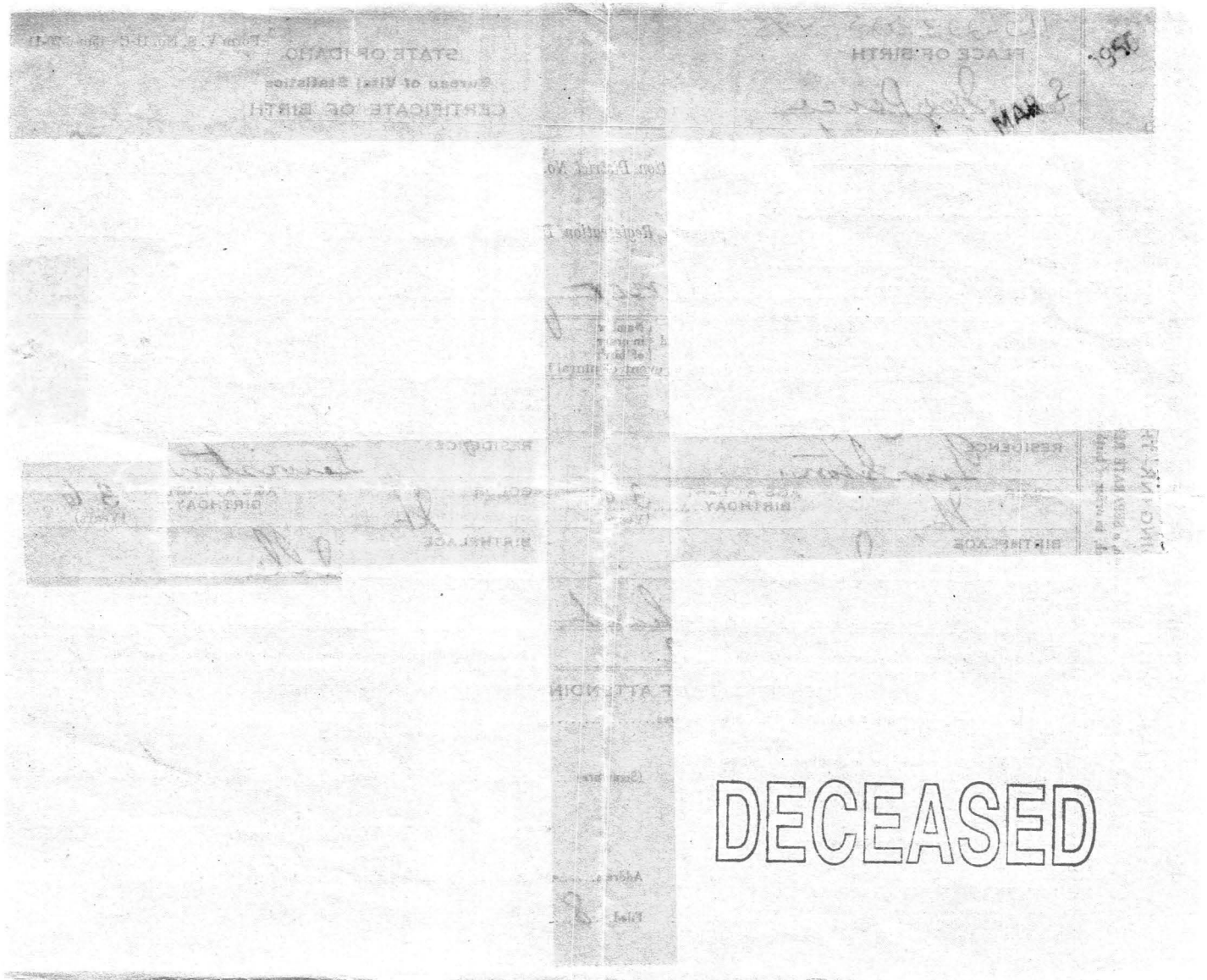
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


DECEASED

415-223-035-249

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7217

Primary Registration District No. 1009 Registered No. 147

FULL NAME OF CHILD Dorothy June Davidson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	June 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Glen T. Davidson	Myra A. Smith
RESIDENCE	Trout Creek, Mont.	Trout Creek Mont
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Revere Missouri	Amery, Wis.
OCCUPATION	Telegrapher.	Housewife & Telegrapher

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed 8-10 19.12 L. J. Perkins

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 17 1942

MAR 26 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

814 12400 35-96 7

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 18

No. ....., ... St.

Primary Registration District No. 2076 Registered No. 148

Hospital .....

FULL NAME OF CHILD Earl Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	yes	July 27, 1912

FATHER		MOTHER	
FULL NAME	Gordon Harris	FULL MAIDEN NAME	Millie Rogers
RESIDENCE	Southwick Idaho	RESIDENCE	Southwick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. W. Stonebraker M.D.

(Physician or Midwife)

Address Leland Idaho

Filed 8-10 1912 D. J. Perkins Registrar

S-Y CO., 16670

25 1913

319-26-035154

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

STATE OF IDAHO

Form V. S. No. 11-C [illegible]-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 7219

No. ____, ____ St.

Primary Registration District No. 2117 Registered No. 149

Hospital ____

FULL NAME OF CHILD ~~Blondell~~ MARY Elizabeth Laramore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		11	Yes	July 26th 1912

	FATHER	MOTHER
FULL NAME	John R Laramore	Bandazia Anderson
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	40
BIRTHPLACE	Tex	Tex
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley

(Physician or Midwife)

Address Lapwai Idaho

Given names added from a supplemental report

July 28 1912

John N. Alley Registrar

Filed 8-10 1912 L. J. Perkins Registrar

C. C., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 27 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7219

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Blondell	Mary Elizabeth Laramore
Date	July 27th	July 26, 1912

Subscribed and sworn to before me this 9th
day of November, 19 42.
Chas. F. Huber
Notary Public, residing at Vernonia Ore
My commission expires 3/8-1944
(Seal)

Signed Mrs Vera Willard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Vernonia, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

NOV 30 1942

238-129-1235-955

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Lenore

Registration District No. 16

File No. 7221

No. ____, ____ St.

Primary Registration District No. 2076

Registered No. 157

Hospital ____

FULL NAME OF CHILD ~~Ronald~~ KENNETH . CECIL ~~Ackerly~~ Ackerly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	July 29, 1912

FATHER		MOTHER	
FULL NAME	F. C. Ackerly	FULL MAIDEN NAME	Annie Myrtle Keers
RESIDENCE	Lenore	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stonebraker M D

(Physician or Midwife)

Address Leland Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 L. J. Perkins

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

FEB 9 1942

Certificate No. 7221

Date Filed Feb. 4. 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Cecil Lennis Schetzle (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 29. 1912 (DATE OF EVENT)
in Lenore Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 29, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Cecil Lennis Schetzle	Kenneth Cecil Schetzle

Subscribed and sworn to before me this 4- day of February, 1942

Notary Public, residing at Lenore Idaho.

My commission expires
(SEAL)
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

Signed Mrs (Myrtle) Schetzle. Foster mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4- day of February, 1942

Notary Public, residing at Lenore Idaho.

My commission expires
(SEAL)
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

Signed Mrs Emma Roberson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Lewiston City, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 1942 By
(REGISTRAR'S SIGNATURE)

FEB 14 1942

[redacted] CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 4-29-11

County of Ada Canyon

City of Leokean — Registration District No. 16 — File No. 7222

No. ____, ____ St. — Primary Registration District No. 2076 — Registered No. 152

Hospital Joseph

FULL NAME OF CHILD George Ferguson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male		6	yes	July 29, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. W. Ferguson	FULL MAIDEN NAME	Bertha M. Billups
RESIDENCE	Leokean, Idaho	RESIDENCE	Leokean, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Stonebraker M.D.

(Physician or Midwife)

Address Leokean Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 L. J. Perkins.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 3 1949

419- [redacted] 35-452

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston — Registration District No. 16 — File No. 7223

No. 0204, 26th St. — Primary Registration District No. 1009 — Registered No. 153

Hospital

FULL NAME OF CHILD Henry Martello

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nick Martello	Jane DeBlosh
RESIDENCE	Lewiston Ida	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Italy	Italy.
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. J. Perkins

(Physician or Midwife)

Address Lewiston

Filed 8-10 1912 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 24 1942

445-130-035-914

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ney Perce

City of Gifford

No. ____, ____ St.

Hospital ____

Registration District No. 16 File No. 7224

Primary Registration District No. 2074 Registered No. 154

FULL NAME OF CHILD Herman Munsterman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M.			Yes	June	21	1912

	FATHER	MOTHER
FULL NAME	Henry F. Munsterman	FULL MAIDEN NAME Emma Dawson
RESIDENCE	Gifford	RESIDENCE Gifford
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Germany	BIRTHPLACE Kansas
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Douglass M.D.

(Physician or Midwife)

Address Gifford Idaho

Given names added from a supplemental report

....., 19.....

Filed 8-10 1912 E. E. Watt

S-Y CO., 16670 Registrar

L. J. Perkins Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 18 1972

107-11 4, 036-493

Form V. S. No. 11-C—10m-8-7-1

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

No ..... St.

Hospital .....

Registration District No 18 File No. 7225

Primary Registration District No. 2119 Registered No. 277

FULL NAME OF CHILD GEORGE JUNIUS MORTENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	June 14, 1912

FATHER		MOTHER	
FULL NAME	F. M. Mortensen	FULL MAIDEN NAME	Ellen A Mitchel
RESIDENCE	Weston Ida	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Iron County Utah	BIRTHPLACE	Iron Co Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 14 1912, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stalker

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-12 19 12 D. C. Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAH

Bureau of Vital Stat

CERTIFICATE OF

Hospital

FULL NAME OF C

Sex of Child

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this m

I hereby certify that
the date above stated.
When there wa
mid-wife, then the f
make this return.
either breathes no
after birth.

813-121-056-793

PLACE OF BIRTH

Form V. S. No. 1. C—10. 7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 7226

Primary Registration District No. 2119 Registered No. 278

FULL NAME OF CHILD Armond Gilbert Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male	1	1	yes	June 21 (Month) (Day), 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilford Hall	Ada Gilbert
RESIDENCE	Fairview Ida	Fairview
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Fairview Ida	Fairview Ida
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) June 21 1912, at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Hales

Physician (Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed 7-12- 1912 D C Kay Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 9 1986

857222-036-254

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview

No ____, ____ St.

Hospital ____

Registration District No. 18 File No. 7227

Primary Registration District No. 219 Registered No. 279

FULL NAME OF CHILD Opal Inglet

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	Yes	June 22 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Inglet	Mary E Kemp
RESIDENCE	Fairview	Fairview Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	37 (Years)
BIRTHPLACE	Hyde Park Utah	Salt Lake City Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. June 22 1912, at 5:30 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staley M.D.

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Dunkley Ida

..... 19.....

Filed 7-12 1912 D. C. Kay

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

495-43-836-793

PLACE OF BIRTH

Form V. S. [illegible] Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

No ____, ____ St.

Hospital ____

Registration District No 18 File No 7228

Primary Registration District No 2119 Registered No 280

FULL NAME OF CHILD Lorene Mines

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			yes	July 13 1912

FATHER		MOTHER	
FULL NAME	Wm H Mines	FULL MAIDEN NAME	Josephine Gilbert
RESIDENCE	Weston Ida	RESIDENCE	Weston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Haverstraw New York	BIRTHPLACE	Murray Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. July 13 1912, at 11 a. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Wolfe M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Franklin Ida

Filed 7-22 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

445-21-0736-366

Child's name amended 4-8-92 MCM

PLACE OF BIRTH

County of Oneida

City of Whitney

No ....., ... St.

Hospital .....

Form V. S. No. 11-Cr...-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7229

Primary Registration District No. 7119 Registered No. 281

FULL NAME OF CHILD Laura KATE Dunkley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	July 5 1912

FATHER		MOTHER	
FULL NAME	Wm J Dunkley	FULL MAIDEN NAME	Laura Lowe
RESIDENCE	Whitney Ida	RESIDENCE	Whitney Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Franklin Ida	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Franklin Ida
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. July 5 - 1912, at 3 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Yates

Physician

(Physician or Midwife)

Address Franklin Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-22 19 12 - D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

K

STATE OF IDAHO

Bureau of Vital Statistics

AGE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

4-8-92

RECEIVED
APR 8 1992
COOPERATIVE CENTER FOR HEALTH STATISTICS
VITAL STATISTICS - HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 7229
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH for Laura Dunkley (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 15, 1912 (Date of Event) in Whitney (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Laura Dunkley	Kate Dunkley

Subscribed and sworn to before me this 8 day of April, 19 92

Notary Public, Melanie Metzger

Residing at Boise, ID

My commission expires 2-22-95

(Seal)

Kate Farnes
Signature of Applicant

634 S Fisher Blackfoot Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 8 1992

ID birth certificate shows Jackquetta Farnes born Oct 6, 1930 in Preston to Lawrence Merlin Farnes and Kate Dunkley born in Whitney, ID, and filed Apr 1, 1970, state file #DE 70-273. Viewed by VS.

Supplemental Report of birth shows Kate Dunkley born July 15, 1912 in Whitney to Wm Dunkley and Laura Lowe and received before Mar 24, 1970. Viewed by VS.

6 8 6 2 2 1 0 3 6 3 6

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Fairview

No ....., ... St.

Hospital .....

Registration District No. 18 File No. 7230

Primary Registration District No. 219 Registered No. 284

FULL NAME OF CHILD Fay McC Whorter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	e		e	Yes	July 21 1912

FATHER		MOTHER	
FULL NAME	Fay McC Whorter	FULL MAIDEN NAME	Julia Cafferty
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview
COLOR	White	AGE AT LAST BIRTHDAY	21 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tioga Co New York	BIRTHPLACE	Fairview Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. July 21 1912, at 8 3/4 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) G W Hales

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed 7-17 1912 D C Kay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

689-123-036469

PLACE OF BIRTH

Form V. S. No. 1—C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 18 File No. 7232

Primary Registration District No. 2119 Registered No. 284

FULL NAME OF CHILD Joseph William Whitehead

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2	2	2	Yes	June 3, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Whitehead	FULL MAIDEN NAME	Martha Morrison
RESIDENCE	Franklin Ida	RESIDENCE	Franklin Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - June 3-1912, at 5-45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Bates

Physician

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 7-12 1912 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. DO NOT USE A PENCIL. DO NOT FOLD.

275-105-036-813

PLACE OF BIRTH

Form V. S. [illegible] Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ____

Registration District No. 18 File No. 7233

Primary Registration District No. 2119 Registered No. 285

FULL NAME OF CHILD Harald Roy Steers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	[illegible]		[illegible]	yes	June 3 1912

FATHER		MOTHER	
FULL NAME	Wm Steers	FULL MAIDEN NAME	Julia Hall
RESIDENCE	Preston Ida R F D	RESIDENCE	Preston Ida R F D
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Fairview Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. June 3-1912, at 7 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Coates, Physician (Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed 7-12 1912 D C Gray Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, and number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE RETURN must be made for each and all such.

512-20-[illegible]36-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible] 8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7234

Primary Registration District No. 2119 Registered No. 286

FULL NAME OF CHILD Leah G Nash

Sex of Child: Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 6 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Nash	FULL MAIDEN NAME	Viroka Goodsell
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Newton Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) June 6-1912, at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G W States
Physician
(Physician or Midwife)

Address Franklin Ida

Filed 7-12 1912 D Clay
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF BIRTH

Form V. S. No. 11-U—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 7235

Primary Registration District No 219 Registered No. 287

FULL NAME OF CHILD Donna Durrant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	June 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Alonzo Durrant	Nora Morrison
RESIDENCE	Franklin Ida	Franklin
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	29 (Years)
BIRTHPLACE	Franklin Ida	Preston Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. June 23 1912 at 4.15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Stutes

Phys. & Surg. (Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-12 1912 D. C. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

693218 · 036-766

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7236

County of Oneida

City of Samaria — Registration District No. 18

No. ____, ____ St. — Primary Registration District No. 2069 — Registered No. 288

Hospital ____

FULL NAME OF CHILD Ruby Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female		5	yes	mar. 18 (Month) (Day) mon; 191 (Year)

FATHER		MOTHER	
FULL NAME	Richard M. Williams	FULL MAIDEN NAME	Rachel Powell
RESIDENCE	Samaria Ida	RESIDENCE	Samaria Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	House keeping

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. L. Hamblin

Midwife (Physician or Midwife)

Address Samaria, Idaho

Given names added from a supplemental report

..... 19.12

..... Registrar

Filed July 11 19.12 D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P6

35bd20-036386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7237

Primary Registration District No. 2069 Registered No. 289

FULL NAME OF CHILD Rea Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 20, 1912

	FATHER	MOTHER
FULL NAME	David J Lewis	Maude Thomas
RESIDENCE	Malad Ida	Malad Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Malad Ida	Malad Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. S. Alston

Physician

(Physician or Midwife)

Address Malad

Filed July 7 1912 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. B-0—Rev. 5-31

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

386221-036-755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, with number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C Rev. 6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7238

Primary Registration District No. 2069 Registered No. 290

FULL NAME OF CHILD Glenn Ray Thomas

Sex of Child	Twin, Triplet (or other)? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 27, 1912

FATHER		MOTHER	
FULL NAME	Seth Thomas	FULL MAIDEN NAME	Julia Peck
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Merchant	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:10 P. M. on the date above stated.

(Signature) J. F. Alton

Physician

(Physician or Midwife)

Malad

Address

Filed July 7 1912 D. C. Hay Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

165-124-236-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7239

Primary Registration District No. 2069 Registered No. 291

FULL NAME OF CHILD Anne E Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 24 1912

	FATHER	MOTHER
FULL NAME	Isaac Jones	FULL MAIDEN NAME Ethel Evans
RESIDENCE	Malad Ida	RESIDENCE Malad Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE Samaria Ida
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J F Alton

Physician

(Physician or Midwife)

Address Malad

Filed July 7 1912 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 6 1967

165-230-03263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7240

Primary Registration District No. 2069 Registered No. 292

FULL NAME OF CHILD Louise Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	June 30 1914

FATHER		MOTHER	
FULL NAME	John H Jones	FULL MAIDEN NAME	Margaret L Bolingbroke
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Allen M.D.

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 7-7 1914 D. Clay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DECEASED

719105-036469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-'11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 1241

Primary Registration District No. 2069 Registered No. 293

FULL NAME OF CHILD Joseph Gerald Parry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin, Triplet or other? ____ Number in order of birth ____	Yes	July 5 1912

FATHER

FULL NAME: Joseph Parry

RESIDENCE: Malad

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Malad

OCCUPATION: Clerk

MOTHER

FULL MAIDEN NAME: Margaret Morgan

RESIDENCE: Malad

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Brigham Utah

OCCUPATION: Housework

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

..... 19....

Filed 7-7 1912 D. C. Ray

Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

319218-036-735

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

Registration District No. 18 — File No. 7242

Primary Registration District No. 0069 — Registered No. 794

FULL NAME OF CHILD Rose Lavone Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	July 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chesley Larsen	Rosa L Gleed
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Wright M D

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 7-22-19 D C Ray

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

433121-076918

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7243

Primary Registration District No. 2069 Registered No. 295

FULL NAME OF CHILD Fred Ray McCormick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	7 21 1912

FATHER		MOTHER	
FULL NAME	Charles D McCormick	FULL MAIDEN NAME	Sallie M Ray
RESIDENCE	Malad R D #1	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Same

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-30 1912 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

..... Registrar

APR 30 1943

559-121-036-000

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 18 File No. 7244

No. ____, ____ St.

Primary Registration District No. 2069 Registered No. 296

Hospital ____

FULL NAME OF CHILD Leo Neilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	7 21 1912

FATHER		MOTHER	
FULL NAME	David Neilson	FULL MAIDEN NAME	
RESIDENCE	Malad RFD #1	RESIDENCE	same
COLOR	wh	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	same

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Ray M.D.

(Physician or Midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-30-1917 D. E. Ray Registrar

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Registrar

SYMS - YORK CO., PTRS. & STRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Z 10 MOTHER

15X226-036847

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 7245

Primary Registration District No. 2069 Registered No. 297

FULL NAME OF CHILD Wilabell Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	July 26, 1912

FATHER		MOTHER	
FULL NAME	Lorenzo Anderson	FULL MAIDEN NAME	Maria Hughes
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Sheepman	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Idaho
		OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W J Wright M D

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 7-29 1912 D Ray

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

472-202-036-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Am. Falls

Registration District No. 18 File No. 7246

No. ____, ____ St.

Primary Registration District No. 2072 Registered No. 298

Hospital ____

FULL NAME OF CHILD Naomi McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	6 2 1912

	FATHER	MOTHER
FULL NAME	S. Milton McBride	Eliza Derbyshire
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	31 (Years)
BIRTHPLACE	Utah	England
OCCUPATION	Electrician	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Mott M.D.

(Physician or Midwife)

Address American Falls.

Given names added from a supplemental report

....., 19.....

Filed 7-9-12 D Gray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

AUG 23 1962

554104 036555

PLACE OF BIRTH

County of Minidoka

City of American Falls

No ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 16 File No. 7247

Primary Registration District No. 2072 Registered No. 299

FULL NAME OF CHILD Donald Raymond Neufeldt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 21, 1912

	FATHER	MOTHER
FULL NAME	Aaron Neufeldt	FULL MAIDEN NAME Anna Enns
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	22 (Years)
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard H. Wolk M.D.

(Physician or Midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed 7-9 19 12 D. Kay

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-10-41

664-109-076-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

~~City of~~ Rockland

No ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7248

Primary Registration District No. 207 V Registered No. 300

FULL NAME OF CHILD Carrol Ellis Womack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6 9 1912

	FATHER	MOTHER
FULL NAME	Bert Womack	FULL MAIDEN NAME Essie Crowley
RESIDENCE	Rockland	RESIDENCE Rockland
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Cal.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Mock

MD (Physician or Midwife)

Address American Falls

Filed 7-9 1912 D. C. Kay Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 5 1942

613/22-036469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of American Falls

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7249

No. ....., ... St.

Primary Registration District No. 22 Registered No. 301

Hospital .....

FULL NAME OF CHILD John Henry Tackaberry Tackler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 22 1912

	FATHER	MOTHER
FULL NAME	Henry John Tackaberry	Ella May Morrison
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Minnesota	Washington
OCCUPATION	Clerk	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4-10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Wolfe

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

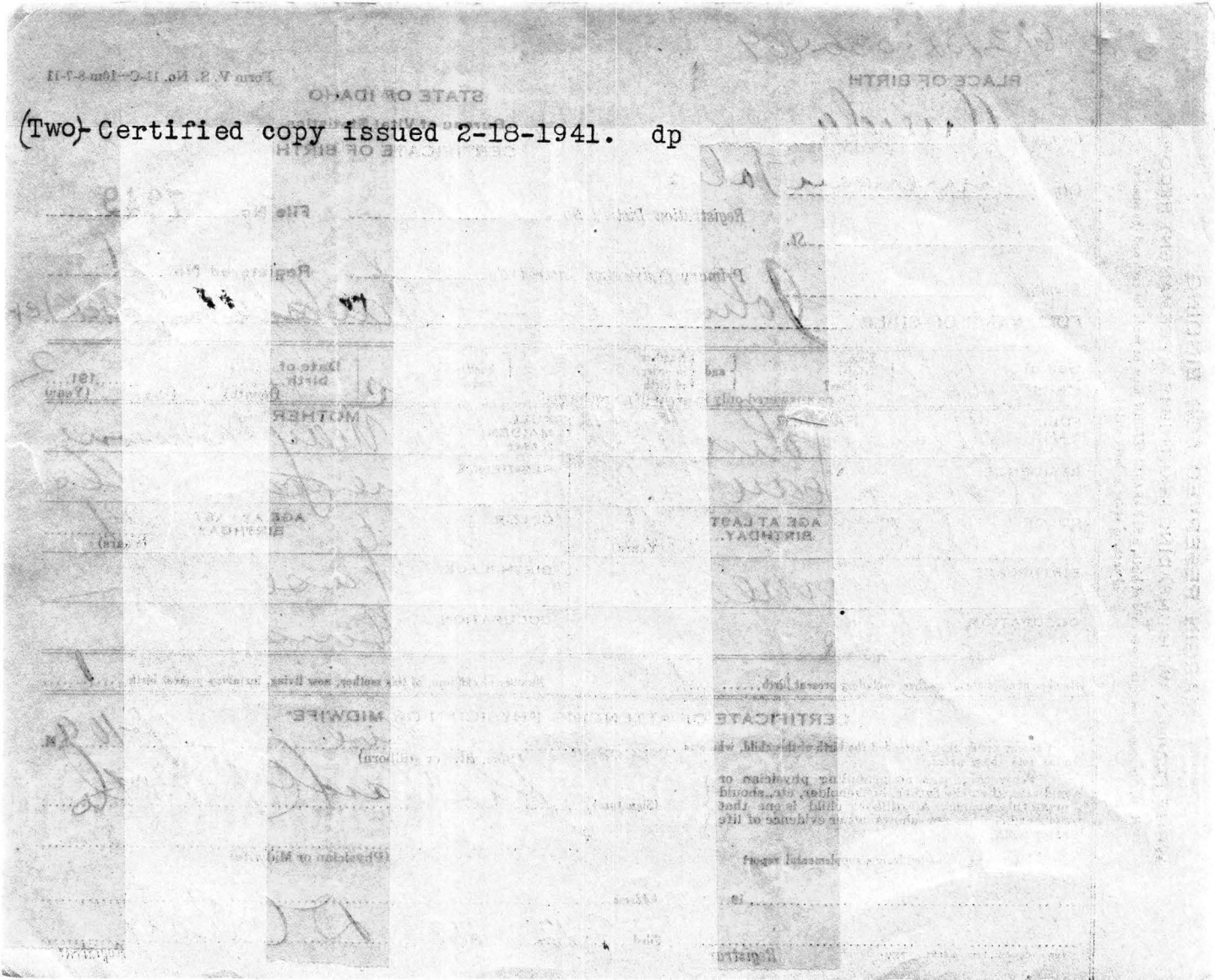
Filed 7-12 1917 D C Ray Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

(Two)- Certified copy issued 2-18-1941. dp



15b-225-076-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11 [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of American Falls

Registration District No. 18 File No. 7250

No. ____, ____ St.

Primary Registration District No. 207 Registered No. 207

Hospital ____

FULL NAME OF CHILD Marguerite Jeffries

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 25 1912

FATHER	MOTHER
FULL NAME David B Jeffries	FULL MAIDEN NAME Mary Lanham
RESIDENCE American Falls	RESIDENCE American Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Nebraska
OCCUPATION Carpenter	OCCUPATION Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Richard F Hock M D

(Physician or Midwife)

Address American Falls

Filed 7-12 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17926

Registrar

FEB 4 1965

921-203-036-458

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meeley

No. ..... St.

Hospital .....

Registration District No. 14 File No. 7251

Primary Registration District No. 207 Registered No. 303

FULL NAME OF CHILD Irene Helen Isaak

Sex of Child Girl | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth 7 (Month) 3 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Gotthilf Isaak	FULL MAIDEN NAME Katharina ~~Mahloff~~ Mehlhaff
RESIDENCE Meeley Idaho	RESIDENCE Meeley Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gertie C. Grayot

Midwife (Physician or midwife)

Address Meeley Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 7 1912 L. E. Kay Registrar

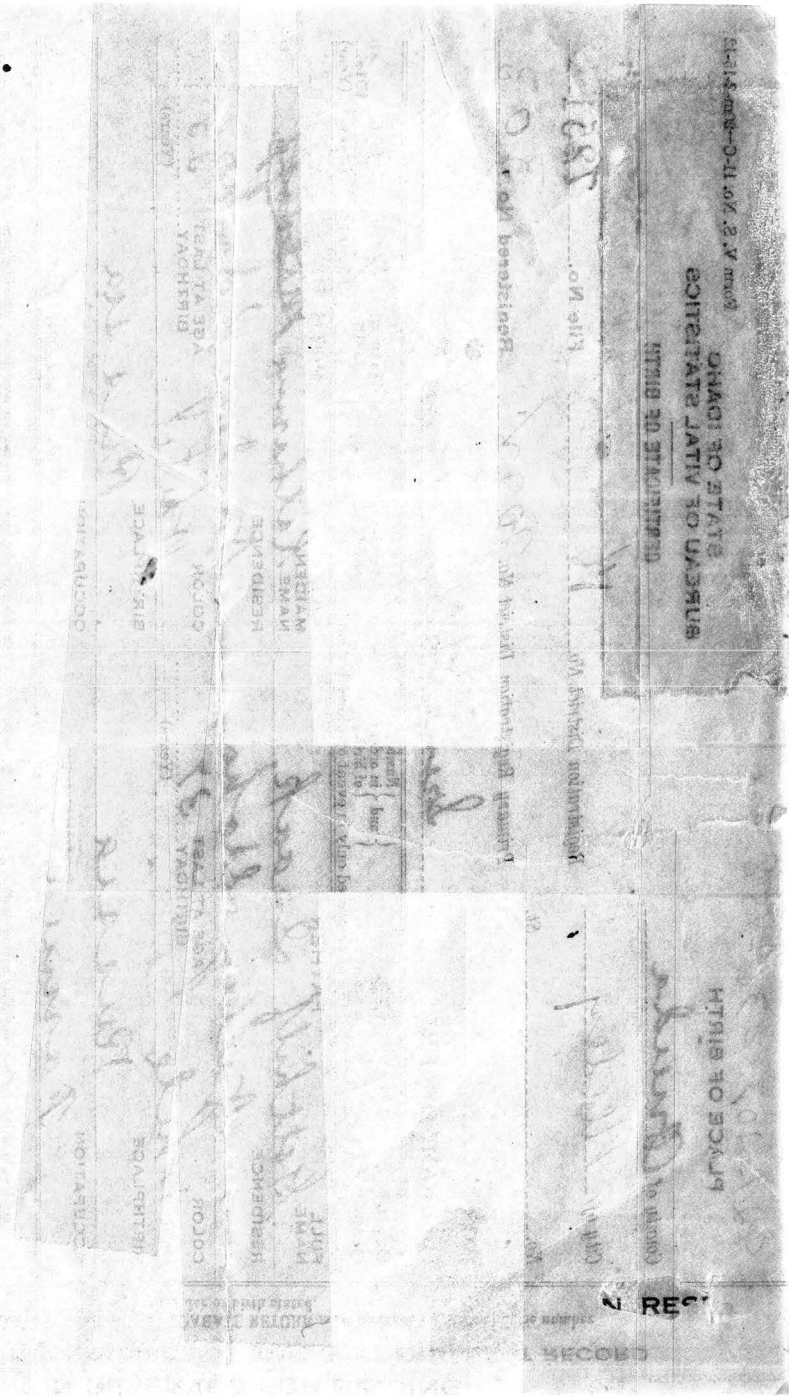
5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/12/41. w.h.



666-207076-253

Amended 9-5-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7252
Local Reg. No. 304
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rockland

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rockland

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mabel b. (Middle): c. (Last): Wood

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 7 - 7 - 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Joseph b. (Middle): Henry c. (Last): Wood

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Rockland, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): Emma c. (Last): Kelly

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Rockland, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Getta C. Grayot

19. ADDRESS: Neeley, Idaho

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 7, 1912

22. REGISTRAR'S SIGNATURE: D. C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 7252

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Woods (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1912 (Date of Event)
in Rockland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on.....(Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mabel Wood
Father's Last Name	Woods	Wood

Subscribed and sworn to before me this 2 day of August, 1968

Notary Public, residing at Eagle, Idaho

My commission expires Sept 25, 1968

(Seal)

Signed X Florence Alsop

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2031 Altamont Rd Boise Ada Co

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 in office 7-15-68 in office 9-5-68 Ico. rec. # 429

Sister's Birth Cert. on file (Idaho Birth), #73243, gives father's name as Joseph Wood - viewed by VS.

Father's Death Cert. on file (Idaho Death), #54-353, gives full name as Joseph Henrie Wood - viewed by VS.

Marriage License, State of Montana, County of Lake, married Sept. 12, 1930, gives name of bride as Mabel Wood and name of groom as Kenneth E. Roark - viewed by VS.

Social Security Card, #517-26-4732, gives name as Mable Wood Roark, appears to be older than 5 years - viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Rockland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 18 File No. 7252

Primary Registration District No. 2072 Registered No. 204

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes.	7-7-1912

FATHER		MOTHER	
FULL NAME	Joseph Henry Woods.	FULL MAIDEN NAME	Mary Emma Kelly
RESIDENCE	Rockland Idaho	RESIDENCE	Rockland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Rockland Idaho	BIRTHPLACE	Rockland Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gertha C. Grayot

Midwife. (Physician or midwife)

Address Neeley Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 7 19 12 D. C. Ray Registrar

..... Registrar

S-Y CO. 20174

SEP 5 1968

25-4-30-001-

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

42

County of Ada

City of Meridian Registration District No. 1 File No. 7253

No. ____, ____ St.

Primary Registration District No. 2003 Registered No. 148

Hospital ____

FULL NAME OF CHILD not Named - Henry Elmer Knudson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	6 30 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John Antone Knudsen	FULL MAIDEN NAME: Cecelia Catrina Jensen
RESIDENCE: 2 Mi E. 6 Mi So.	RESIDENCE: 2 Mi So 6 Mi
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or ~~Midwife~~)

Address Meridian

Filed July 10 19 12 C. L. Dutton Registrar

July 10 1912 G. E. Shawhan

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

466-230-00-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 7254

No. RD 4th St. Primary Registration District No. 2003 Registered No. 151

Hospital

FULL NAME OF CHILD Jaynette Ruth Moore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Fe	One	2nd	yes	June 30 (Month) (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME Wm H Moore	FULL MAIDEN NAME Edna O. Parker
RESIDENCE Meridian Rt #1	RESIDENCE Meridian Rt #1
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kans	BIRTHPLACE Mo
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

(Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed July 14 1912 G. E. Shawhan

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-380432

265-202-00-249

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 7255

No. R# II St.

Primary Registration District No. 2003 Registered No. 152

Hospital

FULL NAME OF CHILD Zelma Jessie Soucie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.	—	8th	yes	July 2, 1912

FATHER		MOTHER	
FULL NAME	Orly C. Soucie	FULL MAIDEN NAME	Jessie S. Smith
RESIDENCE	Meridian R# II	RESIDENCE	Meridian R# II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 15 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

852.209.001-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 7256

No. R2 # I St. Primary Registration District No. 2003 Registered No. 153

Hospital

FULL NAME OF CHILD Mable E. Hesse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.	—	+	yes	July 9, 1912

FATHER	MOTHER
FULL NAME Walter A. Hesse	FULL MAIDEN NAME Edith V. Rice
RESIDENCE Meridian R # I	RESIDENCE Meridian R # I
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mo	BIRTHPLACE Colo
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 15, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 6 1948

FEB 25 1948

MAR 13 1968

419-112 1001256

Form V. S. No. 11-O-40m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. Car. 5th & Colorado St.

Hospital

Registration District No. 1 File No. 7257

Primary Registration District No. 2004 Registered No. 154

FULL NAME OF CHILD Ernest Maurice Marcum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 12 1912

FATHER	MOTHER
FULL NAME: William M Marcum	FULL MAIDEN NAME: Alma Knoepfle
RESIDENCE: So Boise	RESIDENCE: So Boise
COLOR: W	COLOR: W.
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Wisconsin
OCCUPATION: Lab.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. K. Tallman

(Physician ~~or midwife~~)

Address Boise

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 16, 1912 G. E. Shawhan
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

395.106.00-915

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. RD, #1 St.

Hospital

Registration District No. 1

File No. 7258

Primary Registration District No. 2004

Registered No. 155

FULL NAME OF CHILD Milon Henry Lindsay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	July 6, 1912

FATHER	MOTHER
FULL NAME Willard Freeman Lindsay	FULL MAIDEN NAME Lidia Ann Ransier
RESIDENCE Rural #1	RESIDENCE Rural #1
COLOR White	AGE AT LAST BIRTHDAY 56 (Years)
BIRTHPLACE Wisc	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 39 (Years)
	BIRTHPLACE Iowa
	OCCUPATION Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Glass

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed July 17, 1912 E. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

958-129-00-445

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise R.R.1

Registration District No. 1

File No. 7259

No. ....., ... St.

Primary Registration District No. 2004

Registered No. 156

Hospital .....

FULL NAME OF CHILD Gordon Glen Reynolds

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	June 29, 1912

FATHER		MOTHER	
FULL NAME	Edward A. Reynolds	FULL MAIDEN NAME	Wyetta Dunne
RESIDENCE	Boise Rural No. 1	RESIDENCE	R.D. 1, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Carroll Co., Mo.	BIRTHPLACE	Howell Co. Mo.
OCCUPATION	Building Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rollin L. Gregory

Physician (Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed July 18, 1912 L. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 29 1942

432-109-00-266

PLACE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 7260

No. Whitney School D. Primary Registration District No. 2004 Registered No. 157

Hospital _____

FULL NAME OF CHILD Thomas David McShane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	July 9, 1912

FATHER	MOTHER
FULL NAME Wm B McShane	FULL MAIDEN NAME Grace Swope
RESIDENCE Whitney School D.	RESIDENCE Whitney School D
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Colo	BIRTHPLACE Io.
OCCUPATION farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) John T Breck

(Physician or ~~Midwife~~) Per H.T.B.

Address Boise

Filed July 25 1912 G. E. Shawhan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

WHITE PAPER RESERVED FOR BINDING

WHITE PAPER RESERVED FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 10 1942
County of Ada }

Certificate No. 7260

Date Filed July 25, 1912

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed McShane (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 9, 1912 (DATE OF EVENT)
in Ada County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Thomas David McShane

Subscribed and sworn to before me this 10 day of February, 19 42

Marion C. Orr

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Mrs Grace McShane

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 10 1942 By .....

(REGISTRAR'S SIGNATURE)

FEB 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

314-124-00-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of [illegible] Registration District No. 1 File No. 7261

No. Volcanic Sch. Dist. Primary Registration District No. 2004 Registered No. 158

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	July 24, 191[illegible]

FATHER		MOTHER	
FULL NAME	John N. Campbell	FULL MAIDEN NAME	Myrtle Kingsley
RESIDENCE	Volcanic Sch. Dist.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43 yrs	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Canada	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.09 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl Kid.

(Physician or ~~Midwife~~)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Aug. 21, 1912 G. E. Shawhan

Registrar

.....

Registrar

S-Y CO., 16670

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319-222-100-214

PLACE OF BIRTH

County of Ada

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City Meridian - R.F.D. No. 1 Registration District No. 1 File No. 7262

No. White Cross Sch. Dist. Primary Registration District No. 2004 Registered No. 159

Hospital

FULL NAME OF CHILD Mary English Carter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 22, 1912

FATHER

FULL NAME Charles J. Carter

RESIDENCE White Cross Sch. Dist.

COLOR W. AGE AT LAST BIRTHDAY 37 yrs (Years)

BIRTHPLACE Virginia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME MAY Katy ~~Ann~~ Bauer

RESIDENCE Idaho

COLOR W. AGE AT LAST BIRTHDAY 34 yrs (Years)

BIRTHPLACE Mo.

OCCUPATION H. W.

Number of child of this mother, including present birth 6-ch

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl Hill

(Physician or ~~Midwife~~)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Aug 2, 1912 G. E. Shewhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF

Form U. S. No. 11-C—15m-6-39-11

OCT 13 1942

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PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No. 1

File No. 7263

No. Wylie Station

Primary Registration District No. 2004

Registered No. 160

Hospital

FULL NAME OF CHILD Frank Leon Schneider

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	July 16, 1912

FATHER		MOTHER	
FULL NAME	Henry Schneider	FULL MAIDEN NAME	Roda A Tolin
RESIDENCE	Wylie Station	RESIDENCE	Wylie Station
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Butcher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baeck. M.D.

(Physician or ~~Midwife~~)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 6, 1912 E. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1912 –
Dup of 325671

249-230-01-599

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Collisters Station Registration District No. 1 File No. 7264

No. ____ St. Primary Registration District No. 2004 Registered No. 161

Hospital ____

FULL NAME OF CHILD Emma May Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 30 1912

FATHER		MOTHER	
FULL NAME	Charles E Smith	FULL MAIDEN NAME	Rosa Erickson
RESIDENCE	Collisters Station	RESIDENCE	Collisters Station
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Fort Collins Colorado	BIRTHPLACE	Ada Ferry Ida.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A. M. on the date above stated.

(Signature) C T Blowers M.D.

(Physician or midwife)

Address Eagle

Filed Aug. 2 1912 G. E. Shawhan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

DECEASED

43 666106-00-344.

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1 File No. 7265

No. \, St.

Primary Registration District No. 2003 Registered No. 163

Hospital \ \

FULL NAME OF CHILD Roy Clifford Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	\	\	yes	7 6 1912

FATHER		MOTHER	
FULL NAME	Clifford Wood	FULL MAIDEN NAME	Margaret Louise Ludwig
RESIDENCE	6½ Mi. S. 1 Mi. East	RESIDENCE	6½ Mi. South 1 Mi. East
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Pittsburg Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or Midwife)

Address Meridian Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-8- 19 12 C. E. Dutton Registrar

8-8-1912 G. E. Thowhan

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 2 8 1975

DECEASED

44-363-02-001-413

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-8-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 7266

No. ——, ——— St. Primary Registration District No. 2004 Registered No. 164

Hospital ——

FULL NAME OF CHILD Lou Elizabeth Coles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	7 — 2 — 1912

FATHER		MOTHER	
FULL NAME	Albert R Coles	FULL MAIDEN NAME	Caroline Matlock
RESIDENCE	3½ Mi North Meridian	RESIDENCE	3½ Mi North Meridian
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23	COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8½ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or ~~Midwife~~)

Address Meridian Idaho

Filed 7-4- 1912 C. L. Dutton Registrar

8-8- 1912 G. E. Strowhan

Given names added from a supplemental report

——— 19——

——— Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

46

759-115 00-652

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 7267

No. —, — St. — Primary Registration District No. 2001 — Registered No. 165

Hospital —

FULL NAME OF CHILD Charles Oren Perry

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\	\	Yes	7 15 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Perciville Charles Perry	Ada Blanche Webster
RESIDENCE	4 Mi North 1 Mi East	4 Mi North 1 Mi East
COLOR	White	White
AGE AT LAST BIRTHDAY	21 (Years)	18 (Years)
BIRTHPLACE	Salt Lake City Utah	Missouri
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or ~~Midwife~~)

Address Meridian Ada

Given names added from a supplemental report

....., 19.....

Filed 7-16 1912 C. L. Sutton Registrar

8-8-1912 G. E. Thowlan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231-118-004-493

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 1 15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of South Boise Registration District No. 1 2 File No. 7269

No. Manatou St. Primary Registration District No. 2004 Registered No. 168

Hospital

FULL NAME OF CHILD WILLIAM EARL BLACKWELL

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L.	July 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sylvan Blackwell	Jeanie Miller
RESIDENCE	Manatou St	Manatou St
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	34
BIRTHPLACE	Mo	Kansas
OCCUPATION	Janitor	housewife

Number of child of this mother, including present birth 8 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11.0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Buck

(Physician or ~~Midwife~~) M.D.

Address Boise Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 8, 1912

~~AUG 6 1912~~

~~Chas. McConnell~~ E. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 9 1941

689-203104K-71

[redacted]

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7270

Registration District No. 26 File No. ____

Primary Registration District No. 2112 Registered No. 105

FULL NAME OF CHILD Frances Mae White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 3 1912

FATHER		MOTHER	
FULL NAME	Bert White	FULL MAIDEN NAME	Emma Garner
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	West Grove Iowa.	BIRTHPLACE	Villa Grove Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... , 19.....

.....
Registrar

(Signature) James A Young

Weiser Idaho
(Physician or ~~Midwife~~)

Address Weiser Idaho

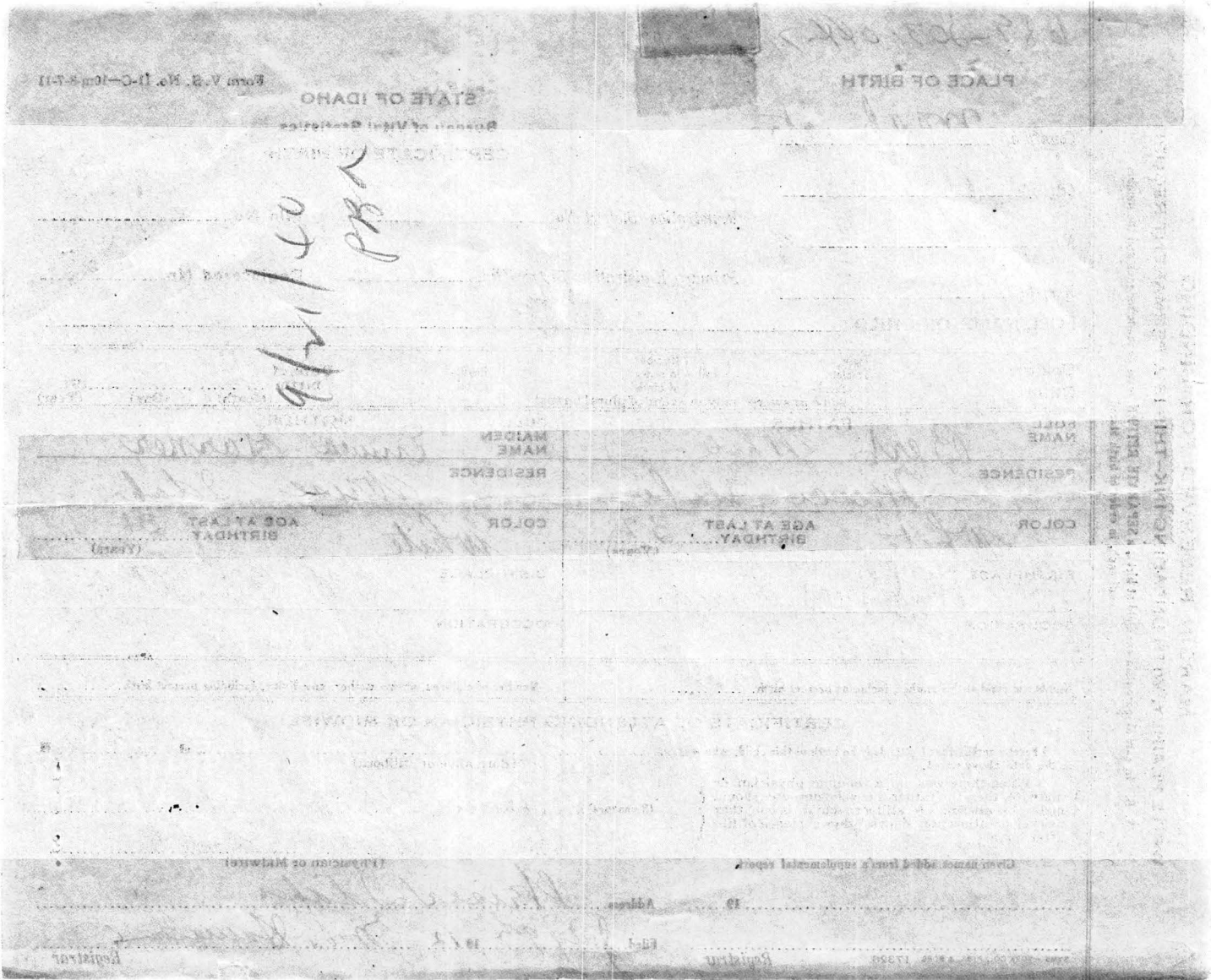
Filed July 9th 1912 W. B. Hamilton
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



133-205-04K-231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 26 File No. 7271

Primary Registration District No. 2114 Registered No. 106

FULL NAME OF CHILD LULU BELLE ALLISON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes	July 5, 1912

FATHER		MOTHER	
FULL NAME	Joseph Allison	FULL MAIDEN NAME	Nellie Stanton
RESIDENCE	Cambridge.	RESIDENCE	Cambridge.
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Bryan.
OCCUPATION	Ranching	OCCUPATION	House wife.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M D

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5 July 1912 C E Schmutz Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11C—Rev. 8-51

RESIDENCE

COLOR

BIRTHDAY

AGE AT LAST BIRTHDAY

BIRTHPLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Washington)

Certificate No. 7271

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for no name given (Name on original certificate) who was born (was born or died) on July 5, 1912 (Date of event) in Cambridge, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by ..... (Bible record, insurance plcy.etc.) prepared on ..... (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Lulu Belle Allison

Subscribed and sworn to before me this 2nd day of June 19.43

Signed Mrs. Nellie Allison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Margaret Vogl
Notary Public
Residing at Cambridge, Idaho

5205 NE Garfield, Portland, 11, Ore.
(Street address, City, State)

My commission expires May 16, 1947

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Washington)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June 19.43

Signed Fred M. Jurrell
(Signature of any credible person other than the previous affiant.)

Margaret Vogl
Notary Public
Residing at Cambridge, Idaho

Cambridge, Idaho
(Street address, City, State)

My commission expires May 16, 1947
(SEAL)

JUN 6 1943

JAN 29 1973

365.109.04K-242 (Be sure the information is complete and accurate)

Amended 12-18-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7272
Local Reg. No. 107
Reg. Dist. No. 26

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Nota
b. (Middle): Edgar
c. (Last): Long

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 7 - 9 - 1912

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): Wade
c. (Last): Long

8. AGE (At time of this birth): 45 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Morgan Co., Indiana

10. USUAL OCCUPATION: Carpenter

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hattie
b. (Middle):
c. (Last): Bush

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wesson, Mississippi

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ernest O. Finney

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Weiser, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 17, 1912

22. REGISTRAR'S SIGNATURE: W. R. Hamilton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. ——, —— St.

Hospital ——

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 7272

Primary Registration District No. 1010 Registered No. 107

FULL NAME OF CHILD Hattie Edgar Long.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes.	7	8	191

FATHER		MOTHER	
FULL NAME	John Wade Long.	FULL MAIDEN NAME	Hattie Bush
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Morgan Co. Indiana	BIRTHPLACE	Wesson Mississippi
OCCUPATION	Carpenter	OCCUPATION	H. Wife.

Number of child of this mother, including present birth 9 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Fenning

Physician (Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 19th 1912 W R Hamilton Registrar

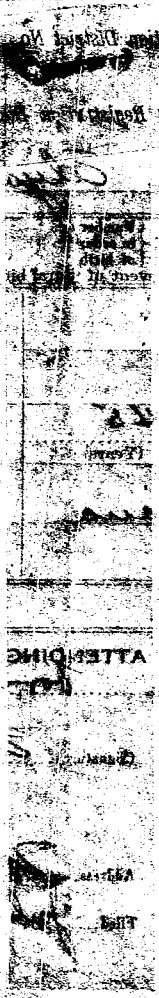
.....

Registrar

S-Y CO., 16670

DEC 1 8 1968

JUL 25 1962



Hospital Statement, by H. Van Lehn, Office Mgr., states "This is to certify that Mr. Nota E. Long (aka N. Ed Long) has been a patient of our since 1948 and borth his Medical record and account record has been under that name. He was admitted to our Hospital on Jan. 8, 1959 by orders of our Dr. H. Anderson as Nota E. Long. The date of his birth was given as July 9, 1912" - viewed by VS.

Employment Record Statement, by Gene W. Wilson, Mgr., Morgan & Gassman Trailer Sales, states "This is to certify that Nota Edgar Long has been employed by us for the past 14 years. Our record show his full name as Nota Edgar Long. The place and date of his birth as Weiser, Idaho, July 9, 1912 - viewed by VS.

This is to certify that my brother Nota Edgar Long was born at Weiser, Idaho, July 9, 1912. I am the oldest surviving member of the family.

Ina Alice Shannon

Signed before me a Notary Public for Oregon on Oct. 1, 1968.

G V Bateman

My commission expires April 21, 1969

818-110-04K-865

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 26 File No. 7273

Primary Registration District No. 2113 Registered No. 108

FULL NAME OF CHILD Edgar Haynes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	July 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John W Haynes	FULL MAIDEN NAME	Lina Septama Yongue
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D V T Schmitz

Physician (Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 20 1912 Tasemmis Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATIS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

763-213-044-652

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Registration District No. 26 File No. 7274

Primary Registration District No. 2114 Registered No. 109

Hospital ____

FULL NAME OF CHILD Laura May Potter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M			yes	July 13, 1912

FATHER		MOTHER	
FULL NAME	Harry E. Potter	FULL MAIDEN NAME	Laura M. Westfall
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) W. S. Hopper M.D.

(Physician or Midwife)

Address Cambridge Ida.

Filed July 30 19 12 C E Schmuck Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

967-114-04X-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Registration District No. 26 File No. 7275

Primary Registration District No. 2113 Registered No. 110

Hospital .....

FULL NAME OF CHILD Wilburt A Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	7 14 1912

FATHER		MOTHER	
FULL NAME	Everda Rogers	FULL MAIDEN NAME	Lucy Hansell
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

(Signature) F A Schmid

Physician

(Physician or midwife)

Address Midvale

Filed July 20 1912 F A Schmid Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1965

FEB 21 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

096-07-0406-017

[redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. ~, St.

Hospital ~

Registration District No. 26 File No. 7276

Primary Registration District No. 2112 Registered No. 111

FULL NAME OF CHILD Evelyn Eva Broderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	7 17 1912

FATHER		MOTHER	
FULL NAME	August Broderson	FULL MAIDEN NAME	Iva. Sappingfield
RESIDENCE	Weiser	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Schleswig Holstein Germany	BIRTHPLACE	Salem Oregon
OCCUPATION	Stockman	OCCUPATION	H. Wife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Feeniey

Physician (Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed July 17th 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

152-125-046231

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 7277

Primary Registration District No. 2113 Registered No. 112

FULL NAME OF CHILD Franklin Jessis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	7 25 1912

FATHER		MOTHER	
FULL NAME	Alexander R K Jessis	FULL MAIDEN NAME	Ethel Black
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Penn
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth #4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

(Signature) F A Schmidt MD

(Physician or midwife)

Address Midvale

Filed July 25 1912 F A Schmidt Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

385-230-044-791

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7278

County of Washington

City of Salubria

Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. 214 Registered No. 113

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		7	Yes.	July 30, 1912

FATHER		MOTHER	
FULL NAME	George E Lyman.	FULL MAIDEN NAME	Nancy Gray.
RESIDENCE	Salubria	RESIDENCE	Salubria Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tennessee	BIRTHPLACE	Mo.
OCCUPATION	Ranching.	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M.D.

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed July 31 1912 C E Schmuck Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 4 1973

JUL 1 8 1974

253-215-007-212

PLACE OF BIRTH

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Blaine

City of Arco

No. ____, ____ St.

Hospital

Registration District No. 21

File No. 7279

Primary Registration District No. 2024

Registered No. 126

FULL NAME OF CHILD Elva Lois Belnap

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
F	X		X	yes	July 15 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Amasa William Belnap	FULL MAIDEN NAME	Alma Louise Baker
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthaei M. D.

Physician.

(Physician or Midwife)

Address Arco Ida.

Given name added from a supplemental report

....., 19.....

Registrar

Filed July 20 19 17 R. Huntington

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

853/30-007-464

PLACE OF BIRTH

County of Blaine

City of Glenview

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 7280

Primary Registration District No. 2022 Registered No. 127

FULL NAME OF CHILD ELWIN BYRON Heckert

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	July 30, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolph Heckert	FULL MAIDEN NAME	Lena Dodderphul
RESIDENCE	Glenview	RESIDENCE	Glenview
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Ills
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Kerrnian M.D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

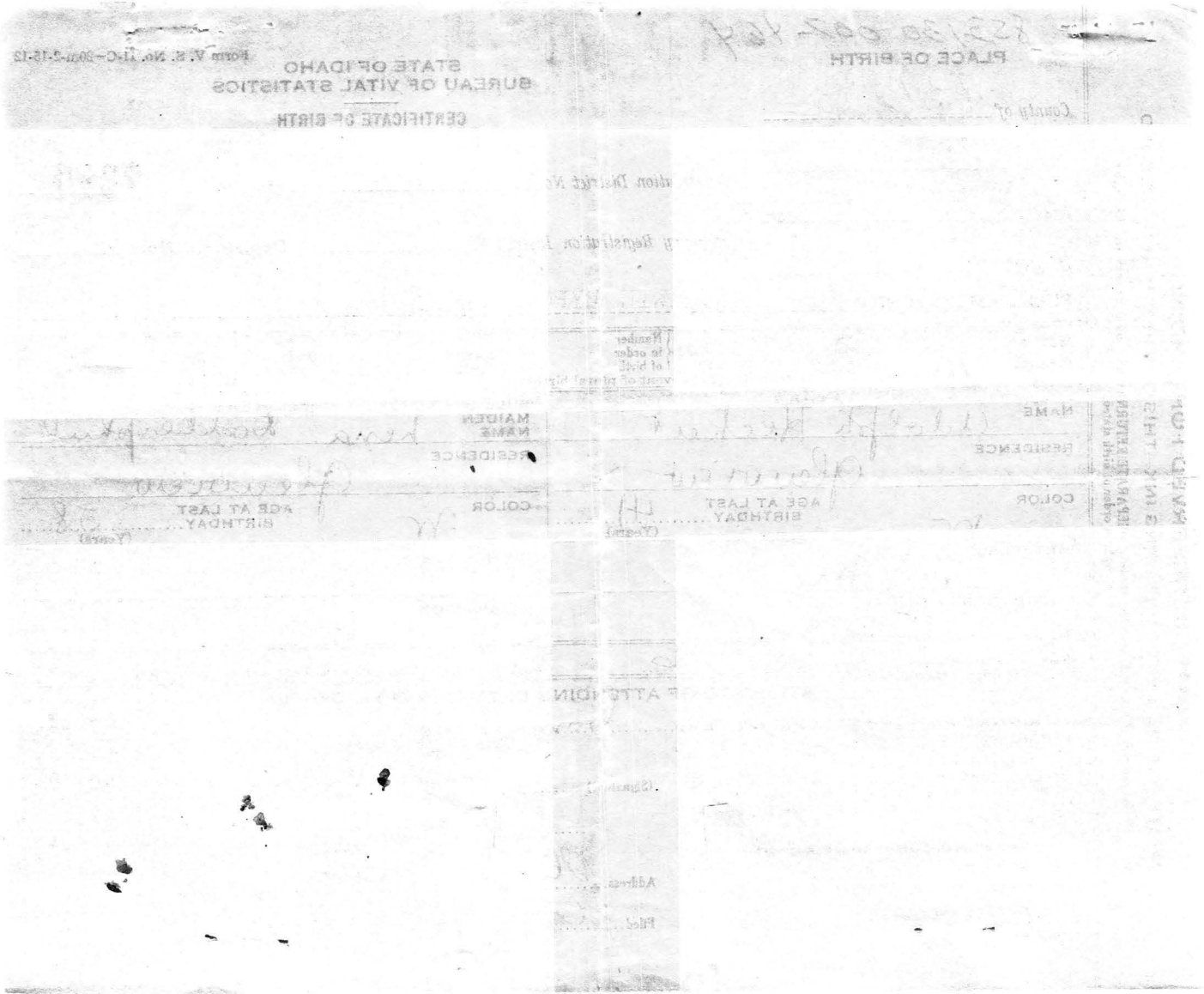
Filed Aug 1 19 12 R. Huntington Registrar

S-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Blaine, }

Certificate No. 7280

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 30, 1912 (DATE OF EVENT)
in Glendale, Blaine Co., Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by baptisimal record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 28, 1914 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Elwin Byron Heckert
Date of Birth	July 29, 1912	July 30, 1912

Subscribed and sworn to before me this 13th
day of February, 19 42.
D. R. Thamm, Clerk of the District Court
~~Notary Public~~, residing at Hailey, Idaho.
My commission expires
(SEAL)

Signed Adolph Heckert
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Bellevue, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 14 1942

55-9116.007-466

PLACE OF BIRTH

County of Blaine

City of Gary

No. ____ St.

Hospital ____

Form V. S. No. 11-C 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 7281

Primary Registration District No. 2025 Registered No. 128

FULL NAME OF CHILD Zelmer Emmerson Ervins

Sex of Child: Male | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July 16 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: George Warren Ervins	FULL MAIDEN NAME: Minnie Myrtle Moore
RESIDENCE: Fishcreek Idaho	RESIDENCE: Fish creek Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Gridly Butte Co. Calif.	BIRTHPLACE: Wills Berg Wilks Co. North Car.
OCCUPATION: Farming	OCCUPATION: House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Gary Ida.

Given names added from a supplemental report

____ 19____

____ Registrar

Filed July 20 19 12 Myrtle Lewis Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1972

361-207.007-361

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7282

County of Blaine

City of Bellevue *Registration District No.* 21 **File No.**

No. ....., ... *St.* *Primary Registration District No.* 2022 **Registered No.** 129

Hospital .....

FULL NAME OF CHILD ~~Not Named~~, Enid Coates

Sex of Child Girl	**Twin, Triplet, or other?** (To be answered only in event of plural births) and	**Number in order of birth** 4	**Legitimate?** Yes	**Date of birth** July (Month) 7 (Day) 1912 (Year)	

	FATHER	**MOTHER**
FULL NAME	Geo. T. Coates	**FULL MAIDEN NAME** Eva M. Coates
RESIDENCE	Bellevue	**RESIDENCE** Bellevue
COLOR	White	**COLOR** White
AGE AT LAST BIRTHDAY	38 (Years)	**AGE AT LAST BIRTHDAY** 28 (Years)
BIRTHPLACE	Canada	**BIRTHPLACE** Idaho
OCCUPATION	Merchant	**OCCUPATION** House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 7.45 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idaho

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed July 15 19 12

S-Y CO., 16670 *Registrar*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 7282
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Enid Coates (Name on original certificate) who (Was born or ~~died~~) on July 7, 1912 (Date of event)
in Bellevue (Place of event) Idaho are erroneous or ~~were omitted~~; and that, to the best of his knowledge, the
true facts as shown by her mother (Bible record, insurance policy, etc.) prepared on Dec. 16, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Enid Coats	Enid Coates

Subscribed and sworn to before me this 21st
day of December, 1942

Notary Public, residing at Spokane
My commission expires Aug 13. 1944
[SEAL]

Signed Lloyd A Wrucker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

507 N Montgomery Spokane
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

433-208-007 7-465

PLACE OF BIRTH

STATE BOARD
BUREAU OF VITAL STATISTICS

Form V. S. No. H-[illegible] Rev. 15-12

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

Registration District No. 21 File No. 7283

No. ____ St.

Primary Registration District No. 2022 Registered No. 130

Hospital ____

FULL NAME OF CHILD ~~[illegible]~~ Edith Dorothy McCoy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	July 18 1912

FATHER		MOTHER	
FULL NAME	James McCoy.	FULL MAIDEN NAME	Rosa Monks
RESIDENCE	Ketchum	RESIDENCE	Ketchum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	California	BIRTHPLACE	Nevada
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raaf M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Filed July 15 1912 Robert H. Taylor

Registrar

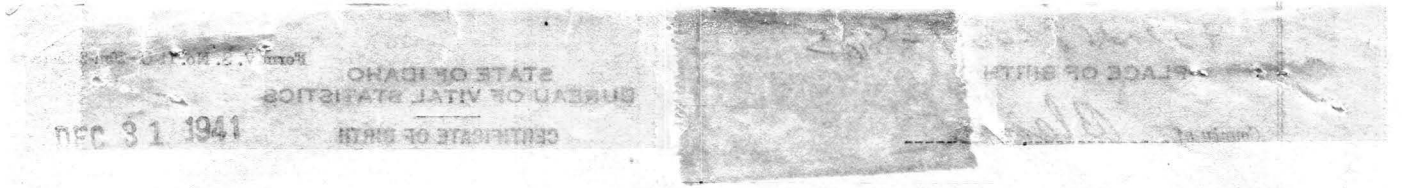
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


DEC 31 1941

763-126-007-619

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. _____ St.

Hospital _____

Form V. S. ~~No 16 Orig 20m 2-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 7284

Primary Registration District No. 2022 Registered No. 131

FULL NAME OF CHILD no name Raymond Louis Pothier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred A. Pothier	Ella Garland
RESIDENCE	Ketchum Idaho	Ketchum
COLOR / AGE AT LAST BIRTHDAY (Years)	White 24	White 21
BIRTHPLACE	Ketchum Idaho	Colorado
OCCUPATION	rancher	house wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a.m. on the date above stated.

(Signature) John J. Rast M.D.

(Physician or midwife)

Address Hailey Idaho

Filed July 30 19 12 _____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

7284

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City* Ketchum / *Street and House No.* / *County* Blaine }

Registered Number 131

Registration District No. 21

Sex of Child Male

Date of Birth, July (Month) 26 (Day) 1912 (Year)

Full Name of Father Fred N. Poetker

Full Maiden Name of Mother Ella Fannlund

I HEREBY CERTIFY that the child described herein has been named:

Raymond Louis Poetker
(Given name in full) (Surname)

as reported by Mrs. F. Poetker
(Father or Mother)

Robert H. Wright
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

165-231-007-228

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7285

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 132

FULL NAME OF CHILD Alma B. Jones

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 31 1912

FATHER		MOTHER	
FULL NAME	James Jones	FULL MAIDEN NAME	Ida Skyler
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rael M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 2 19 12 Robert H Coughlin

..... Registrar

S-Y CO. 20574 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 1 9 56 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Blaine }

Certificate No. 7285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jones (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 31, 1912 (Date of Event)
in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Alma Berle Jones

Subscribed and sworn to before me this 30th day of October, 1972.
Bonnie B. Beckley
Notary Public, residing at Bellevue, Idaho
My commission expires 5/1/74
(Seal)

Signed Marie Bolliger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Hailey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of October, 1972.
Bonnie B. Beckley
Notary Public, residing at Bellevue, Idaho
My commission expires 5/1/74
(Seal)

Signed J. Jeff Jones
(Signature of Any Credible Person)
Hailey, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10/26/72 nm

Letter from Blaine County School District No. 61, Box 1008 Hailey, Idaho, gives name as Alma Jones daughter of Mr. & Mrs. James Jones. She was 12 years old at this time. School Census was taken Sept., 1924. Viewed by V. S.

NOV 2 2 1972

Insurance Policy from Gem State Mutual Assoc., Pocatello, Idaho gives names as Alma B. Reeder/ Dated Oct. 15, 1951. Viewed by V. S.

819-216-1007-792

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Registration District No. 21

File No. 7286

Primary Registration District No. 2022

Registered No. 133

Hospital

FULL NAME OF CHILD Opal Estelle Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 16, 1912

FATHER		MOTHER	
FULL NAME	Ralph D. Harris	FULL MAIDEN NAME	Lena J. Gibson
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed July 16, 1912 Robert H. Wright Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 29 1966

113-116-007-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7287

County of Blaine

City of Hailey

Registration District No. 21 File No.

No. , St.

Primary Registration District No. 2022 Registered No. 134

Hospital

FULL NAME OF CHILD Ralph William Jackson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 16, 1912

FATHER		MOTHER	
FULL NAME	Ralph H. Jackson	FULL MAIDEN NAME	Ella Mary Williams
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Hailey Ida	BIRTHPLACE	Oregon
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed July 16 19 12 Robert H. Wright Registrar

Given names added from a supplemental report

, 19

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1942

719128·007-719

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 7288

Primary Registration District No. 2025 Registered No. 135

FULL NAME OF CHILD Gaile Parke

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 28, 1912

FATHER		MOTHER	
FULL NAME	Perry Parke	FULL MAIDEN NAME	Martha A. Parke
RESIDENCE	Carey Ida.	RESIDENCE	Carey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Carey Ida	BIRTHPLACE	Washington, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Knight M. D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed July 30 1912 Robert H. Lewis

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 18 1957

556-112 1007 459

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 7289

Primary Registration District No. 2673 Registered No. 136

FULL NAME OF CHILD Robert Newton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	July 12, 1912

FATHER		MOTHER	
FULL NAME	W. H. Newton	FULL MAIDEN NAME	Amy Denny
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8, a, M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Soldier Idaho

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed July 20 19 12 [signature]

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

264-224 1007-355

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 7290

No. ____, ____ St.

Primary Registration District No. 202B

Registered No. 137

Hospital ____

FULL NAME OF CHILD Melba Evelyn Bomp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 24, 1912

FATHER		MOTHER	
FULL NAME	Wm Bomp	FULL MAIDEN NAME	Essie Lee
RESIDENCE	Manard Idaho	RESIDENCE	Manard Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Alley M. D

(Physician or Midwife)

Address Soldier Blaine Co. Ida.

Filed July 30 1912 Emmett Hickey Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

433-201-03-914

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7292

County of Lewis

City of Vollmer

Registration District No 32 File No.

No ....., ... St.

Primary Registration District No. 2127 Registered No. 107

Hospital .....

FULL NAME OF CHILD Ruby Caroline McClaron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7, 1, 1912

FATHER

FULL NAME Don McClaron

RESIDENCE Vollmer, Ida.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Trinidad, Col.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nina Ramey

RESIDENCE Vollmer, Ida.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Holyoke, Col.

OCCUPATION Housewife

Number of child of this mother, including present birth Second

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burton

(Physician ~~or Midwife~~)

Address Vollmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-10-1912 Elton B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 24 1972

766-12 Y-031-967

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7293

Registration District No. 52 File No. 15

Primary Registration District No. 2125 Registered No. 108

FULL NAME OF CHILD U. Sil Lee Powell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	9	Yes	June 24, 1912

FATHER		MOTHER	
FULL NAME	John W. Powell	FULL MAIDEN NAME	Margie Boggs
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Household Duties

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Live June 24, at 11 00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed June 3 1912 E Taylor MD

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 15 1943

952-102-031-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7294

County of Teton

City of Russell Id.

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 1H

Primary Registration District No. 2128 Registered No. 109

FULL NAME OF CHILD Earl Fredrick Rekdahl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		one	yes	July 2 1912

FATHER		MOTHER	
FULL NAME	Andrew Rekdahl	FULL MAIDEN NAME	Minnie McCleand
RESIDENCE	Russell Idaho	RESIDENCE	Russell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Genesee Idaho	BIRTHPLACE	Clear Water Idaho
OCCUPATION	Laborer	OCCUPATION	Houre Keeper

Number of child of this mother, including present birth ..... one

Number of children, of this mother, now living, including present birth ..... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... July 2nd 1912 ....., at 11-60 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Lawley M. D.

Physician
(Physician or Midwife)

Given names added from a supplemental report

July 9 1912

E. Taylor
Registrar

Address Russell Idaho

Filed July 9 1912

E. Taylor M.D.
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

668-202 : 031-352

PLACE OF BIRTH

County of Lewis

City of Forest

No. Nez Perce St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 32 File No. 7295

Primary Registration District No. 2127 Registered No. 110

FULL NAME OF CHILD Letha Leona Fay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 2, 191?

FATHER		MOTHER	
FULL NAME	Andrew J. Fay	FULL MAIDEN NAME	Mary Lenor
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse Laing Klein

Physician

(Physician or Midwife)

Address Winchester, Ida

Filed July 31st 1912 Elsie N. Rogers Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 26 1961

DECEASED

344 204 031-349

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7296

County of Lewis

City of Forest

Registration District No. 32

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 111

Hospital

FULL NAME OF CHILD Helen T. Truskositz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 4, 1912

FATHER		MOTHER	
FULL NAME	Julius Truskosity	FULL MAIDEN NAME	Agnes Lurwig
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Hungaria	BIRTHPLACE	Hungaria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jew Laughlin

Physician

(Physician or Midwife)

Address Winchester Ida

Given names added from a supplemental report

....., 19.....

Filed July 31st 1912 Elsie B. Rogers

Registrar

.....

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 6 1974

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH
654-2009-031-418

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. Ranch St.

Registration District No. 32 File No. 7297

Primary Registration District No. 2127 Registered No. 112

Hospital

FULL NAME OF CHILD Margaret Feucht

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 9th, 192

FATHER		MOTHER	
FULL NAME	Anton Feucht	FULL MAIDEN NAME	Rosa Dahman
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wisconsin	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Minnesota
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse Laughlin

Physician

(Physician or Midwife)

Address Winchester, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 31st 192 Ellen B. Rogers

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 4 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
SEP 17 11 37 AM '73
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7297

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Feucht (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1912 (Date of Event) in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Margaret Feucht

Subscribed and sworn to before me this 8th day of September, 1973.

Sister M. Nachtsheim, OSB
Notary Public, residing at Cottonwood, Idaho
My commission expires December 11, 1973
(Seal)

Signed Robert A. Feucht
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cottonwood, Idaho 83522
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 1973.

Sister M. Nachtsheim, OSB
Notary Public, residing at Cottonwood, Idaho
My commission expires December 11, 1973
(Seal)

Signed Sister M. Alfreda
(Signature of Any Credible Person)

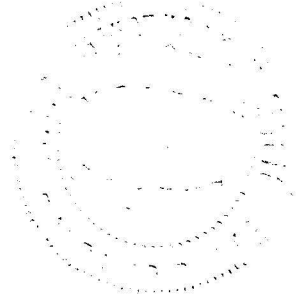
Cottonwood Idaho
(Street Address, City, State)

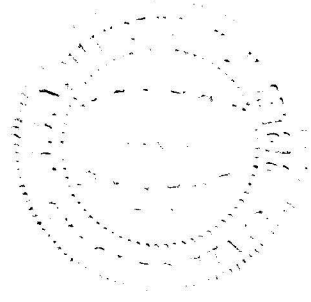
FORM DH 60-155 CL 9/4/73

Baptismal record written in Latin gives name as Margareta Feucht. Was born July 9, 1917 Was Baptized July 12, 1912. Signed by. Joseph M. Cataldo. copy dated 7-9-27. Viewed by V. S.

OCT 24 1973

Letter from St. Mary's Hospital, Cottonwood, Idaho 83522 gives name as Margaret Feucht. born ~~XXXX~~ July 9, 1912 at Winchester, Idaho. Signed by Sister Mary Mildred ,RRA, Medical Record Admin. Viewed by V. S.





265-212-031-168

PLACE OF BIRTH

County of Lewis

City of Snow - Ida

No. Durarungen Ranch St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

7298

Registration District No. 32 File No.

Primary Registration District No. 2127 Registered No. 113

FULL NAME OF CHILD Geo Belle Durarungen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				July 13th 1912

FATHER		MOTHER	
FULL NAME	Thomas Buega Mattison Durarungen	FULL MAIDEN NAME	Gertrude Mabel Johnson
RESIDENCE	Snow - Ida	RESIDENCE	Snow - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 8:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Enoch Laughlin

Physician

(Physician or Midwife)

Address Winchester - Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-31-1912 Ellen B. Rogers

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 4 1953

68-218-031-893

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai Series

City of Forest

Registration District No. 32 File No. 7299

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 114

Hospital ____

FULL NAME OF CHILD Nellie Beatrice Bryatt,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				July 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raleigh Bryatt	Elva Hill
RESIDENCE	Forest	Forest
COLOR	Light	Light
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Bryon State	Washington State
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Ryals

Midwife Grandmother
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

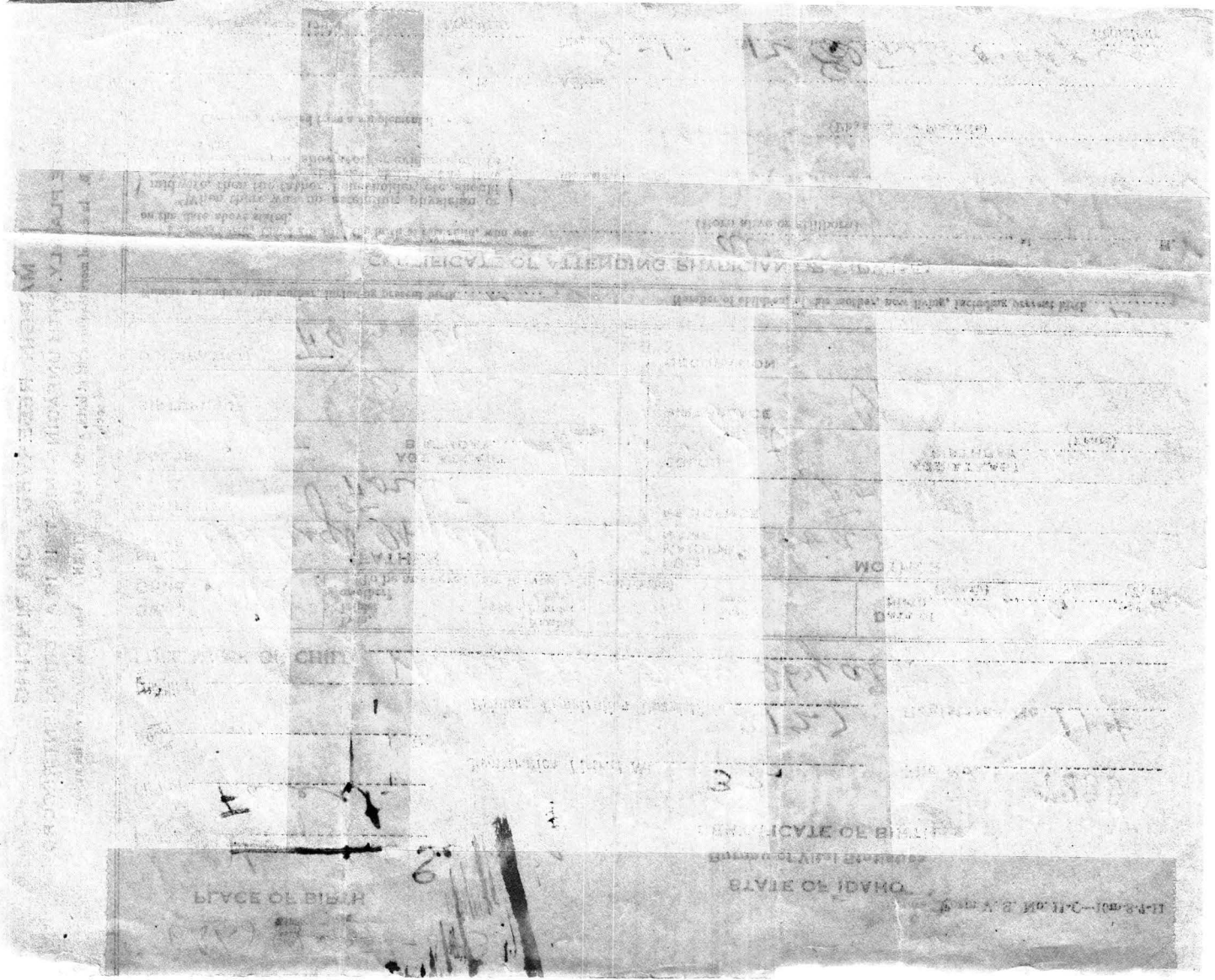
Filed 8-1-1912 Elbert D. Rogers
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



962-119-031-791

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 7300

No. ____ St.

Primary Registration District No. 2127 Registered No. 110

Hospital ____

FULL NAME OF CHILD Wesley Rogers Rossiter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7-19-1912

FATHER		MOTHER	
FULL NAME	Nicholas Rossiter	FULL MAIDEN NAME	Mary Granquist
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn	BIRTHPLACE	Sweden
OCCUPATION	Lumber Grader	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-19-1912 Elton P. Rogers

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Baker } ss.

Certificate No. 7300

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wesley Rogers Rossina (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1912 (Date of Event)
in Winchester, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Birth Record (Bible Record, Insurance Policy, Etc.) prepared on shortly after the birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Wesley Rogers Rossini	Wesley Rogers Rossina
name of father	Nicholas Rossini	Nicholas S. Rossina
Birth date	July 19, 1912	July 19, 1912

Subscribed and sworn to before me this 17th
day of February, 19 42.

Edward C. Silvers
Notary Public, residing at Baker, Oregon
My commission expires 10/27/44
(Seal)

Signed Mary Rossina
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

309 Hillcrest Drive, Baker, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Baker } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

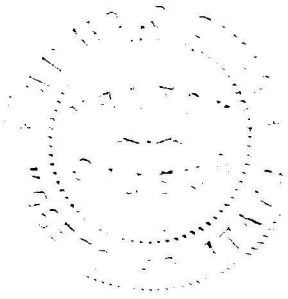
Subscribed and sworn to before me this 17th
day of February, 19 42.

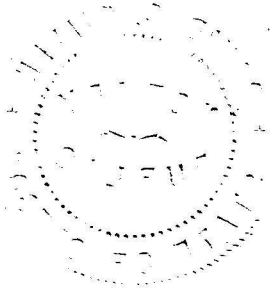
Edward C. Silvers
Notary Public, residing at Baker, Oregon
My commission expires 10/27/44
(Seal)

Signed Nicholas S Rossina
(Signature of Any Credible Person Other Than Previous Year)

309 Hillcrest Drive, Baker, Oregon
(Street Address, City, State)

FEB 19 1942





819420'03-236

PLACE OF BIRTH

Form V. S. No. 11-C—15m-4-20-11

STATE OF IDAHO
BUREAU OF VITAL STATIS.

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester — Registration District No. 32 — File No. 7301

No. ____ St. — Primary Registration District No. 2127 — Registered No. 116

Hospital ____

FULL NAME OF CHILD Clifford Delbert Harris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	7-20-12

FATHER		MOTHER	
FULL NAME	Roy Harris	FULL MAIDEN NAME	Alena Leonard
RESIDENCE	Winchester, Idaho	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb.	BIRTHPLACE	Mich.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy Harris (Father of child)

(Physician or Midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7-23 1912 Ellen P. Rogers
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-225-031-432

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7302

County of Lewis

City of Snow P.O.

Registration District No. 32

No. Mobb Ridge

Primary Registration District No. 2127

Registered No. 117

Hospital

FULL NAME OF CHILD Freda Freman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 25, 1912

FATHER		MOTHER	
FULL NAME	Albert A. Freeman	FULL MAIDEN NAME	Mary McBee
RESIDENCE	Snow P.O.	RESIDENCE	Snow P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Emil Laughlin

Physician

(Physician or Midwife)

Address Nezperce - Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 31st 1912 Elbow M. Rogers

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated

4/22/41 L. B.

6/2/41 L. B/

386-125-031-866

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Reo

Registration District No. 32

File No. 7303

No. ____, ____ St.

Primary Registration District No. 2127

Registered No. 118

Hospital ____

FULL NAME OF CHILD unnamed Oakley Thomason

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. K. Thomason	Eliza Hood
RESIDENCE	Reo Idaho	Reo. Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	43
BIRTHPLACE	Arkansas	Arkansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Co Tarwish

Physician

(Physician or Midwife)

Reo Idaho.

Address

Given names added from a supplemental report

....., 19.....

Filed Aug 2nd 1912 Edna B. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 11 1987

749-227-03-362

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 32 File No. 7304

Primary Registration District No. 2127 Registered No. 119

FULL NAME OF CHILD ~~Unassigned~~ Vivian Merle Price

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			yes	July 27, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl F. Price	FULL MAIDEN NAME	Grace Costley
RESIDENCE	Filer Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Missouri
OCCUPATION	Elect Engineer	OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Parmish

Physician

(Physician or Midwife)

Address Filer, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Aug 2nd 1912 Elton B. Rogers

Registrar

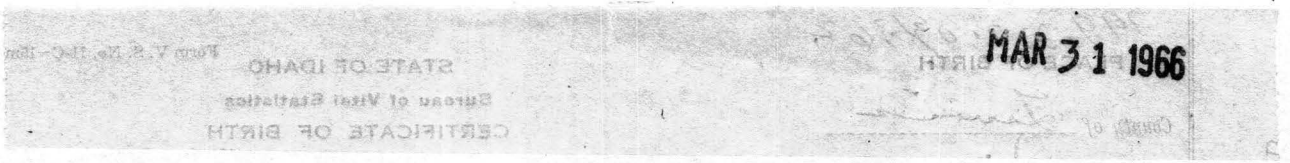
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


MAR 31 1966

231-229-03-459

PLACE OF BIRTH

County of Lewis

City of Flo

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 7305

Primary Registration District No. 2127 Registered No. 120

FULL NAME OF CHILD unnamed Mildred May

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	July 29, 1912

FATHER		MOTHER	
FULL NAME	James A Standage	FULL MAIDEN NAME	Clara Unzicker
RESIDENCE	Flo Idaho	RESIDENCE	Flo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Boise Ida	BIRTHPLACE	Kansas
OCCUPATION	Minister	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Parrish

Physician

(Physician or Midwife)

Address Flo Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 2 1912 Elton Nichols Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

133-131-031-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Vallmer

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 7306

Primary Registration District No. 2127 Registered No. 121

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	July 31, 1912

FATHER		MOTHER	
FULL NAME	Ben Allen	FULL MAIDEN NAME	Jissie Fox
RESIDENCE	Vallmer, Ida	RESIDENCE	Vallmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	~~Illinois~~ Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 1 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or Midwife)

Address Vallmer, Ida.

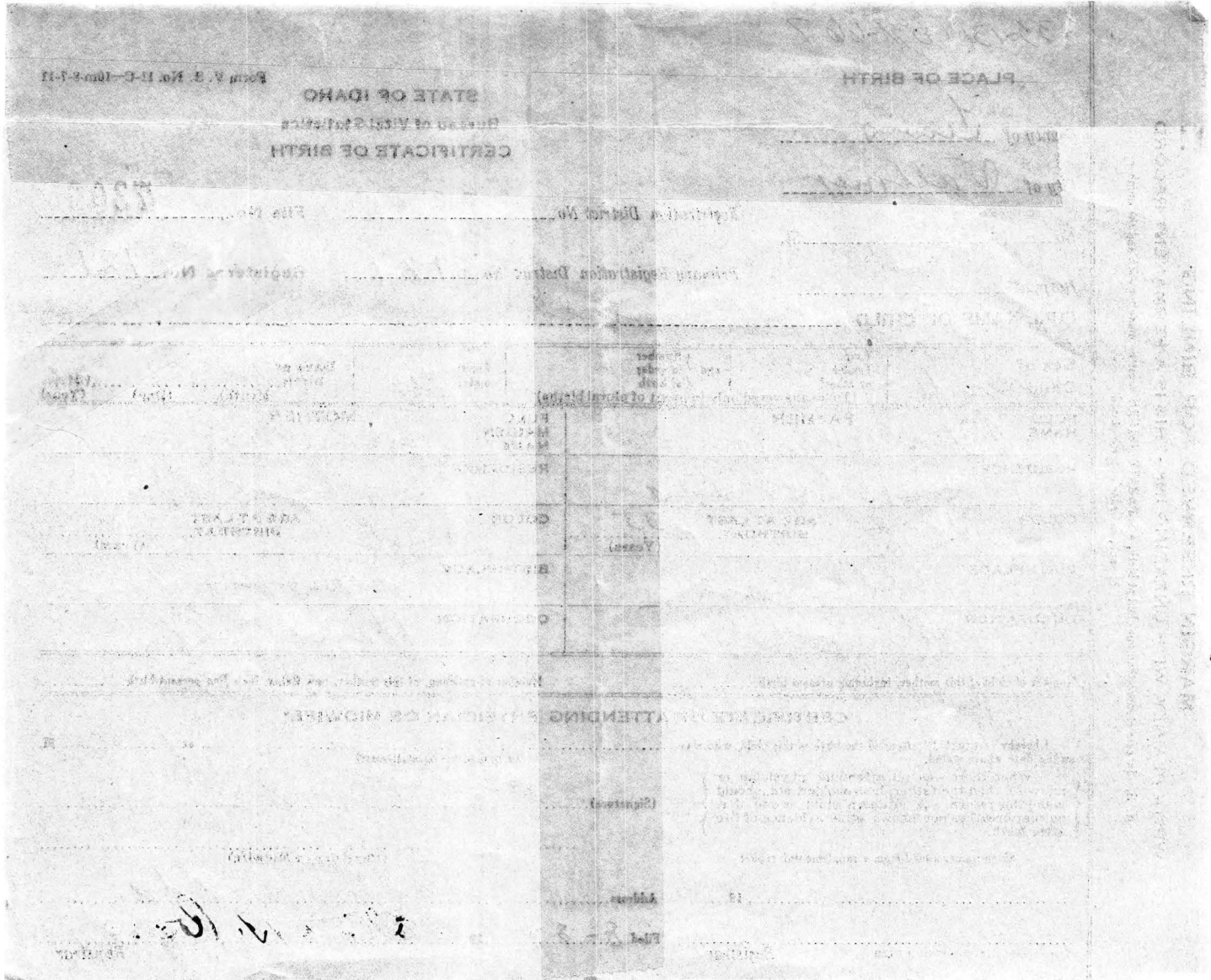
Given names added from a supplemental report

____, 19____

____ Registrar

Filed 8-8-1912 Elsie R. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



133-231031-268

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Vollmer

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 32 — File No. 7307

Primary Registration District No. 2127 — Registered No. 122

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 31 1912

FATHER		MOTHER	
FULL NAME	Benjiman Allen.	FULL MAIDEN NAME	Laura Boyd
RESIDENCE	Vollmer Ida.	RESIDENCE	Vollmer Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Lincoln, Mo.	BIRTHPLACE	Baldwin Ill.
OCCUPATION	Horse dealer	OCCUPATION	Housewife.

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or ~~Midwife~~)

Address Vollmer Ida.

Given names added from a supplemental report

____, 19____

Filed 8-8-1912 Elton B. Rogers
Registrar

____
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

238-115-042-799

[redacted] PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Twin Falls.

City of Dray Creek.

No ____, ____ St.

Registration District No 23 X Y File No. 7308

Primary Registration District No 2097 Registered No. ____

Hospital ____

FULL NAME OF CHILD Glenn Harold Blystone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	7 - 15 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. L. Blystone.	Bessie Price.
RESIDENCE	Dray Creek.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Ia.	Wis.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M. D. (Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-16 1912 J. H. Murphy Registrar

.....

SYMS - YORK CO., PTRS. & BORS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

COLOR

AGE AT LAST BIRTHDAY (Years)

Amended 1-24-57

PLACE OF BIRTH

245-129-042-399

County of Twin Falls

City of 2 W. 1 S. Castleford

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 231 File No. 7309

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Guy Edward Kinyon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7-29-12

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	E. W. Kinyon	FULL MAIDEN NAME	Grace Crissman
RESIDENCE	2 W. 1 S. Castleford	RESIDENCE	2 W. 1 S. Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy, M. D.

(Physician or midwife)

Address Buhl, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 7-31-12 J. H. Murphy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of 2 W. 15. Castleford. Registration District No 2387 File No. 7309

No ....., ... St. Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD E. W. Runyan Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes.	7 – 21 1912

FATHER		MOTHER	
FULL NAME	E. W. Runyan.	FULL MAIDEN NAME	Grace Grissman
RESIDENCE	2 W. 15. Castleford	RESIDENCE	Same.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	COLOR	W.
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Mo.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1130 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy. M. D.

(Physician or Midwife)

Address Buhl Ida

Given names added from a supplemental report

....., 19.....

Filed 7-31 1912 J. H. Murphy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 7309
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for E. W. Kinyon, Jr. (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1912 (Date of Event)
in Twin Falls Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on 6-11-37 #519-01-8831 (Give Date), are:
Child's Birth Certificate June 26, 1940 #296001 Viewed by V. S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	E. W. Kinyon, Jr.	Guy Edward Kinyon

Subscribed and sworn to before me this 14th day of Jan, 1957
Frank C. Gunn
Notary Public, residing at Buhl, Ida
My commission expires 1-25-58
(Seal)

Signed Grace I. Kinyon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Castleford, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Jan, 1957
Frank C. Gunn
Notary Public, residing at Buhl, Ida
My commission expires 1-25-58
(Seal)

Signed Fred Hardman
(Signature of Any Credible Person)
415 - 9th Ave N - Buhl, Idaho
(Street Address, City, State)

FORM DPH 55. 155

1-2-P

512.210642-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7310

County of Twin Falls.

City of Buhl.

No ....., ... St.

Registration District No 2881 File No .....

Primary Registration District No 2087 Registered No .....

Hospital .....

FULL NAME OF CHILD Baby Eastman.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.			Yes.	7 (Month) 10 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	J. O. Eastman.	FULL MAIDEN NAME	Harriet Grant.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	25
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Harvard Ill.	BIRTHPLACE	Harvard Ill.
OCCUPATION	Merchant.	OCCUPATION	Housework

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mumfley.

M. D. (Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-12 1912 J. H. Mumfley Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 9 1976

3/9/23 · 042-396

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2381 File No. 7311

Primary Registration District No. 2387 Registered No. ____

FULL NAME OF CHILD Howard R Carter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 23, 1912

FATHER		MOTHER	
FULL NAME	Emery V. Carter	FULL MAIDEN NAME	Hattie Crooks
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or Midwife)

Address Buhl Ida.

Given names added from a supplemental report

____, 19____

Filed 7-31 1912

____ Registrar

J. T. Mumby Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 4 1972

719-122-042-859

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2081 File No. 7312

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	7 22 1912

FATHER		MOTHER	
FULL NAME	Harlow H Parker	FULL MAIDEN NAME	Elma Francis Herr
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Indianapolis Ind
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 7-26 1912 J. F. Murphy

..... Registrar

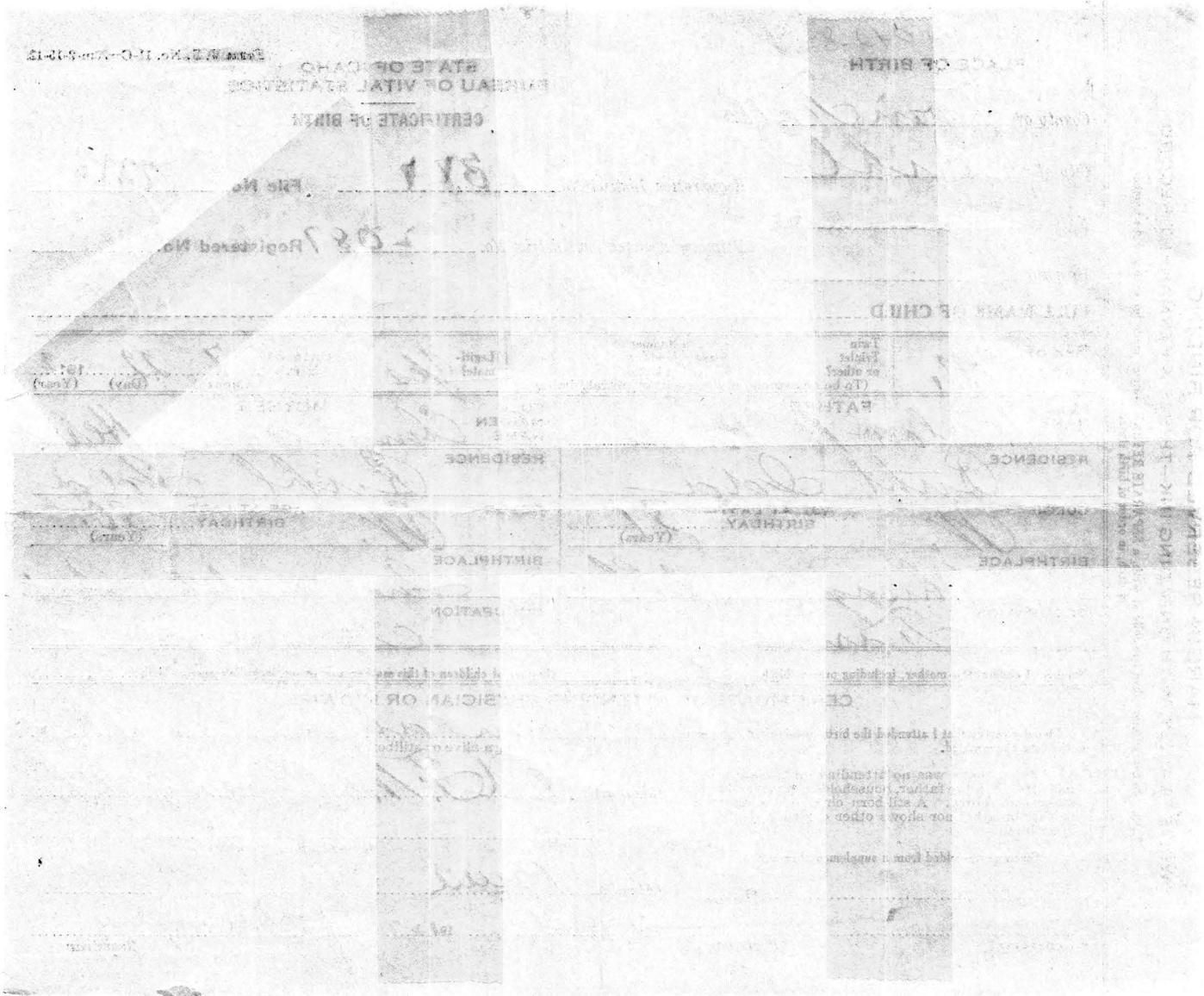
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



669/18/042-454

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 7313

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Fred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	7 18 1912

FATHER		MOTHER	
FULL NAME	B. Franklin Foreman	FULL MAIDEN NAME	Pearle Underwood
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Marshalltown Iowa	BIRTHPLACE	Warsaw, Ill
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

(Signature) J. T. McClusky

W D

(Physician or midwife)

Address Buhl Ida.

Filed 7-22 1912 J. T. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

163213.042-964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 73 File No. 7314

No. ____, ____ St.

Primary Registration District No. 2086 Registered No. ____

Hospital ____

FULL NAME OF CHILD Bernice Marion Molee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	7 — 13 — 1912

FATHER		MOTHER	
FULL NAME	Garland Molee	FULL MAIDEN NAME	Elizabeth A Rodgers
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Elkhart Ind	BIRTHPLACE	Columbus Ind
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on July 13 1912, at Birth a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. A. Miller

midwife

(Physician or Midwife)

Address Filer

Given names added from a supplemental report

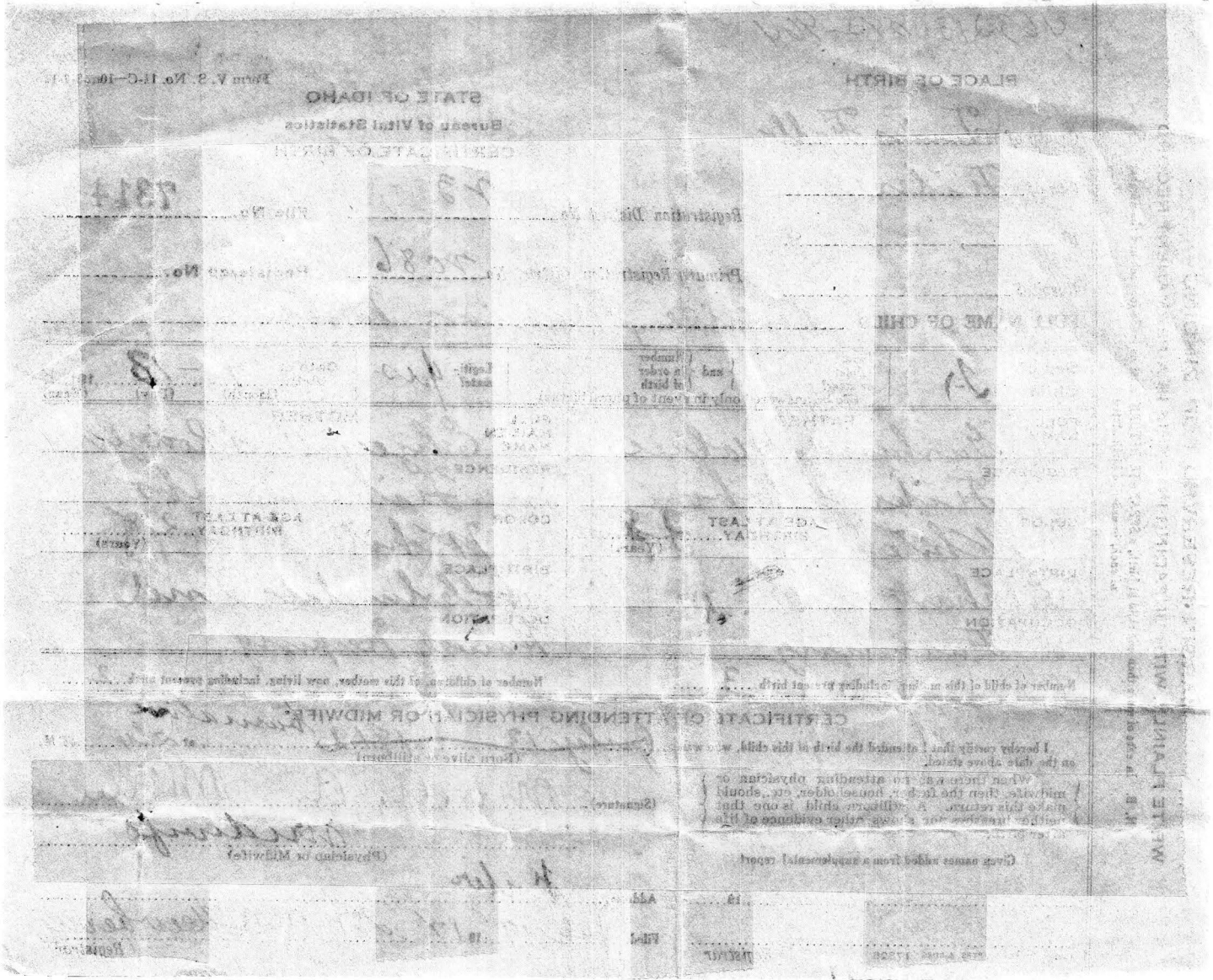
....., 19.....

Filed July 19 1912 Dr. A A Newberry

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS 17326



23/-211042-565

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 23 File No. 7315

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Catherine Beaslee

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
G		Yes	July 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Beaslee	Kate Noel
RESIDENCE	Filer - Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	New York	Simpson Kas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

M. D.

(Physician or midwife)

Filer Ida

Address .....

Given names added from a supplemental report

..... 19.....

Filed 7-14 19 12 A A Newberry

..... Registrar

Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1954

FEB 8 1974

954-206 042-255

(Be sure the information is complete and accurate)

Amended 3-2-65

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7316
Local Reg. No.
Reg. Dist. No. 23

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Twin Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Margaret b. (Middle): Ann c. (Last): Redman

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 6, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): David b. (Middle): F. c. (Last): Redman

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): Elizabeth c. (Last): Beery

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. O. Boyd, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7-10-1912

22. REGISTRAR'S SIGNATURE: John F. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten through in completing this certificate. Sign and return to the local registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

" "

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 7316

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		4	Yes	July 6, 1912

FATHER		MOTHER	
FULL NAME	David F. Redman	FULL MAIDEN NAME	May Elizabeth Berry
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lot Boyd

M.D.

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 7-10 19 12 John F. Coughlin

Registrar

S-Y CO., 16670

MAR 2 1965

JAN 5 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 1 1964 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 7316

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Redman (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Ann Redman
Full Maiden Name of Mother	May Elizebeth Berry	Mary Elizabeth Beery

Subscribed and sworn to before me this 30th day of March, 19 64
A. Stansbeck
Notary Public, residing at Modesto
My commission expires March 12, 1966
(Seal)

Signed Dorothy Kidd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 8-1679 Paulines Modesto, Calif
(Street Address, City, State)
sister of subject

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Stanislaus California
County of Stanislaus } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 19 64
A. Stansbeck
Notary Public, residing at Modesto
My commission expires March 12, 1966
(Seal)

Signed Gloria J. Heath
(Signature of Any Credible Person)
1208 Enslen Modesto Calif
(Street Address, City, State)
Cousin of subject

FORM DH 60-155

CL 11-29-63. one copy pd. rec. #12892. total of 2 copies pd.
4-1-64 one copy pd. rec. #17767.

Modesto Junior College, Application for Admission, Modesto, California, dated Aug. 14, 1930 gives full name of applicant as Margaret Ann Redman, born July 6, 1912 at Twin Falls, Idaho - viewed by V.S.

Robertson Hospital, Modesto, California, Hospital Birth Certificate, gives full name of child as Harold Eugene Bartlett, born Dec. 4, 1936 to Harold Harter Bartlett born July 2, 1911 at Hollywood, Calif. and Margaret Ann Redman, born July 6, 1912 at Twin Falls, Idaho - viewed by V.S.

Death Memorial, gives full name as Mary Elizabeth Beery Redman, died Dec. 29, 1952 at Modesto, California, born Oct. 7, 1879 at Shambough, Iowa - viewed by V.S.

Newspaper clipping of death notice of Mary Elizabeth Beery Redman - viewed by V.S.

33/125·042-915

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7317

County of Twin Falls

City of " "

No. door east St.

Registration District No. 23

File No.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD WILBER RAE Claar CLAAR

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male ~~Female~~	Twins	1st	yes	July 25 1912

FATHER	MOTHER
FULL NAME John U. Claar CLAAR	FULL MAIDEN NAME Etta S. Rae
RESIDENCE Twin Falls, Ida	RESIDENCE Twin Falls, Ida
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Nebraska
OCCUPATION Real Estate	OCCUPATION Housework

Number of child of this mother, including present birth ~~4~~ 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 445 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson MD.

Physician (Physician or midwife)

Address Twin Falls Ida

Filed 7-30 1912 John L. Coughlan Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 7317

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Baby Claar (Name on Original Certificate) who was born (Was Born or Died) on July 25 - 1912 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on July 25 1912 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wilber Rae Claar

Subscribed and sworn to before me this 6th
day of June, 1942

Stuart H. Taylor

Notary Public, residing at Twin Falls

My commission expires Jan. 1 - 1946
(Seal)

Signed Mrs J. N. Claar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

424 - Walnut St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 9 1942

753128104-984

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____ St.

Hospital ____

Form V. S. No. 13-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 7318

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Donald Lester Peters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2	Yes.	7 - 28 1912

FATHER		MOTHER	
FULL NAME	Cornelius Peters	FULL MAIDEN NAME	Margaret Slade
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Wis
OCCUPATION	Shoemaker	OCCUPATION	Housf.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 6-1 19 12 Johnst Coughlin
Registrar

.....
Registrar

8-Y CO. 20174

331-225-042915

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
" "

City of _____

No. _____ St.

Hospital _____

Registration District No. 23 File No. 7319

Primary Registration District No. 2985 Registered No. _____

FULL NAME OF CHILD Wilma Claar

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin	2	Yes	7. 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Claar.	Etta S. Rae.
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	32.
BIRTHPLACE	Ohio	Neb.
OCCUPATION	Real Estate	Nurse.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Livealone (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M. D.
(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 7-30 1912 John F Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1970

6/4/41 L. B.

815·116·042-753

Form V. S. No. 11—(Rev. 2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7320

County of Twin Falls,

City of Twin Falls

No. 428 - Addison St.

Hospital

Registration District No. 23 File No.

Primary Registration District No. 2086 Registered No.

FULL NAME OF CHILD ~~Baby Hansen~~, Harold Lorentz Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 16, 1912

FATHER		MOTHER	
FULL NAME	Nicholas Hansen.	FULL MAIDEN NAME	Pauline Peterson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls,
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden.	BIRTHPLACE	Norway.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Goodrich M D

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

19

Filed 8-1 1912 John T. Engleman Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 14 1964
Bureau of Vital Statistics

State of Utah } ss.
County of Weber }

Certificate No. 7320

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hansen (male child) (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & Certificate of Blessing & Confirmation & Baptism (Bible Record, Insurance Policy, Etc.) prepared on 6-OCT.-1912 & JAN.2-1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Harold Lorentz Hansen
Child's Date of Birth	Not Given	July 16, 1912
		Harold Lorentz Hansen

Subscribed and sworn to before me this 12 day of July, 1964.
Frank L. Jamison
Notary Public, residing at Ogden, Utah
My commission expires Aug. 15-64
(Seal)

Signed Thelma Hansen Owen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of July, 1964.
Frank L. Jamison
Notary Public, residing at Ogden, Utah
My commission expires Aug. 15, 1965
(Seal)

Signed Thelma Hansen Owen
(Signature of Any Credible Person)

662 Ely Place
(Street Address, City, State)
Salt Lake City Utah

FORM DH 60-155

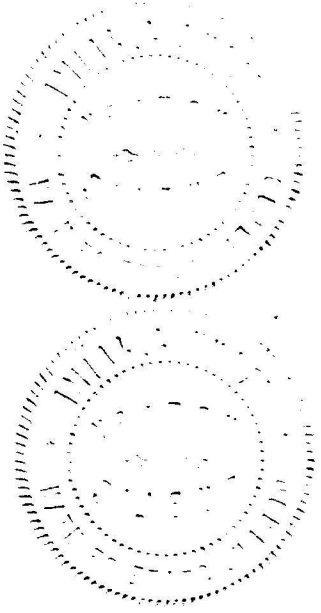
CL 5-5-64. one copy pd. rec. #19222.

L.D.S. Church Cert. of Blessing, Oct. 6, 1912 gives full name as Harold Lorentz Hansen, son of J. Nicholas Hansen and Pauline Peterson, born July 16, 1912 at Twin Falls, Idaho- viewed by V.S.

NOV 19 1964

L.D.S. Church Cert. of Baptism and Confirmation, Jan. 2. 1921 gives full name of child as Harold Lawrence Hansen, son of J. Nicholas Hansen and Pauline Peterson born July 16, 1912 at Twin Falls, Idaho - viewed by V.S.

photo copy of Certificate of Ordination, to the position as an Elder, May 31, 1964, gives full name as Harold Lorentz Hansen - Ogden First Ward, Weber Stake - viewed by V.S.



688.124.042-336

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 23 — File No. 7321

No. ____, 2nd St. — Primary Registration District No. 2085 — Registered No. ____

Hospital ✓

FULL NAME OF CHILD Laurence George Whyte

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	4	yes	July 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alex Whyte	Jessie Scott
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Scotland	Scotland
OCCUPATION	Blacksmith	House Work

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Coburn M. D.

(Physician or Midwife)

Address Twin Falls

Filed 7-25 1912 John Langhlin Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

JAN 15 1964

393-42-043-1

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

TATE OF IDAHO

u of Vital Statistics

FICATE OF BIRTH

County of Twin F

City of Twin Fa tration District 3 File No. 7322

No 305, 2nd ave mary Registratio 2085 Registered No.

Hospital

FULL NAME OF CHILD RALPH RAYMOND Tile

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	other	7th	yes	July 12, 1912

FATHER		MOTHER	
FULL NAME	Frank Tile	FULL MAIDEN NAME	Carrie Patterson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Burton McCarty

Physician
(Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-14 1912 John F Coughlin

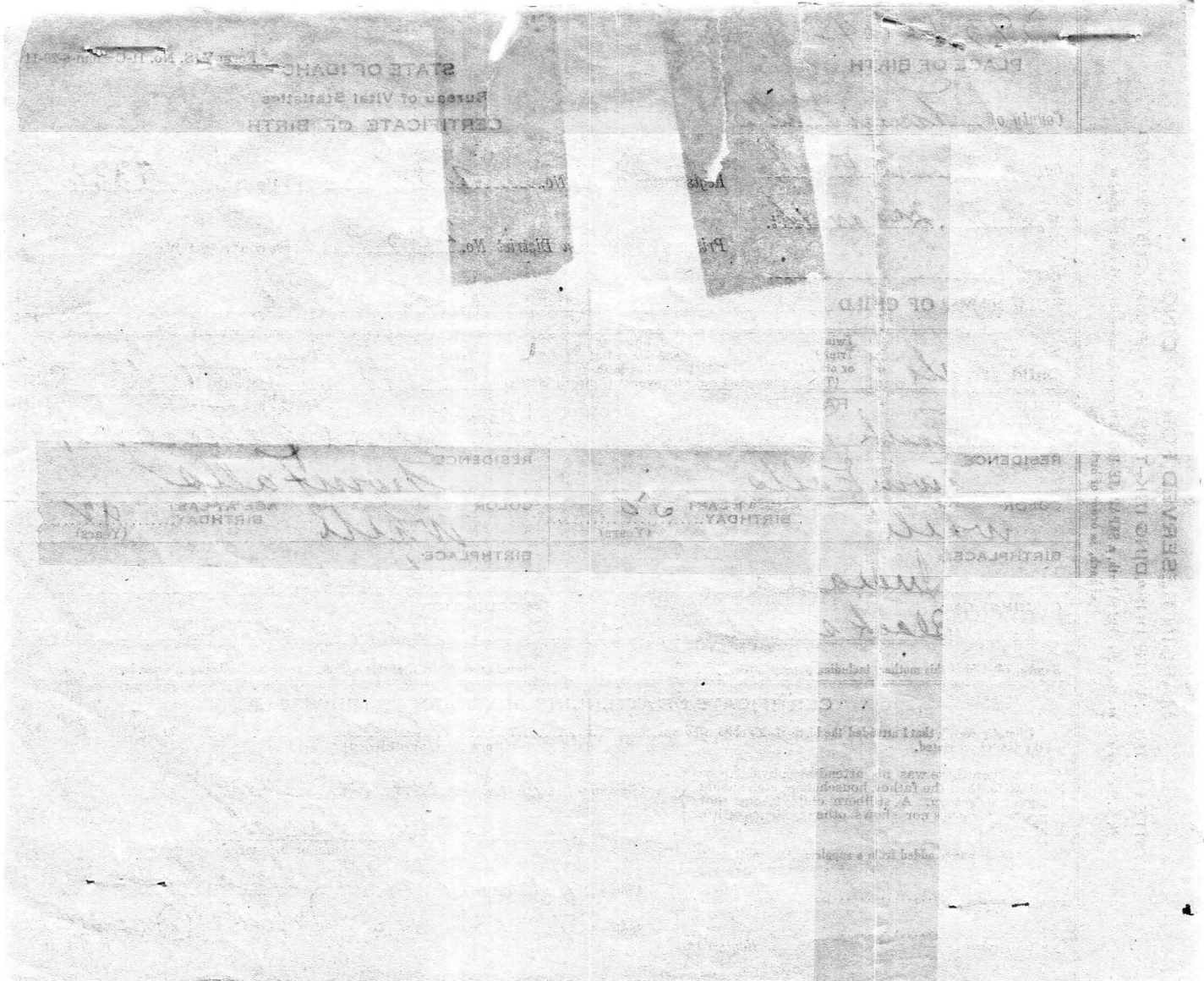
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 1 1941
County of Bear Lake }

Certificate No. 7322
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Ralph Raymond Tiel (Name on original certificate) who was born (Was born or died) on July 12, 1912 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family bible (Bible record, insurance policy, etc.) prepared on few days after birth of child (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Tile	Ralph Raymond Tile

Mrs. Lovis Bladnet

Subscribed and sworn to before me this 29
day of November, 1941.
Albert E. Nemgett
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

12-2-11

12-14-11

469-109-042-673

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of such, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 7323

Primary Registration District No. 2085 Registered No.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

FULL NAME OF CHILD Marquess

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	and —	Yes	7 9 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Clarence C. Marquess	FULL MAIDEN NAME Virginia Williams
RESIDENCE	Hillsdale, Ida.	RESIDENCE Hillsdale Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Ark.
OCCUPATION	Ranchman	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 7-12 1912 John T. Coughlan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Form V. S. No. 11-C—10m 8-1-11

PLACE OF BIRTH

CERTIFICATE OF BIRTH

FATHER

MOTHER

AGE AT LAST BIRTHDAY

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

493-124-042-389

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 507 Main Ave W St.

Hospital

FULL NAME OF CHILD John ~~Gillette~~ Milner milner

Form V. S. No. 11—10m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 7324

Primary Registration District No. 2085 Registered No.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	July 24 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harley C. Milner Milner	Lulu Childs
RESIDENCE	Twin Falls, Ida	Twin Falls, Ida
COLOR / AGE AT LAST BIRTHDAY	White — 46 (Years)	White — 44 (Years)
BIRTHPLACE	Wisconsin	Iowa
OCCUPATION	Retired Lumberman	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-1 19.12 John T. Coughlan
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—20m-2-16-1

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417425 042-667

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 112 7th Ave E. St.

Hospital

Registration District No. 2 3

File No. 7325

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD James Fox Maxwell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Maxwell	Elizabeth Fox
RESIDENCE	Twin Falls, Ida.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Canada	Carlon Ohio.
OCCUPATION	Banker	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.35 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M. D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-1 19 12 John T. Coughlin
Registrar

S-Y CO. 20175

JAN 4 1974

2/3/41 L B

636-231042-391

PLACE OF BIRTH

County of Twin Falls

City of " "

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 7326

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		yes	July 31 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John O'Connor	Marie Trappeau
RESIDENCE	Twin Falls, Ida	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	17 (Years)
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 8-1-1912 John F. Coughlin Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 3 1973

753228-042-984

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7327

County of Twin Falls

City of " "

No. Grand St.

Hospital

Registration District No. 23 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Dorothy L. Peters

Sex of Child Female

Twin Triplet or other? Twin and Number in order of birth 1st

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth July (Month) 28 (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME Cornelius Peters	FULL MAIDEN NAME Margaret Ihde
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Holland	BIRTHPLACE Wisconsin
OCCUPATION Shoemaker	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Wilson M D

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 8-1 19 17 John F Coughlin
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1962

453-227-042-958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 7328

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		5	Yes	June 27 1912

FATHER		MOTHER	
FULL NAME	Geo A Decker	FULL MAIDEN NAME	Virginia Reynolds
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Virginia
OCCUPATION	Ditch Rider	OCCUPATION	housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Boyd M.D.

(Physician or midwife)

Address Twin Falls

Filed 7-29 19 12 John F. Congleton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAR 1 7 1971

281-219-042-657

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 7329

Primary Registration District No. 2095 Registered No. ____

FULL NAME OF CHILD Olive Irene Sharp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	yes	July 1, 1912

FATHER		MOTHER	
FULL NAME	Nova V Sharp	FULL MAIDEN NAME	Cary Weaver
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls.
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd MD

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 7-24 1912 John T. Coughlin

Registrar

S-Y CO., 16670

Registrar

MAY 1 8 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 7 10 09 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7329

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Sharp (female) who was born on July 19, 1912 in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ..... , are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Sharp	Olive Irene Sharp

Subscribed and sworn to before me this 26 day of May, 1973.

Walter McDarris
Notary Public, residing at Gooding, Idaho
My commission expires 4/16/77
(Seal)

Signed Edward Sharp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

600 I St Jerome Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of May, 1973.

Walter McDarris
Notary Public, residing at Gooding, Idaho
My commission expires 4/16/77
(Seal)

Signed Sara Lee Farmer
(Signature of Any Credible Person)

R2 Filer Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5/17/73

Own child's birth certificate on file in Idaho (#310577) gives name as Jaunita Lee Wyatt born Feb. 9, 1941. father's name given as Glenn Franklin Wyatt and the mother's name as Olive Irene Sharp. viewed by V. S.

JAN 30 1974

Page from family Bible gives name as Olive Irene Sharp born July 19, 1912. Viewed by V. S.

385-127-042-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 7330

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD Arthur Lynch

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	and	Yes	7 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Lynch	Pearl Sword
RESIDENCE	Kimberly Ida	Kimberly Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 28	White 27
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 8-7 1912 John F. Coughlin

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

PATHER

MOTHER

CERTIFICATE OF ATTENDANT

STATE OF IDAHO

Form V. S. No. 11-C—10m 8-7-11

318-222-042-466

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Twin Falls

City of Hansen

Registration District No. 2 3 File No. 7331

No. ✓, St.

Primary Registration District No. 2083 Registered No.

Hospital ✓

FULL NAME OF CHILD MAUDE VERNON Loycook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other	3	yes	July 22, 191 2

FATHER	MOTHER
FULL NAME Elvis Loycook	FULL MAIDEN NAME Stella Dowling
RESIDENCE Hansen	RESIDENCE Hansen
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Longmont Colo.	BIRTHPLACE Longmont Colo
OCCUPATION Grain buyer	OCCUPATION Hswf

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Duncan L. Alexander

Physician
(Physician or Midwife)

Address Twin Falls Ida

Filed 7-27 1922 John F. Coughlan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 7331

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for None (Name on Original Certificate) who WAS Born (Was Born or Died) on July 22, 1917 (Date of Event)
in Hansen Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ Her knowledge, the
true facts are shown by Red Cross Instructor Cert. (Bible Record, Insurance Policy, Etc.) prepared on Oct. 16, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Maude Vernon Laycook

Subscribed and sworn to before me this 25th
day of May, 1942

Clifford S. Fallis
Notary Public, residing at Jerome Idaho

My commission expires My Commission Expires May 20, 1945.
(Seal)

Signed Phella Fedora Laycook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hansen Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of May, 1942

Clifford S. Fallis
Notary Public, residing at Jerome Idaho

My commission expires My Commission Expires May 20, 1945.
(Seal)

Signed Mrs. Laura E. Hinman
(Signature of Any Credible Person Other Than Previous Year)

127 8th Ave. E. Twin Falls, Idaho
(Street Address, City, State)

MAY 26 1942

MAY 28 1942

47-31-020-759

[redacted] OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7332

Elmore

City of King Hill Registration District No. 20 File No.

No. , St. Primary Registration District No. 2021 Registered No. 43

Hospital

FULL NAME OF CHILD Herbert Manroe Wagner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	4	yes	July 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clem Wagner	Bernice Perkins
RESIDENCE	King Hill	King Hill
COLOR / AGE AT LAST BIRTHDAY (Years)	White 38	White 22
BIRTHPLACE	America	America
OCCUPATION	Pumper	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 31st 1912 at 7:30 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician (Physician or Midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed July 31 1912 J. W. Davis

Aug 3 1912 W. L. Frazier

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 4 1943

8184-13-020-249

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 7334

No. ____, ____ St. Primary Registration District No. 20-1 Registered No. 44

Hospital ____

FULL NAME OF CHILD JOHN FREDERICK HAYS

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	3d	No	July 13th, 1912

FATHER		MOTHER	
FULL NAME	Frederick Hays	FULL MAIDEN NAME	Tettie Smith
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Engineer	OCCUPATION	None

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 13, 1912 at 11 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M D

Physician (Physician or Midwife)

Address Glenn's Ferry

Filed July 14th 1912 J. W. Davis Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

Aug 3, 1912 W. L. Frazier

S-Y CO., 16670

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

No. 7334

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

Form V. S. No. 27B—1M-6-20-11.

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7334

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Elmira Twp
Street and House No.
County Elmore

Registered Number,
Registration District No. 20

Sex of Child Male

Date of Birth July 13th (Month) (Day) 1912 (Year)

Full Name of Father: Frederick A Hays

Full Maiden Name of Mother: Lettie Smith

I HEREBY CERTIFY that the child described herein has been named:

John Frederick Hays
(Given name in full) (Surname)

as reported by Mrs. Hays
(Father or Mother)

J. W. Davis
(Local Registrar)

S-Y CO. 16659

297-111-020-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 7335

No. ....., ... St. Primary Registration District No. 2021 Registered No. 45

Hospital .....

FULL NAME OF CHILD Harvey Burke Bixby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	3	yes	July 11, 1912

FATHER	MOTHER
FULL NAME: Lorenzo Dennis Bixby	FULL MAIDEN NAME: Blanche Carbury
RESIDENCE: Glenn's Ferry Idaho	RESIDENCE: Glenn's Ferry Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Brakeman	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 11 1912 at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Davis M D

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed July 12 1912 J W Davis

Registrar

Aug 3 1912 W. L. B. [illegible]

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RESIDENCE

BIRTHPLACE

BIRTHPLACE

168-21D-020-295

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 7336

No. ....., ... St. Primary Registration District No. 2021 Registered No. 4 c

Hospital .....

FULL NAME OF CHILD ~~Not Named~~ Marjorie Biehl Johnson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single	4	no	July 10th (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank O. Johnson	FULL MAIDEN NAME	Ida Biehl
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomative Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive July 10th 1912 at 11:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 11th 1912 J. W. Davis
aug 3-1912 D. L. Lovejoy

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 12 1965

MAR 2 - 1954

613.209.020-859

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry Registration District No. 20 File No. 7337

No. ____, ____ St. Primary Registration District No. 2021 Registered No. 47

Hospital ____

FULL NAME OF CHILD Evaline Walker

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	July 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gilbert C. Walker	Jena Hertut
RESIDENCE	Cold Springs Creek	Cold Springs Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	18
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) July 9 1912 at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D

Physician

(Physician or Midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed July 10 1912 J. W. Davis

Registrar

Aug 3. 1912 W. L. Fry

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 0 1975

231-202-1020-231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 3 File No. 7339

No. ____, ____ St.

Primary Registration District No. 321 Registered No. 49

Hospital ____

FULL NAME OF CHILD Verna Blakesten BLACKSTEN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	3	yes	July 2nd 1912

FATHER		MOTHER	
FULL NAME	James Blakesten	FULL MAIDEN NAME	Jeona Blakestell
RESIDENCE	Cold Springs, Cruf.	RESIDENCE	Cold Springs, Cruf.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arminca	BIRTHPLACE	Arminca
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 1st 1912, at 10 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Davis

Midwife

(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

..... 19.....

Filed July 2nd 1912 J. W. Davis

Registrar

S-Y CO., 16670

Registrar

aug 3. 1914. M. L. Dragoo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

BIRTHDAY

BIRTHPLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Elmore } ss.

Certificate No. 7339

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on July 2 - 1912 (Date of Event)
in Glenns Ferry (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Balckstine	Blacksten
Name	July 1st	July 2nd, 1912

Subscribed and sworn to before me this 11th
day of June, 1942
Geo. A. Robertson
Notary Public, residing at Glenns Ferry Idaho
My commission expires Feb 14, 1944
(Seal)

Signed Mrs James C Blacksten (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Glenns Ferry - Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 12 1942

JUN 16 1942

834120 c20739

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 7340

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 50

Hospital ____

FULL NAME OF CHILD Louis Iturri

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	July 20th, 1912

FATHER		MOTHER	
FULL NAME	Victor Iturri	FULL MAIDEN NAME	Christina Alzola
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.20 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.L.O. Walker

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 3 1912 W. L. Trogden

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

795-228-020-361

PLACE OF BIRTH

County of Elmore

City of Mt Home

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20 File No. 7341

Primary Registration District No. 2040 Registered No. 51

FULL NAME OF CHILD Beatrice Pinkston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Green Berry Pinkston	Belva Coats
RESIDENCE	Mt Home	Mt Home
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 27
BIRTHPLACE	Missouri	Bruneau Idaho
OCCUPATION	Teamster	House Wife

Number of child of this mother, including present birth three

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONCA

Midwife

(Physician or Midwife)

Address Mtn Home Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 3 1912 W L Hoagland

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1949

413-130-020-53

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 2 3

File No. 7342

No. ....., ... St.

Primary Registration District No. 2020

Registered No. 63

Hospital .....

FULL NAME OF CHILD Homer Wayne Mac Master

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			3	Yes	July 30, 1912

FATHER		MOTHER	
FULL NAME	Homer C. Mac Master	FULL MAIDEN NAME	Rose Viola Nelson
RESIDENCE	Kuna Ida	RESIDENCE	Kuna Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Minn
OCCUPATION	Station agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) July 30, 1912 at 2.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician (Physician or Midwife)

Address Mt Home Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 1 1912 W. L. Frazier

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

43247 419

PLACE [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of _____ Registration District No. 31 File No. 7343

No. _____ St. Primary Registration District No. 216 Registered No. 138

Hospital _____

FULL NAME OF CHILD Patrick Ferrel McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	4. 27. 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum W. McBride	Isabelle Martindale
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	29
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.46 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Schawrum
(Physician or midwife)

Address Oakley Idaho

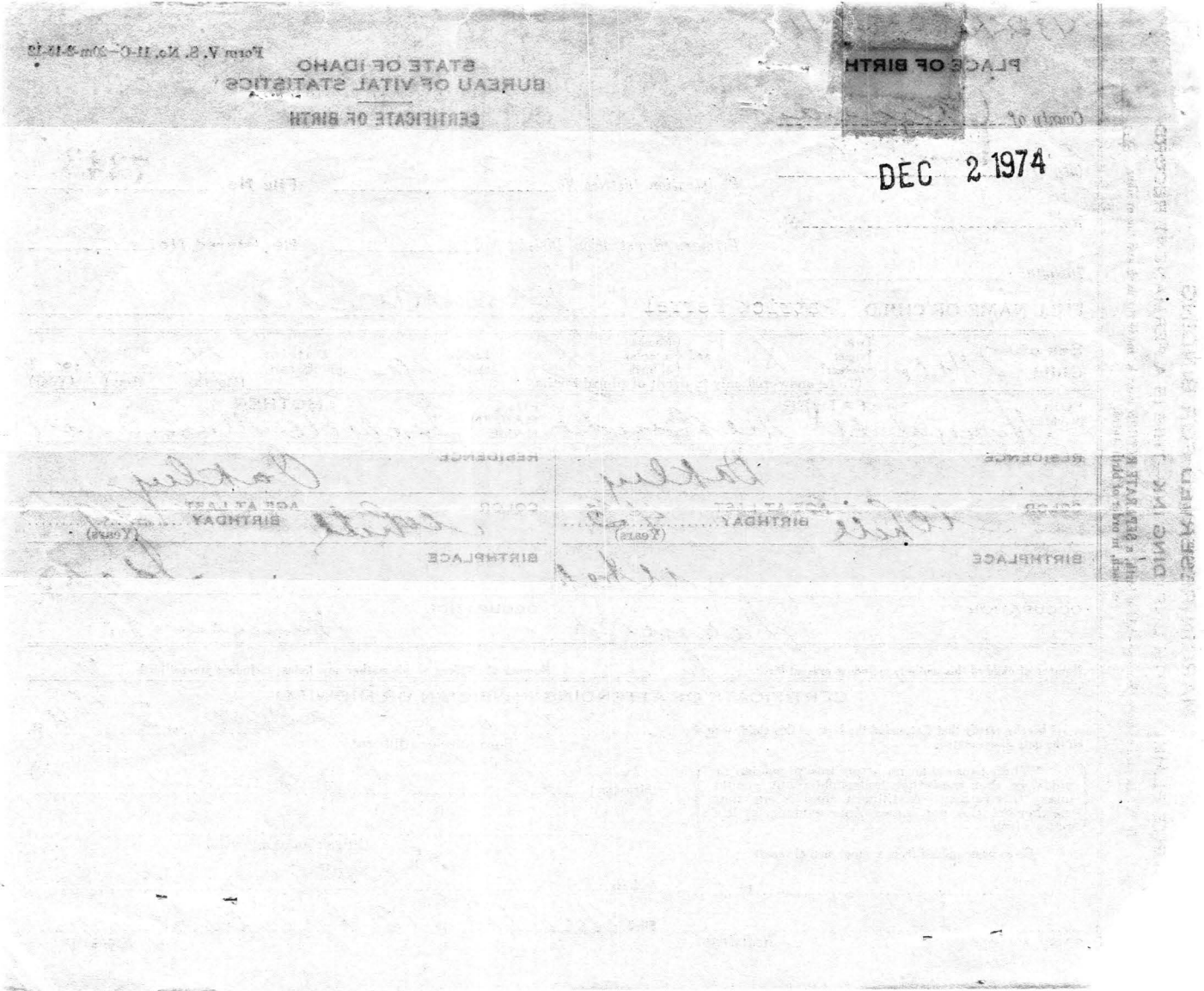
Given names added from a supplemental report

..... 19.....

Filed Aug 12 19 12 L. B. Stockalper
Registrar

..... Registrar

S-Y CO. 20174


DEC 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 22 12 39 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7343

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McBride (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 27, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Patrick Ferrel McBride

Subscribed and sworn to before me this 19 day of May, 1975

Carol L McKee

Notary Public, residing at Winnemucca, Nev

My commission expires 7/1/75

(Seal) CAROL M. MCKEE Notary Public - State of Nevada Humboldt County My Commission Expires July 24, 1975

Signed Edna E McBride
(Signature of parent of attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

..... (Street Address, City, State)

FORM DH 60-155 5-9-75

Insurance policy from Continental Asssurance Co. gives name as Patrick F. McBride date of issue is Nob. 8, 1955. Policy No. 2162. born July 28, 1912. viewed by VS

Honorable Discharge from the US Navy gives name as Patrick Ferrel McBride. dated Oct. Oct. 28, 1945.born July 28, 1912. viewed by V. S.

JUN 11 1975

213-12-0016-381

PLACE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 7344

Primary Registration District No. 2126 Registered No. 129

FULL NAME OF CHILD FRANK SHELDON Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	4 16 1912

FATHER	MOTHER
FULL NAME Charles Bates	FULL MAIDEN NAME Catharine M. Chapman
RESIDENCE Basin	RESIDENCE Basin
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Nevada
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:13 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Johansen

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 12 19 12 L. B. Standley

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

3-27-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STAT
MAR 20 2 26 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7344

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bates (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1912 (Date of Event)

in Cassia County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	omitted	Frank Sheldon Bates
Town of birth	omitted	Basin

Subscribed and sworn to before me this 27th day of March, 19 72

Florence Cartright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Mrs. Frank Bates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5700 Pierce Park Lane
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

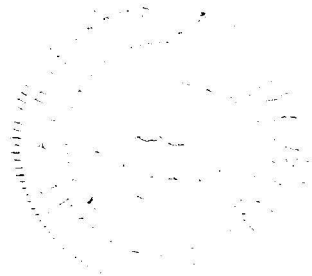
.....
(Street Address, City, State)

FORM DH 60-155

MAR 28 1972

Family Bible Record gives name as Frank [illegible] Sheldon Bates born July 26, 1912 in Basin, Idaho. Record obviously old.
Viewed by V.S.

Own childs birth certificate on file with state of Idaho gives name of father as Frank [illegible] Sheldon Bates. Born at Basin, Idaho Certificate # 377676
Viewed by V.S.



Childs cert, #391217 # 377676

Amended 9-2-58

PLACE OF BIRTH

381-21-06-418

County of Cassia

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. File No. 7345

Primary Registration District No. Registered No.

FULL NAME OF CHILD Elda Chapman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	7-17-1912 192

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Lide Chapman	FULL MAIDEN NAME: Nellie I. Dayley
RESIDENCE: Basin	RESIDENCE: Basin
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmed	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.P. Oldham, M.D.

(Physician or midwife)

Address Oakley, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed AUG 12 1912

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Forms V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Registration District No. _____ File No. 7345

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Chapman

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	July 17 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lide Chapman	FULL MAIDEN NAME	Nellie C. Dayley
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1209 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Dohanes M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed AUG 12 1912

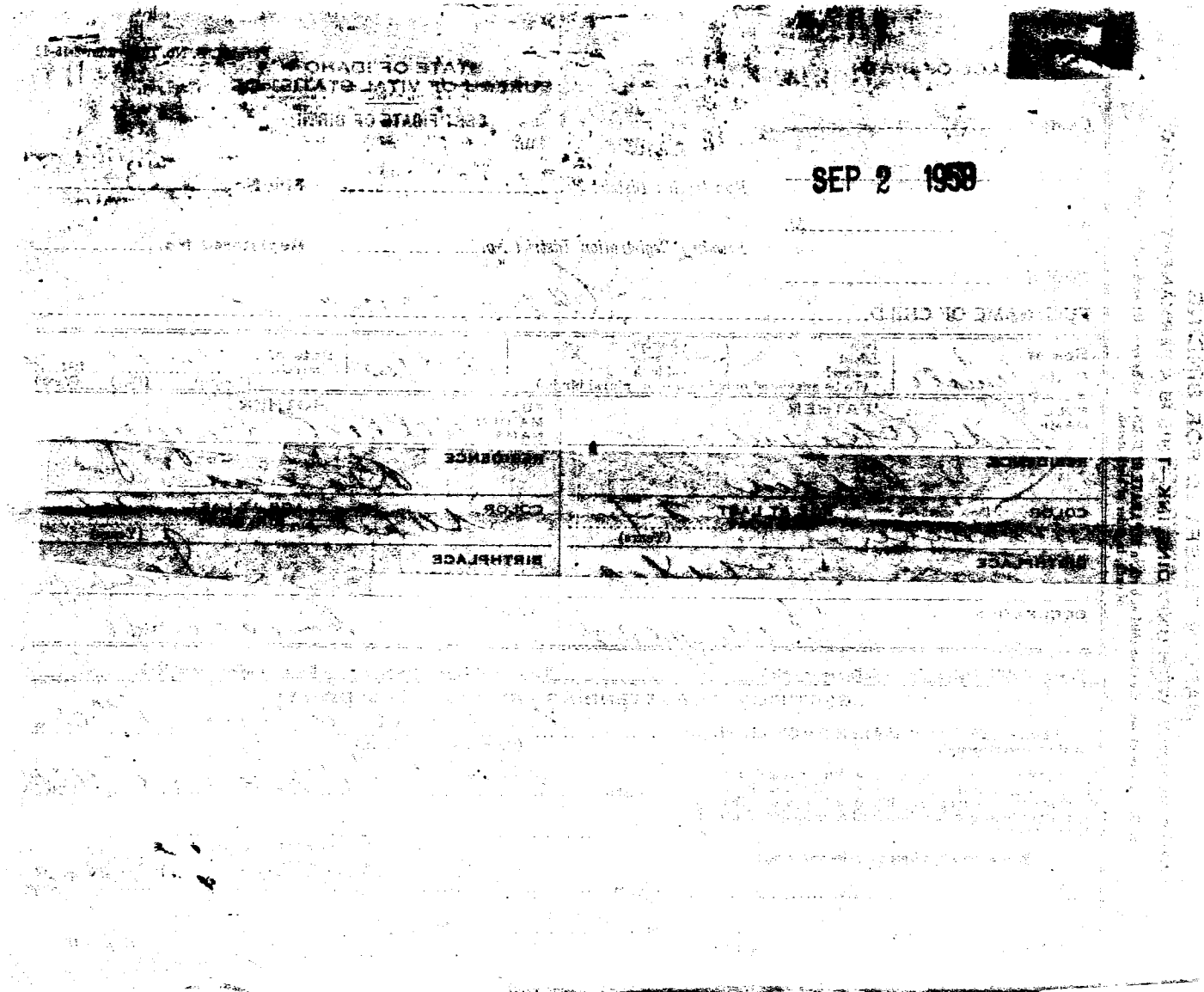
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


SEP 2 1958

Marriage License gives Child's name as Elda Chapman, Dec. 9, 1929 viewed by V.S. and School Record, May 16, 1927 gives correct Child's Name, viewed by V.S. Another Child's birth cert. gives correct mothers name Mother's Marriage License gives her name as #156782 viewed by V.S. Nellie I. Dayley so we have corrected as Nellie I. viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Grant

Certificate No. 7345

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Chapman (Name on Original Certificate) who born (Was Born or Died) on July 17, 1912 (Date of Event) in Cassia County. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Chapman	Elda Chapman
Full Maiden Name of Mother	Nellie C. Dayley	Nellie Isabell Dayley

Subscribed and sworn to before me this 23 day of July, 1958

Notary Public, residing at Moses Lake, Wash.
My commission expires May 30 1962
(Seal)

Signed Nellie Isabell Chapman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

226 Knolls Vista Drive, Moses Lake Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of July, 1958

Notary Public, residing at Moses Lake
My commission expires May 30 1962
(Seal)

Signed J Lithan Chapman
(Signature of Any Credible Person)

226 Knolls Vista Dr., Moses Lake Wash.
(Street Address, City, State)

FORM DPH 55.155

NNCL sent 7-16-58. nm

995·202·016-

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Marion Registration District No. 31 File No. 7347

No. ____, ____ St. Primary Registration District No. 2126 Registered No. 141

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	+ (To be answered only in event of plural births)	5	+	august 2 1912

FATHER	MOTHER
FULL NAME: William Rivers	FULL MAIDEN NAME: age 32
RESIDENCE: Marion	RESIDENCE:
COLOR: White AGE AT LAST BIRTHDAY.....(Years)	COLOR: 28 AGE AT LAST BIRTHDAY.....(Years)
BIRTHPLACE:	BIRTHPLACE:
OCCUPATION: farmer	OCCUPATION:

Number of child of this mother, including present birth..... 5

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was..... (Born alive or stillborn), at.....M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) annie blair M

(Physician or Midwife)

Address Marion

Given names added from a supplemental report

....., 19.....

Filed Aug 12 1912 L P Stockslager Registrar

S-Y CO., 16670

of each, in order of birth stated.

Z NO MOTHER

258-226-018214

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Dixie

No. ..... St.

Hospital .....

Registration District No. 17 File No. 7348

Primary Registration District No. 2078 Registered No. 39

FULL NAME OF CHILD Ruby Agnes Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 26 1917

FATHER		MOTHER	
FULL NAME	Prince Albert Snyder	FULL MAIDEN NAME	Clara Virginia Robbins
RESIDENCE	Dixie, Ida	RESIDENCE	Dixie Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	W. Va.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth —

Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

(Physician or midwife)

Address —

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 30 1917 J. M. Smith Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265·206·018·258

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Orofino

*Registration District No.*_____ **File No.** 7349

No._____ St.

*Primary Registration District No.*_____ **Registered No.** 40

Hospital _____

FULL NAME OF CHILD Eva Marie Bowers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie Bowers	Clara Belle Snyder
RESIDENCE	Orofino Ida	Orofino, Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	white 45	White 40
BIRTHPLACE	W. Va.	W. Va.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ *Registrar*

Address —

Filed July 30 1912 J. M. Fairley *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

38-230-014-469

PLACE OF BIRTH

[redacted] TATE OF IDAHO
u of Vital Statistics
FICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Custer

City of Mackay

No. ..... St.

Hospital Res

Registration D[redacted] No. 14

Primary Registra[redacted] District No. 2064

File No. 7350

Registered No. 56

FULL NAME OF CHILD John Thamm

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 30, 1912

FATHER	MOTHER
FULL NAME: John Thamm	FULL MAIDEN NAME: Estella Morgan
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Col-	BIRTHPLACE: Idaho
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos Barker

(Physician or Midwife)

Address Mackay Idaho

Given name added from a supplemental report

....., 19.....

Filed 8/7 1912 C. T. Thistlay Registrar

.....
Registrar

S-Y CO., 16669

MAY 15 1944

955-219-019-613

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital Res

Registration District No. 14 File No. 7352

Primary Registration District No. 2067 Registered No. 88

FULL NAME OF CHILD Ivey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 18, 1912

FATHER	MOTHER
FULL NAME: Ginger Ivey	FULL MAIDEN NAME: Francis Watson
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 11 30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. O. Barker

(Physician or Midwife)

Address Mackay Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed 8/7 1912 C. S. Watts

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1974

293-1191 018-168

PLACE OF BIRTH

County of Custer

City of Chilly

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3052

File No. 7353

Primary Registration District No. 14

Registered No. 62

FULL NAME OF CHILD Baby Killian

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	6, 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo E. Killian	Anna Johnson
RESIDENCE	Chilly, Idaho	Chilly, Idaho.
COLOR	Wh	Wh.
AGE AT LAST BIRTHDAY (Years)	42	34
BIRTHPLACE	Utah.	Utah
OCCUPATION	Rancher	H. Wife.

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis P. Richards - Md.

(Physician or Midwife)

Address Murray, Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 22 19 21 C. E. Kirtley Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Revised 20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314/106·003-249

PLACE OF BIRTH

[redacted] OF IDAHO
[redacted] TAL STATISTICS

Form V. S. No. 11-C—20m-2-15-13

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 7354

No. ____ St.

Primary Registration District No. 2046

Registered No. 182

Hospital ____

FULL NAME OF CHILD Max Edward Lamb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 6 1912

FATHER		MOTHER	
FULL NAME	Claude E. Lamb	FULL MAIDEN NAME	Ruth Burrows
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Farmington, Utah	BIRTHPLACE	Brigham, Ut.
OCCUPATION	R.R. Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaysley
Registrar

Filed June 14, 1912

Ellis Kaysley
Registrar

S-Y CO. 20174

NOV 5 1974

693-130-003-282

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7355

County of Bannock

City of Downey

Registration District No. 11 File No.

No. St.

2046
Primary Registration District No. Registered No. 183

Hospital

FULL NAME OF CHILD: Floyd Wilding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 30 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Heber Wilding	FULL MAIDEN NAME	Zilla Bybee
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Fountain Green, Utah	BIRTHPLACE	Downey, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mcnaul

Physician (Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Downey, Idaho.

Filed Jun 24, 1912

Ellis Kaney
Registrar

Ellis Kaney
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-18

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 4 St.

Registration District No. 14 File No.

RECORD OF BIRTH

RESIDENCE

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE

RESIDENCE

COLOR W AGE AT LAST BIRTHDAY 00 (Years)

BIRTHPLACE

261-115-003-217

Amended 9-23-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7356
Local Reg. No. 191
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Thomas b. (Middle): Gail c. (Last): Boam

4. SEX: M

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 15, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Thomas b. (Middle): c. (Last): Boam

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Murray, Utah

10. USUAL OCCUPATION: Blacksmith

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Eilleen b. (Middle): c. (Last): Bagley

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Murray, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. C. Arnout

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Downey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 24, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 29 1968
Bureau of Vital Statistics

State of ..... }
County of ..... }

Certificate No. 7356

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Thomas Boan (Name on Original Certificate) who was born (Was Born or Died) on June 15, 1912 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Ins. Marriage (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	John Thomas Boan	Thomas Gail Boam

Subscribed and sworn to before me this 26th day of July, 1968.

Bruce L. Hyde

Notary Public, residing at Downey, Idaho

My commission expires May 4, 1970

(Seal)

Signed Eileen Boam
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1968.

Bruce L. Hyde

Notary Public, residing at Downey, Idaho

My commission expires May 4, 1970

(Seal)

Signed Lisa L. Barnes
(Signature of Any Credible Person)

Downey Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-16-68. nm

Statement from LDS Church Book of Records for Thomas Gail Boam, states "The Church of Jesus Christ of Latter-Day Saints memebership records show the following information concerning Thomas Gail Boam: Thomas Gail Boam, born June 15, 1912, place Downey, Bannock, Idaho, baptized Oct. 3, 1928 by Leander T. Whitaker, Confirmed Oct. 3, 1928 by Peter Christiansen, Father Thomas Boam and Mother Eilleen Bagley - viewed by VS. Clayne J. Salvesen, Ward Clerk.

Photo copy of Marriage Certificate, State of Utah, County of Salt Lake, Married November 6, 1940, gives name of groom as Thomas Gail Boam and name of bride as Margaret Evans - viewed by VS.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Registration District No. 11

File No. 7356

Primary Registration District No. 2046

Registered No. 191

Hospital ____

FULL NAME OF CHILD John Thomas Boam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	June 15 (Month) (Day) 191? (Year)

FATHER		MOTHER	
FULL NAME	Thomas Boam	FULL MAIDEN NAME	Eilleen Bagley
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Murray, Utah	BIRTHPLACE	Murray, Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Marcum

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Kaney Registrar

Filed July 24, 1912 Ellis Kaney Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1968

SEP 23 1968

269-129.003-689

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7357

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11 File No. ____

Primary Registration District No. 2046 Registered No. 14

FULL NAME OF CHILD Lauritz Sorensen James Russel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 29 1912

FATHER	MOTHER
FULL NAME: Chris. P. Sorensen	FULL MAIDEN NAME: Cora Whitt
RESIDENCE: Swan Lake, Ida	RESIDENCE: Swan Lake, Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Lewiston, Utah
OCCUPATION: Farmer	OCCUPATION: Homewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

..... 19.....

Ellis Kasey Registrar

Filed July 14 1912 Ellis Kasey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

289-228:003-652

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

File No. 7358

Primary Registration District No. 2046

Registered No. 195

FULL NAME OF CHILD Grace Byington, Eva Lauretta

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 28 1912

FATHER		MOTHER	
FULL NAME	Willard Byington	FULL MAIDEN NAME	Lauretta West
RESIDENCE	Swan Lake, Ida	RESIDENCE	Swan Lake, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Downey, Ida	BIRTHPLACE	Logan, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.15P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Arment

Physician (Physician or midwife)

Given names added from a supplemental report

....., 19.....

Ellis Kaercher
Registrar

Address Downey, Idaho.

Filed July 24, 1912 Ellis Kaercher
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-39

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

386-125003-689

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 7359

No. ____ St.

Primary Registration District No. 2046

Registered No. 196

Hospital ____

FULL NAME OF CHILD James Perley Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 25 192

FATHER		MOTHER	
FULL NAME	Nathaniel Thomas	FULL MAIDEN NAME	Susie Whitt[illegible]
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mercer

Physician (Physician or midwife)

Given names added from a supplemental report

____ 19____

Address Downey, Idaho.

Ellis Kaercy Registrar

Filed July 14, 1912 Ellis Kaerkly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTHPLACE

COLOR W AGE AT LAST BIRTHDAY (Years)

RESIDENCE

BIRTHPLACE

COLOR W AGE AT LAST BIRTHDAY (Years)

RESIDENCE

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Form V. S. No. 11-C—30m-S-12-35

PLACE OF BIRTH

234-215-003-236

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7360

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 1

File No. .....

Primary Registration District No. 2046

Registered No. 197

FULL NAME OF CHILD Ruth Stumbo

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 15 1912

FATHER		MOTHER	
FULL NAME	Roy Stumbo	FULL MAIDEN NAME	Maggie Bloxham
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Buffalo, Wyo.	BIRTHPLACE	Downey, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.55P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Hancock

Physician
(Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

..... 19.....

Ellis Kaseley
Registrar

Filed July 14, 1912

Ellis Kaseley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1966

612-209-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

File No. 7361

Primary Registration District No. 2046

Registered No. 198

FULL NAME OF CHILD Nellie, Wakley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Females	Twin	2	Yes	June 8 1912

FATHER	MOTHER
FULL NAME: George N. Wakley	FULL MAIDEN NAME: Sarah E. Barnes
RESIDENCE: Downey, Idaho	RESIDENCE: Downey, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Downey, Idaho	BIRTHPLACE: Kaysville, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Downey, Idaho.
(Physician or midwife)

Given names added from a supplemental report

....19....

Ellis Kasey
Registrar

Address ....

Filed June 24 1912

Ellis Kasey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Doctor:-

In case of twins the law requires two separate reports.

I am your friend,

Eva Kraus

Soda Springs,

Idaho. 7/18/12.

612-209-003-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

File No. 7362

Primary Registration District No. 2046

Registered No. 199

FULL NAME OF CHILD Belle Wakley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	June 9 1912

FATHER	MOTHER
FULL NAME: George N. Wakley	FULL MAIDEN NAME: Sarah E. Barnes
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Downey, Idaho.	BIRTHPLACE: Kaysville, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Carley
Registrar

Filed June 29 1912

Ellis Carley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTHPLACE	BIRTHPLACE
COLOR	COLOR
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
RESIDENCE	RESIDENCE

515.2131003-113

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7363

County of Bannock

City of Downey

No. ____ *St.*

Hospital ____

Registration District No. 11 **File No.** ____

Primary Registration District No. 2046 **Registered No.** 200

FULL NAME OF CHILD Arthur Van Leuvan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 13 1912

FATHER	MOTHER
FULL NAME Andrew Van Leuvan	**FULL MAIDEN NAME** Ida Jackson
RESIDENCE Downey	**RESIDENCE** Downey
COLOR W **AGE AT LAST BIRTHDAY** 36 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 35 (Years)
BIRTHPLACE Springville, Utah	**BIRTHPLACE** Beaver, Ut.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 11 **Number of children of this mother now living, including present birth** 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

..... 19.....

Ellis Kasey Registrar

Filed July 24, 1912 Ellis Kasey Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

DUP OF 1912 D 64-778

553-218-003-789

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7364

County of Bannock

City of McCammon

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2047 Registered No. 190

Hospital

FULL NAME OF CHILD Helen Mary Matilda Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr. 18th 1912

FATHER		MOTHER	
FULL NAME	James G Nelson	FULL MAIDEN NAME	Helen P Christenson
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 o'clock P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

Midwife (Physician or midwife)

Address McCammon Bannock Co Idaho

Given names added from a supplemental report

19

Ellis Kaseley Registrar

Filed July 24 1912 Ellis Kaseley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1969

799-126-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7365

County of Bannock

City of McCammon

No ____, ____ St.

Registration District No 11 File No ____

Primary Registration District No 2047 Registered No 203

Hospital ____

FULL NAME OF CHILD Virginia Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 26 1912

FATHER		MOTHER	
FULL NAME	Brown Price	FULL MAIDEN NAME	Mary Smith
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Mar 26, at 2:45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Mrs W W Lewis

Midwife

(Physician or Midwife)

Address McCammon Idaho

____, 19____

Ellis Kaucy

Registrar

Filed July 4 1912 Ellis Kaucy

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-311207

Name

555-115-003-795

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of McCammon — Registration District No. 11 — File No. 7366

No. —, St. — Primary Registration District No. 2047 — Registered No. 212

Hospital —

FULL NAME OF CHILD — Gary Albert Neese

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes	July 15, 1913

FATHER		MOTHER	
FULL NAME	Wm Neese	FULL MAIDEN NAME	Della Green
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	46
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Providence Utah	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 5 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 13 born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Cooper

Physician (Physician or Midwife)

Address McCammon, Ida

Given names added from a supplemental report

....., 19.....

Ellis Kaley
Registrar

Filed Aug 8 1913 Ellis Kaley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARRIAGE RESERVED FOR BRIDES

WHITE RELIABILITY WITH LOVE THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

447-113.003-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7367

County of Bannock

City of Mc Cammon

Registration District No. 11 File No.

No. , St.

Primary Registration District No. 1047 Registered No. 413

Hospital

FULL NAME OF CHILD Albert Dopp

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—			yes	7 13 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Dopp	Jennie Parkinson
RESIDENCE	Malad, Ida.	Malad, Ida.
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Logan, Utah	West Portage, Utah
OCCUPATION	Farmer	Home Duties

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician

(Physician or Midwife)

Address Mc Cammon Ida.

Given names added from a supplemental report

, 19

Ellis Keeley

Registrar

Filed Aug 8 19 12 Ellis Keeley

Registrar

S-Y CO., 16670

PLACE OF BIRTH

349-216-003-867

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Reburn

No ____, ____ St.

Registration District No 11 File No. 7368

Primary Registration District No 2047 Registered No. 216

Hospital ____

FULL NAME OF CHILD Ura Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	June 16 1912

FATHER		MOTHER	
FULL NAME	Albert Milton Curtis	FULL MAIDEN NAME	Harriet Lovina Hogan
RESIDENCE	Garden Creek Basin Idaho	RESIDENCE	Idaho
COLOR		COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Ellis Causey Registrar

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Rolin Idaho

Filed Aug 8 1912 Ellis Causey Registrar

SYMS - YORK CO., PTRS. & SDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

CERTIFICATE OF BIRTH

Registration Dist. No.

Registration Dist.

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

ATTENDING PHYSICIAN OR MIDWIFE

(Signed)

(Physician or Midwife)

Given names added from a supplemental report

19

Filed

19

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-212-003-815

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 7369

Primary Registration District No. 2048 Registered No. 28

FULL NAME OF CHILD Eva Bonner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	2	yes	June 12, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ewen Bonner	Edna Hansen
RESIDENCE	Alexander	Alexander
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1130 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar Kanaley

Physician

(Physician or midwife)

Address Soda Springs, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kanaley
Registrar

Filed Aug 8, 1912

Ellis Kanaley
Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

369212-003-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 7370

Primary Registration District No. 2048 Registered No. 219

FULL NAME OF CHILD Edna Emma

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	Twin	1	yes	June 12, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Emil Emma	Edna Hansen
RESIDENCE	Alexander	Alexander
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Hardy

Physician

(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

____ 19____

Ellis Hardy
Registrar

Filed Aug 8, 19 12 Ellis Hardy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

385-120-003-391

Form V. S. No. 11-C—20m-2-15-1.

PLACE OF BIRTH

County of Bannock

City of Inkom

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 7371

Primary Registration District No. 2048 Registered No. 120

FULL NAME OF CHILD Virgil Lewis Lynch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	June 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Forest Lynch	Elsa Gregor
RESIDENCE	Inkom	Inkom
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	20
BIRTHPLACE	Ohio	Utah
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Jessie Sublett

Midwife (Physician or midwife)

Address Inkom, Idaho

Given names added from a supplemental report

_____ 19____

Ellis Kaney Registrar

S-Y CO. 20174

Filed July 31 1912 Ellis Kaney Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1971

395.127.003-994

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7372

Registration District No. 11 File No. _____

Primary Registration District No. 2048 Registered No. 221

FULL NAME OF CHILD Thomas Fingey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	July 27, 1912

FATHER		MOTHER	
FULL NAME	Perry Fingey	FULL MAIDEN NAME	May Riddle
RESIDENCE	Grays, Idaho	RESIDENCE	Grays, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs James Sibbett

(Physician or midwife)

Address Grays Idaho

Given names added from a supplemental report

_____ 19____

Ellis Kandy
Registrar

Filed July 8 1912

Ellis Kandy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 5 1974

89-103-003-389

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek

Registration District No. 11 File No. 7373

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 222

Hospital ____

FULL NAME OF CHILD Ellis Carl Christensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Christian Christensen	Ida Maria Christensen
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	43
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 7 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek, Idaho

Given names added from a supplemental report

____, 19____

Ellis Kasey Registrar

Filed Aug 8 1912 Ellis Kasey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912- 31138)

613/10·003-791

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 7374

Primary Registration District No. 2048 Registered No. 227

FULL NAME OF CHILD Ellis Walker

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Aug. 10, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lon Walker	FULL MAIDEN NAME	Susan Graham
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Sweden
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaerky

(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaerky
Registrar

Filed Aug 10, 1912 Ellis Kaerky
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

312-209-003-29

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7575

County of Bannock

City of Soda Springs

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2648 Registered No.

Hospital

FULL NAME OF CHILD Eva Lasky

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F	—	—	yes	Aug	2	1912

FATHER		MOTHER	
FULL NAME	Charles Lasky	FULL MAIDEN NAME	Ora Bishop
RESIDENCE	Soda Springs, Idaho	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	N. C	BIRTHPLACE	N. C
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley

Physician (Physician or midwife)

Address Soda Springs.

Given names added from a supplemental report

19

Ellis Kackley Registrar

Filed Aug 10, 1912 Ellis Kackley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-2

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

1375

(Day) (Year)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

217-106-003-412

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. _____ File No. 7376

No. _____, _____ St.

Primary Registration District No. 2048 Registered No. 223

Hospital _____

FULL NAME OF CHILD David Grant Bagley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	August 6th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Bagley	Netta Dabling
RESIDENCE	Lund	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Charlston wasach Co Utah	Wallsburg Wasach Co Utah
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

Ellis Kaeckley

Registrar

S-Y CO., 16670

(Signature) Ellen Egbert

Midwife

(Physician or Midwife)

Address Turner Bannock Co Idaho

Filed Aug 10 1912 Ellis Casey

Registrar

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 5-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

[redacted] OF IDAHO

Bur[redacted]tal Statistics

CER[redacted]E OF BIRTH

File No. 7377

County of Bannock

City of Central P.O. Registration District No.

No. , St.

Primary Registration District No. 2048 Registered No. 226

Hospital Lerold

FULL NAME OF CHILD ~~Baby~~ Christensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes.	July 4, 1913

FATHER	MOTHER
FULL NAME Christian C. Christensen	FULL MAIDEN NAME Pearl Jorgensen
RESIDENCE Central Idaho	RESIDENCE Central Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John H. Hubbard

(Physician or ~~Midwife~~)

Address Grace, Idaho

Filed. July 10, 1913

Ellis Kaercy
Registrar

Ellis Kaercy
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 - DE48-88

NAME CHANGE

418-224-003-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 11

File No. 7378

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 225

Hospital ____

FULL NAME OF CHILD Myrle Lyle Mays

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	July 24, 1912

FATHER		MOTHER	
FULL NAME	Albert E. Mays	FULL MAIDEN NAME	Lyle Miles
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas H. Strubland

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

____, 19____

Ellis Kaney
Registrar

Filed Aug 9 19 12 Ellis Kaney
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 1 1944

212-106-003-451

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7379
Local Reg. No.
Reg. Dist. No. 11

Amended 6/10/74

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lago

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lago

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Don b. (Middle): Rex c. (Last): Bassett

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 6, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Don b. (Middle): H. c. (Last): Bassett

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Amanda b. (Middle): c. (Last): Meacham

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John H. Hubbard

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Grace, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug 10, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 4 11 43 AM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7379

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Harry Bassett (Name on Original Certificate) who was born (Was Born or Died) on July 6, 1912 (Date of Event)

in Lago, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Harry Bassett	Rex Don Bassett

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of April, 19 74

Notary Public, residing at Grace, Idaho
My commission expires February 9, 1977
(Seal)

Signed [signature] (Signature of Any Credible Person)

Box 95 Grace Idaho (Street Address, City, State)

FORM DN 60-155

CL 3/20/74 1cc pd.

Certificate of Baptism and Confirmation from the LDS Church gives name as Don Rex Bassett son of Don H. Bassett and Amanda A. Meacham. . born July 6, 1912 at Lago, Idaho. Was Baptized Aug. 6, 1921. viewed by V. S.

Certificate of Birth from LDS Church gives name as Don Rex Bassett born July 6, 1912 at Lago, Idaho. Father's name given as Don Bassett and the mother's name given as Amanda Meacham. entered on record Aug. 4, 1912. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. ____, ____ St.

Registration District No. 11 File No. 7379

Primary Registration District No. 2048 Registered No. 224

Hospital ____

FULL NAME OF CHILD Boy Bassett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Don H. Bassett	Amanda Meacham
RESIDENCE	Lago - Idaho	Lago - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	29 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. H. Hubbard

(Physician or Midwife)

Address Grace Idaho

Given names added from a supplemental report

____, 19____

Ellis Kanady Registrar

Filed Aug 10, 1912 Ellis Kanady Registrar

S-Y CO., 16670

AUG 22 1973

JUN 10 1974

299-109-003-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 7380

Primary Registration District No. 2048 Registered No. 129

FULL NAME OF CHILD Joseph Birchfield Jr

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	Aug 2 1912

FATHER		MOTHER	
FULL NAME	Joseph Birchfield	FULL MAIDEN NAME	Eva Luky
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	N. C	BIRTHPLACE	Tenn
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kackley Registrar

(Signature) Ellis Kackley

(Physician or midwife)

Address Soda Springs Idaho

Filed Aug 19 1912 Ellis Kackley Registrar

S-Y CO. 20174

613-115-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 7381

Primary Registration District No. 2048 Registered No. 189

FULL NAME OF CHILD Henry Edward Walton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	and		yes	April 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester Elswort Walton	Olive Covert
RESIDENCE	Cleveland	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Tintic Utah	Big Cottonwood Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) Charlott Walton

(Physician or Midwife)

Address Cleveland Idaho

Filed Apr 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 3 1973

315-126-00315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No ____, ____ St.

Registration District No 11 File No 7383

Primary Registration District No 2048 Registered No 187

Hospital ____

FULL NAME OF CHILD John Lamner

Sex of Child: Boy | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth April 26 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Alma Lamner	FULL MAIDEN NAME	Delila Warner Lamner
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Lucile City Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Benjamin Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Mid wife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaseey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Filed July 14 1912 Ellis Kaseey Registrar

OCT 2 1 1942

169-218-003-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No ____, ____ St.

Hospital ____

Registration District No 11 File No 7384

Primary Registration District No 2048 Registered No 186

FULL NAME OF CHILD Laura Jorgensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	May 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Erastus Jorgensen	Mary Ann Isaak
RESIDENCE	Cleveland	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Weston Idaho	Smithfield
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Mid wife (Physician or Midwife)

Address Treasureton Idaho

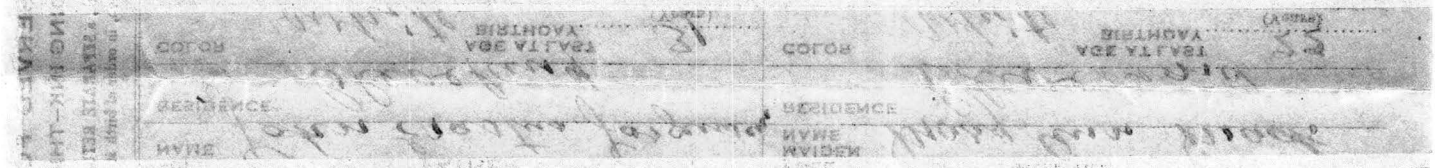
Given names added from a supplemental report

____, 19____

Ellis Kaelly Registrar

Filed Jan 14, 1913 Ellis Kaelly Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



255/25-003-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No ____, ____ St.

Registration District No 11 File No. 7385

Primary Registration District No. 2048 Registered No. 185

Hospital ____

FULL NAME OF CHILD Douglas K. Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	June 25, 1912

FATHER		MOTHER	
FULL NAME	John Leslie Bennett	FULL MAIDEN NAME	Mary Eliza Foreman
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Perry	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaercy

Registrar

(Signature) Sarah Bennett

Midwife

(Physician or Midwife)

Address Perry Idaho

Filed July 14, 1912 Ellis Kaercy

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
	38		32

693-114-003154

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 7386

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 204

Hospital ____

FULL NAME OF CHILD Thomas Chaney Willard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				yes	July 14, 1912

FATHER		MOTHER	
FULL NAME	Lawrence David Willard	FULL MAIDEN NAME	Mary Amanda Andersen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Bear River Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Mid wife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

____, 19____

Ellis Kasey Registrar

Filed July 19, 1912 Ellis Kasey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 5 1964

OCT 29 1974

(54-114-003 319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

Registration District No. 11 File No. 7387

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 205

Hospital ____

FULL NAME OF CHILD Rupert Andersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Boy			yes	July (Month) 19 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Roy Casper Andersen	FULL MAIDEN NAME	Lula Sophia Larsen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Bear River, Utah	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth... 3

Number of children, of this mother, now living, including present birth... 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or Midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19....

Elis Kaercy Registrar

Filed July 4 1912 Elis Kaercy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NAME	FATHER	NAME MAIDEN LAST	MOTHER
Child			
Sex of		Date	Date of

168-221-003-284

AMENDED CHILD'S BIRTHPLACE, CHILD'S NAME, FATHER'S & MOTHER'S NAMES 8-31-2001 MS

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of HATCH ~~Bancroft~~

No _____, _____ St.

Hospital _____

Registration District No 11 File No. 7388

Primary Registration District No. 2048 Registered No. 206

FULL NAME OF CHILD ~~Emery Johnson~~ ELOZIA JOHNSON

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl	(To be answered only in event of plural births)				July 21 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	~~Fred Johnson~~ FREDRICK JOHNSON	~~Stella Simons~~ ANNIE ESTELLA SIMONS
RESIDENCE	Hatch Idaho	Hatch Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	30 (Years)
BIRTHPLACE	Richmond Utah	Whitney Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aslon

(Physician or Midwife)

Address Bancroft Idaho

Given names added from a supplemental report

....., 19.....

Filed Jul 24 1912 Ellis Kaney Registrar

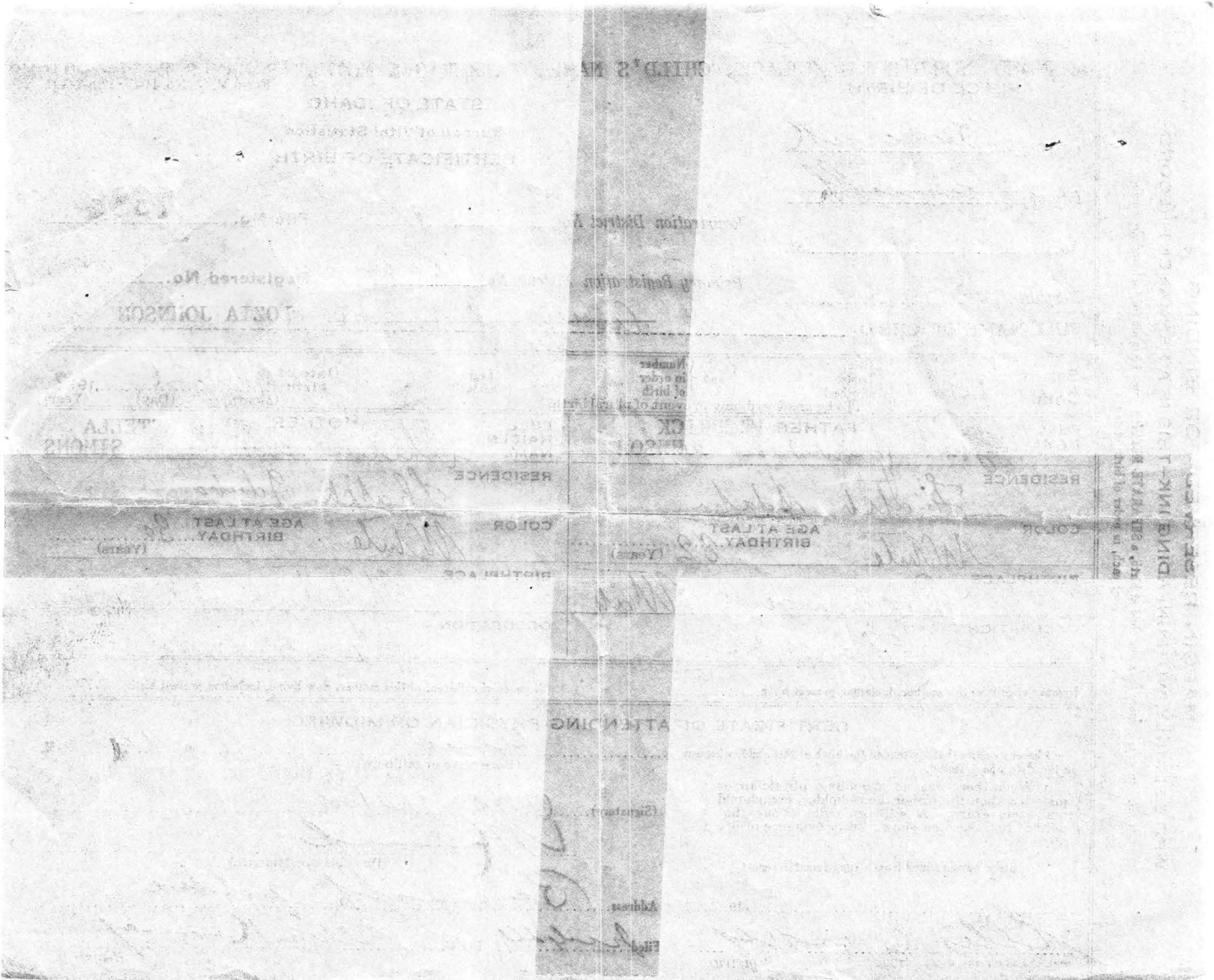
Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

8-15-2001

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Davis } SS.

Certificate No. 1912-7388
Date Filed JULY 24, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for AMEY JOHNSON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 21, 1912 (Date of Event)

in BANCROFT (BANNOCK) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	AMEY JOHNSON	ELOZIA JOHNSON
FATHER'S NAME	FRED JOHNSON	FREDRICK JOHNSON
MOTHER'S MAIDEN NAME	STELLA SIMONS	ANNIE ESTELLA SIMONS
CHILD'S BIRTHPLACE	BANCROFT(BANNOCK) ID	HATCH (BANNOCK) ID

Subscribed and sworn to before me this 20 day of August, 2001.

Notary Public, Doug Sathan

Residing at Bountiful

My commission expires 5-5-03
(Seal)

Elozia Bradley
Signature of Applicant

479 East Center
Street Address, City, State

Bountiful Ut 84010

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS.

(Must be completed _____)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc pd

HISTORICAL DEPT. CERTIFICATE OF BIRTH FROM THE LDS CHURCH SHOWS ELOSIA JOHNSON BORN JULY 21, 1912 IN HATCH (BANNOCK) ID TO FREDRICK JOHNSON AND ANNIE E SIMONS RECORDED 9/1/1912 VIEWED VS.

NEWS PAPER CLIPPING SHOWS FUNERAL SERVICES WERE CONDUCTED FOR FREDRICK JOHNSON ON FEB. 13, 1942 AT BANCROFT IDAHO WIDOW IS ANNIE ESTELLE JOHNSON AND ONE OF HIS SURVIVING CHILDREN IS ELOZIA BRADLEY VIEWED VS.

123-102-007-253

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11 File No. 7389

Primary Registration District No. 2048 Registered No. 207

FULL NAME OF CHILD Charles Bell Aslett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	June 2 1912

FATHER		MOTHER	
FULL NAME	David Aslett	FULL MAIDEN NAME	Elizabath Bell
RESIDENCE	Dempsey Ida	RESIDENCE	Dempsey Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31	COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	mother-Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L Doone

Midwife (Physician or Midwife)

Address Dempsey Ida

Given names added from a supplemental report

____, 19____

Ellis Kaney Registrar

Filed July 4, 1912 Ellis Kanley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 2/14/69

253-127-003-419

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7390
Local Reg. No. 2048
Reg. Dist. No. 11

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dempsey
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dempsey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Willard
b. (Middle): Dewain
c. (Last): Bell, Jr.

4. SEX: Male

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) June (Day) 27, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Willard
b. (Middle): Dewain
c. (Last): Bell, Sr.

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Alta
b. (Middle): M.
c. (Last): Martin

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Amy L. Toone

18. ATTENDANT AT BIRTH — M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Dempsey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 7/29/1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address TAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bannock

City of Dempsey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

7390

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 208

FULL NAME OF CHILD Dewain Bell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	June 15, 1912

FATHER

FULL NAME: Willard D. Bell

RESIDENCE: Dempsey Ida

COLOR: white AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Alta Hopkins

RESIDENCE: Dempsey Ida

COLOR: white AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Mother Wife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Towne

Midwife (Physician or Midwife)

Address Dempsey Ida

Given names added from a supplemental report

____, 19____

Ellis Kaseley Registrar

Filed July 29, 1912 Ellis Kaseley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 18 1969

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED FEB 4 1969 Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 7390

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Willard Dewain Bell Jr. (Name on Original Certificate) who was Born (Was Born or Died) on 27 June 1912 (Date of Event) in Lava Hot Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dewain Bell	Willard Dewain Bell
birthdate	June 15, 1912	June 27, 1912
maiden name of mother	Alta Foster	Alta M. Martin

Subscribed and sworn to before me this 3 day of January, 19 69

Paul A Bowles

Notary Public, residing at Lava Hot Springs

My commission expires Dec-9-1969

(Seal)

Signed Blanche Bell Rankin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Application to change birth certificate information as viewed by V.S.

813-124-003-846

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

Registration District No. 11

File No. 7391

No. ____, ____ St.

Primary Registration District No. 2048

Registered No. 209

Hospital

FULL NAME OF CHILD ~~TERRELL ALBERT~~ Hall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		4	yes	June 24 1912

FATHER		MOTHER	
FULL NAME	William Hall	FULL MAIDEN NAME	Susan ~~Hall~~ Coulter
RESIDENCE	Dempsey Ida	RESIDENCE	Dempsey Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30	COLOR	white	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Hotel Keeper	OCCUPATION	Hotel Matron

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Toone

Midwife (Physician or Midwife)

Address Dempsey Idaho

Given names added from a supplemental report

..... 19....

Ellis Kaufy Registrar

Filed Jul 24 19 12 Ellis Kaufy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 1 1970

MAR 18 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate #391

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Albert Terral Hall (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1912 (Date of Event)
in Lava Hot Springs Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Albert Terral Hall	Terrell Albert Hall

Subscribed and sworn to before me this 16th
day of March, 1942
M J Kaniska.
Notary Public, residing at Lava Hot Springs
My commission expires Jan 10 1944.
(Seal)

Signed Albert W Hall - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

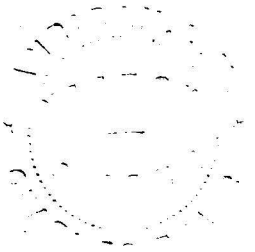
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

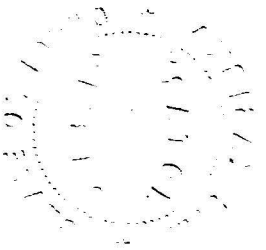
Subscribed and sworn to before me this 16th.
day of March, 1942
M J Kaniska.
Notary Public, residing at Lava Hot Springs
My commission expires Jan 10 1944 Ida.
(Seal)

Signed Mildred I. Chapin
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR. 24 1942





465-15-003575

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Topaz — Registration District No. 11 — File No. 7392

No. ____, ____ St. — Primary Registration District No. 2648 — Registered No. 201

Hospital ____

FULL NAME OF CHILD Orvid Kenneth Monson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	July 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Parley H Monson	Agusta Axelson
RESIDENCE	Topaz Ida	Topaz Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	39
BIRTHPLACE	Utah	Sweden
OCCUPATION	Carpenter	Mother

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anny L Towne

Midwife (Physician or Midwife)

Address Dempsey Ida

Given names added from a supplemental report

____, 19____

Ellis Kawley Registrar

Filed July 24 1912 Ellis Kawley Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-119-003-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7393

County of Bannock

City of Dempsey

No. ____, ____ St.

Registration District No. 11

Primary Registration District No. 2048

Registered No. 206

Hospital ____

FULL NAME OF CHILD Kenneth Reardon Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	May 19, 1912

FATHER		MOTHER	
FULL NAME	Joseph L. Brown	FULL MAIDEN NAME	Mary Toone
RESIDENCE	Grantsvill Utah	RESIDENCE	Grantsvill utah
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sheep Man	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L Toone

Midwife (Physician or Midwife)

Address Dempsy, Idah

Given names added from a supplemental report

..... 19.....

Ellis Caseley Registrar

Filed July 6 1912 Ellis Caseley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WHITE PAPER WITH LINE ING INK. THIS IS A PERMANENT RECORD

133-218-003-313

PLACE OF BIRTH

County of Bannock Logo

City of Idaho Grace

No. _____, _____ St.

Hospital _____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 7394

Primary Registration District No. 2048 Registered No. 211

FULL NAME OF CHILD Lois Allen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Jan (Day) 19 (Year) 1912
girl			yes	

	FATHER	MOTHER
FULL NAME	Lorentz P Allen	FULL MAIDEN NAME Mary Ellen Calkins
RESIDENCE	Grace Idaho	RESIDENCE Grace Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	23 (Years) 1912	AGE AT LAST BIRTHDAY 21 (Years) 1912
BIRTHPLACE	Utah Farmington	BIRTHPLACE Idaho
OCCUPATION	farmer	OCCUPATION farmer

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~) at 5 ~~P~~ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

Ellis Kaseley
Registrar

(Signature) Mary A Turner
Midwife
~~(Physician~~ or Midwife)

Address Mary A Turner

Filed Aug 8, 19 12 Logo Idaho

Ellis Kaseley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 4 1966

818-202-003-993

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7395

County of Bannock

City of Lago

No. ____, Idaho St.

Hospital ____

Registration District No. 11 File No. ____

Primary Registration District No. 2045 Registered No. 190

FULL NAME OF CHILD Ernest Ruby Hayes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) June (Day) 2 (Year) 1912
girl			yes	

FATHER	MOTHER
FULL NAME Albert Hayes	FULL MAIDEN NAME Favorite Rich
RESIDENCE miter Idaho	RESIDENCE miter Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 30 (Years) 1912	AGE AT LAST BIRTHDAY 34 (Years) 1912
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION farmer	OCCUPATION Wife farmer

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mary a Turner

~~(Physician~~ or Midwife)

Address mary a Turner

Given names added from a supplemental report

____, 19____

Ellis Kaseley Registrar

S-Y CO., 16670

Filed Aug 8, 19 12 at Lago ~~Idaho~~

Ellis Kaseley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

815-220-003-155

Amended 1-16-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7396
Local Reg. No. 214
Reg. Dist. No. 11

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lund
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lund
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Crystal
b. (Middle): May
c. (Last): Hansen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) July (Day) 20, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Erastus
b. (Middle): S
c. (Last): Hansen

8. AGE (At time of this birth): 46 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Logan, Utah

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): S
c. (Last): Jensen

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Brigham Cty, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft, Idaho

20. DATE SIGNED: Aug. 8, 1912

21. DATE REC'D BY LOCAL REG.: Aug. 8, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...TAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Lund

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 7396

Primary Registration District No. 2048 Registered No. 214

FULL NAME OF CHILD Linda Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		Yes	July 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erastus S Hansen	Mary D. Jensen
RESIDENCE	Lund	Lund
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	33
BIRTHPLACE	Logan, Utah	Brigham Cy
OCCUPATION	Farming	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R J Smith

(Physician or Midwife)

Address Bancroft, Ida

Given names added from a supplemental report

____, 19____

Ellis Kasley

Registrar

Filed Aug 8, 19 12 Ellis Kasley

Registrar

S-Y CO., 16670

JAN 1 7 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 4 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 7396

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rinda Hansen (Name on Original Certificate) who was born (Was Born or Died) on July 20, 1912 (Date of Event)
in Lund, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Rinda Hansen	Crystal May Hansen

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of
December, 19 67

Notary Public, residing at Bancroft, Ida
My commission expires May 1969
(Seal)

Signed Katie S Jensen
(Signature of Any Credible Person)

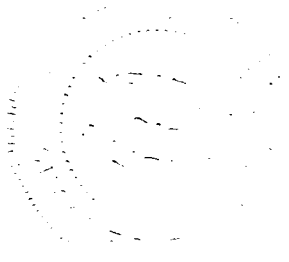
Bancroft Idaho
(Street Address, City, State)

L 12-28-67. one copy pd. rec. #25285.

FORM DH 60-155

L.D.S. Church Record of Membership, blessed Sept. 1, 1912 gives full name as Crystal May Skinner, (Skinner is married name), born July 20, 1912 at Lund, Idaho to Erastus S Hansen and Mary S. Jensen - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #244089 gives full name of mother as Crystal May Hansen - viewed by V.S.



Amended 4/24/73

897-125-003-168

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7397
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancft.

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Caribou

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hatch

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ellis

b. (Middle): Arbon

c. (Last): Higginson

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 25, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): William

b. (Middle): Y

c. (Last): Higginson

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Bountiful, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Sophia

b. (Middle):

c. (Last): Johnson

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Richmond, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 8

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Alice Aston

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Bancroft, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 8, 1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... VITAL STATISTICS, BOISE, IDAHO.

2-18-70

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 30 10 20 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7397

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellis Young Higginson (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1912 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Ellis Young Higginson	Ellis Arbon Higginson
~~Name of father~~	~~Wm. K. Higginson~~	~~Wm. Young Higginson~~

Subscribed and sworn to before me this 28 day of March, 1973.
Christena Hatch
Notary Public, residing at Bancroft, Idaho
My commission expires Nov 1, 1976
(Seal)

Signed Pearl Lewis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bancroft, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of March, 1973.
Christena Hatch
Notary Public, residing at Bancroft, Idaho
My commission expires Nov 1, 1976
(Seal)

Signed J. L. Hatch
(Signature of Any Credible Person)
Bancroft, Idaho
(Street Address, City, State)

FORM DH 60-155

Correction Corresp. FC RUSH 1 copy pd Rec. # 29203

Certif. of Ordination to the Holy Priesthood gives name as Ellis Arbon Higginson dated March 31, 1935. Born July 25, 1912. Viewed by V. S.

Certificate of Blessing from LDS Church gives name as Ellis Earl Higginson sonof Ellis Arbon Higginson and Louella Erlene Moody. Born Dec. 17, 1945. Was Blessed Feb. 3, 1946. Ciewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Bancroft

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7397

Registration District No 11 File No. ____

Primary Registration District No. 2048 Registered No. 215

FULL NAME OF CHILD Ellis Young Thompson [redacted]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				May 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Young Thompson	Lulu Thompson
RESIDENCE	Bancroft Idaho	Bancroft Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	36
BIRTHPLACE	Bountiful Utah	Richmond Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Watson

Bancroft Ida

(Physician or Midwife)

Address Bancroft Idho

Given names added from a supplemental report

____, 19____

Ellis Kasely

Registrar

Filed Aug 8 1912 Ellis Kasely

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

FEB 1 8 1970

APR 2 4 1973

693-31-003-912

PLACE OF BIRTH

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7398

County of Bannock

City of Soda Springs Idaho

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 217

Hospital

FULL NAME OF CHILD Thomas Ellis Wilde

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	July 31 1912

FATHER		MOTHER	
FULL NAME	Melton Wilde	FULL MAIDEN NAME	Cassie Russum
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Worker

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis T. Coakley

Physician (Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kinney Registrar

Filed Aug 8, 1912 Ellis Kinney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1942

319.101-006-212

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside Mad

Registration District No 13 File No. 7399

No No St.

Primary Registration District No. 2053 Registered No. 126

Hospital No

FULL NAME OF CHILD Unnamed Larson - Verna Baker

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	July 1, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ephriam Larson	FULL MAIDEN NAME	Emma Baker
RESIDENCE	Blackfoot R.7.D.2	RESIDENCE	do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie MD

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed July 1, 1912 M E Patrie Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 27 1959

JUL 30 1974

133-20-006-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural #2

Registration District No. 13 File No. 7400

No. No St.

Hospital No Primary Registration District No. 2053 Registered No. 127

FULL NAME OF CHILD Donn Earl Allred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 10 12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orville A. Allred	Velma Patton
RESIDENCE	Blackfoot	Do
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

No Physician or midwife in attendance (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed July 5 19 12 M. E. Patrie

.....
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

168-115-006-219

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward

Registration District No 13 File No. 7401

No ____, Na ____ St.

Hospital Na

Primary Registration District No. 2053 Registered No. 128

FULL NAME OF CHILD Eugene Sterling Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 15 1912

FATHER		MOTHER	
FULL NAME	Joshua Vance Johnson	FULL MAIDEN NAME	Catherine Bare
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	north Carolina	BIRTHPLACE	north Carolina
OCCUPATION	Farmer	OCCUPATION	wife and mother

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Marion Crawford
midwife
(Physician or Midwife)

Address Blackfoot R. F. D. #2 Ida

Filed July 20 1912 M. E. Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 1 1973

967.103.006-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside Ward

Registration District No 13 File No. 7402

No ....., ... St.

Hospital No

Primary Registration District No. 2053 Registered No. 129

FULL NAME OF CHILD Sheridan M. Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 3 1912

FATHER	MOTHER
FULL NAME: Ray M. Rogers	FULL MAIDEN NAME: Maggie Hickman
RESIDENCE: Blackfoot R 7 S Nor	RESIDENCE: Do
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Ratrie

Phys

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Blackfoot Idaho

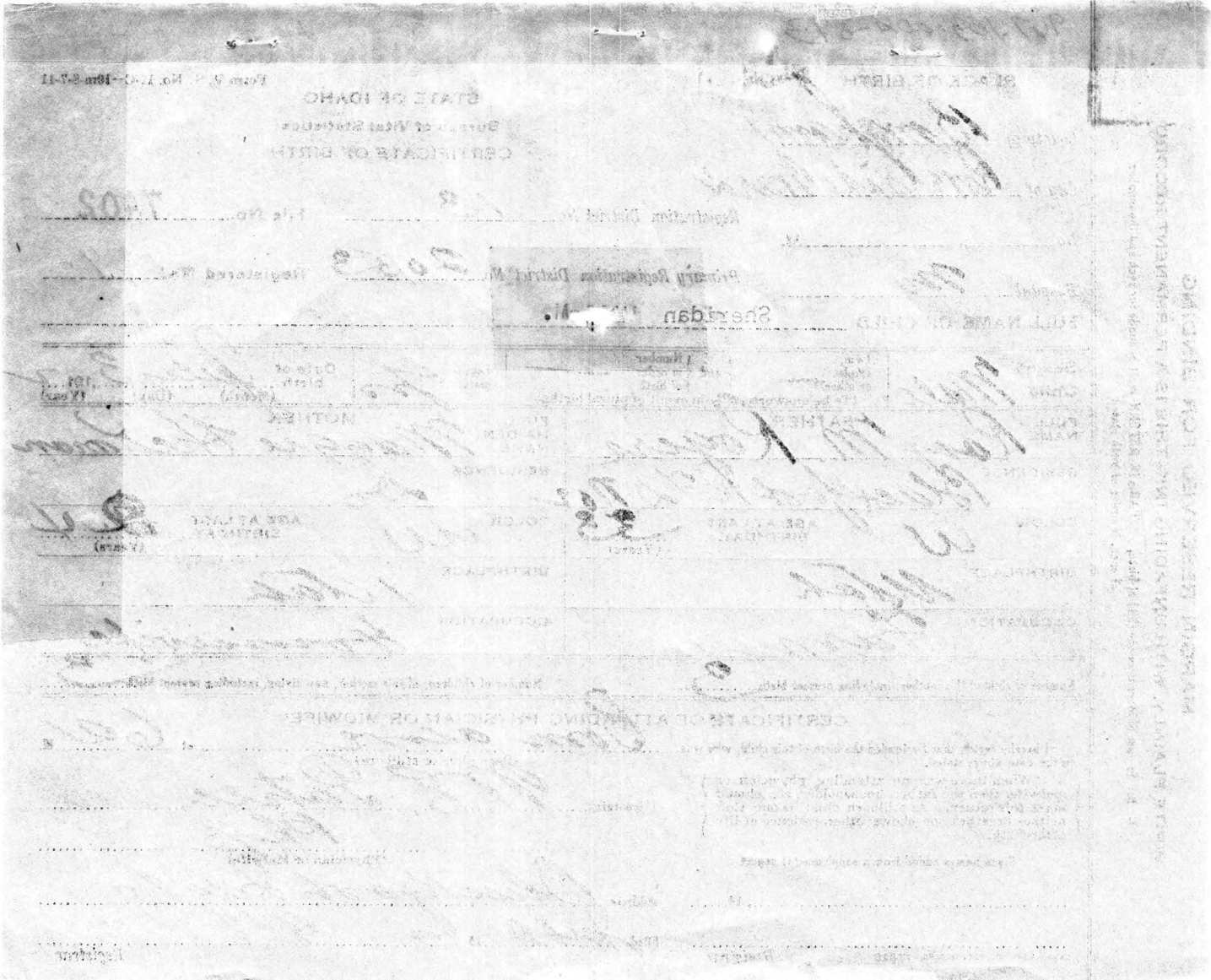
Filed Jul 20 19 12 M E Ratrie

.....

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



8-3-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
AUG 30 10 38 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH } ss.
County of BEAVER }

Certificate No. 7402

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Rogers (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1912 (Date of Event)
in Bingham County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Sheridan Mills Rogers

Subscribed and sworn to before me this 27th day of August, 1973.

Lola L. Bridge

Notary Public, residing at Milford, Utah

My commission expires 4/26/74.

(Seal)

Signed Lelia Mae Rogers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Milford, Utah 84751.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Beaver. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of August, 1973.

Lola L. Bridge

Notary Public, residing at Milford, Utah

My commission expires 4/26/74.

(Seal)

Signed LaMarr Morris
(Signature of Any Credible Person)

Milford, Utah 84751.
(Street Address, City, State)

FORM DH 60-155

O.L. (Rogers)

Certificate of Blessing from LDS Church gives name as Sheridan M. Rogers son of Royal M. Rogers and Maggie Hickman, Born July 3, 1912. Was Blessed Aug. 11, 1912. Viewed by V. S.

SEP 10 1973

Certificate of Baptism and Confirmation from the LDS Church gives name as Sheridan M. Rogers son of Royal Mills Rogers and Margaret Hickman. Born July 3, 1912. Was Baptized Oct. 3, 1920. Viewed by V. S.

415-123-006-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Thomas

No No St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 7403

Primary Registration District No. 2053 Registered No. 136

FULL NAME OF CHILD Wm Dance Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 23 1912

FATHER		MOTHER	
FULL NAME	Wm Dance	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Blackfoot Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or Midwife)

Address Blackfoot, Idaho

Filed July 28, 1912 W. E. Patrick

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

849-128-006-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Shoshone

No ____, Mi St.

Hospital No

Registration District No 13

Primary Registration District No 2053

File No. 7404

Registered No. 131

FULL NAME OF CHILD Earl Hardcastle Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 28, 1912

FATHER		MOTHER	
FULL NAME	Earl Hardcastle	FULL MAIDEN NAME	Rhoda Walters
RESIDENCE	Blackfoot, Idaho #3	RESIDENCE	Blackfoot, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Matheth

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 28, 1912 W. E. Batie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-2-1-12

39b-219, 66-Y 19

Amended 10/6/72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7405
Local Reg. No.
Reg. Dist. No. 13

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 190 University

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls,

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Laura

b. (Middle): Blanche

c. (Last): Crowley

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 19, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Jess

b. (Middle): J.

c. (Last): Crowley

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Book Keeper

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Laura

b. (Middle):

c. (Last): Marion

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 28, 1912

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

6-1=72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

RECEIVED BUREAU OF VITAL STATISTICS SEP 21 11 24 AM '72

Certificate No. 7405

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellen Blanche Crowley (Name on Original Certificate) who was born (Was Born or Died) on July 19, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Ellen Blanche Crowley	Laura Blanche Crowley

Subscribed and sworn to before me this 22nd day of June, 1972

Wilhelmina Gillespie
Notary Public, residing at Monterey Park, Calif.
My commission expires March 30, 1973
(Seal)

Signed Blanche Crowley Blakley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

OFFICIAL SEAL
WILHELMINA GILLESPIE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires March 30, 1973

Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND

State of
County of } ss.

[This Affidavit MUST Also be Executed (See Chapter 1429, 1963 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

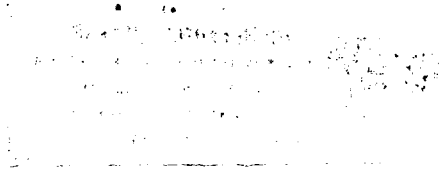
(Street Address, City, State)

FORM DH 60-155

1 cp pd rec # 38638 CC (C)

Record of Membership form LDS Churchgives name as Laura Blanche Crowley Tarbert daughter of Jesse J. Crowley and Laura J. Maren. Born July 19, 1912. Was blessed ~~xxxxxx~~ Information not given. Was Baptized Aug. 8, 1920. Viewed by VS

Insurance Policy from Grand Cicle Neighbors of Woodcraft No. 14415 gives name as Laura Blanch Tarbet/ Viewed by V. S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

*PLACE OF BIRTH

County of Bingham

City of Blackfoot

No 190 University St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 7405

Primary Registration District No. 1007 Registered No. 132

FULL NAME OF CHILD Ellen Blanche Crowley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 19, 1912

	FATHER	MOTHER
FULL NAME	Jas. J. Crowley	FULL MAIDEN NAME Laura Marion
RESIDENCE	Idaho Falls Idaho	RESIDENCE Idaho Falls Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Bank Keeper	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed July 28 1912 W. E. Patrick

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 6 1972

813-224-006-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.F.D. Hawks St.

Hospital Ho.

Registration District No. 13 File No. 7406

Primary Registration District No. 2053 Registered No. 133

FULL NAME OF CHILD Edna Nale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes.	July 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest E. Hale	Mary E. Peterson
RESIDENCE	Groveland	Groveland
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	48	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	house wife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary E. Brown

Midwife
(Physician or Midwife)

Address Blackfoot, Idaho.

Filed Aug 3 1912 M E Patrick
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 1 0 1972

DECEASED

81-121-006-693

PLACE OF BIRTH
Amended 2-17-78

County of Bingham

City of Blackfoot

No. R.F.D. no 3 St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13

Primary Registration District No. 2003

File No. 7407

Registered No. 134

FULL NAME OF CHILD Radium. Le Van. Hammond.

Sex of Child	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 21, (Year) 1912
Male			

FATHER		MOTHER	
FULL NAME	Samuel S. Hammond	FULL MAIDEN NAME	Vera. Wilde
RESIDENCE	Blackfoot R.F.D. no 3	RESIDENCE	Blackfoot R.F.D. no 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9. a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper, M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Blackfoot Idaho

....., 19.....

Filed Aug 3 1912 W. E. Patrie

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 21 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7407

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Radium LeVon Hammon (Name on Original Certificate) who was born (Was Born or Died) on May 21, 1912 (Date of Event)
in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Radium LeVon Hammon	Radium LaVaughn Hammond
father's last name	Hammon	Hammond

Subscribed and sworn to before me this 1 day of February, 19 78

E. Louise Laugnett

Notary Public, residing at Rt 4 Box 51 Blkft Idaho 83221

My commission expires 11-5-80

(Seal)

Signed Kenneth L Hammond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of February, 19 78

E. Louise Laugnett

Notary Public, residing at Rt 4 Box 51 Blkft Idaho

My commission expires 11-5-80

(Seal)

Signed Genevieve H. Tunstall
(Signature of Any Credible Person)

Moreland, Idaho Rt 1
(Street Address, City, State)

93256

FORM DH 60-155

CL 1/24/78 lbc pd. rec. # 15229

Certificate of Baptism gives name as Tom Roger Hammond, father of

Certificate of Baptism of child's gives father's name as Radium L. Hammond and Elizabeth Jones . Child born August 7, 1945 at Blackfoot, and Baptized Sept. 5, 1953, in L. D. S. Church. Viewed by V.S.

An old drivers license issued October 3, 1972 gives name as Ray L. Hammond. Shows birthdate as May 21, 1912. Viewed by V.S.

744-124-006-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Ferland Mud

Registration District No. 13 File No. 7408

No. —, — St.

Hospital No Primary Registration District No. 2053 Registered No.

FULL NAME OF CHILD Carl Summersall ANDERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	July 24 1911 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Henry Smith Summersall	FULL MAIDEN NAME Sarah Margaret Anderson
RESIDENCE Blackfoot R 7 Box 1	RESIDENCE Do
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Petrie MD

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

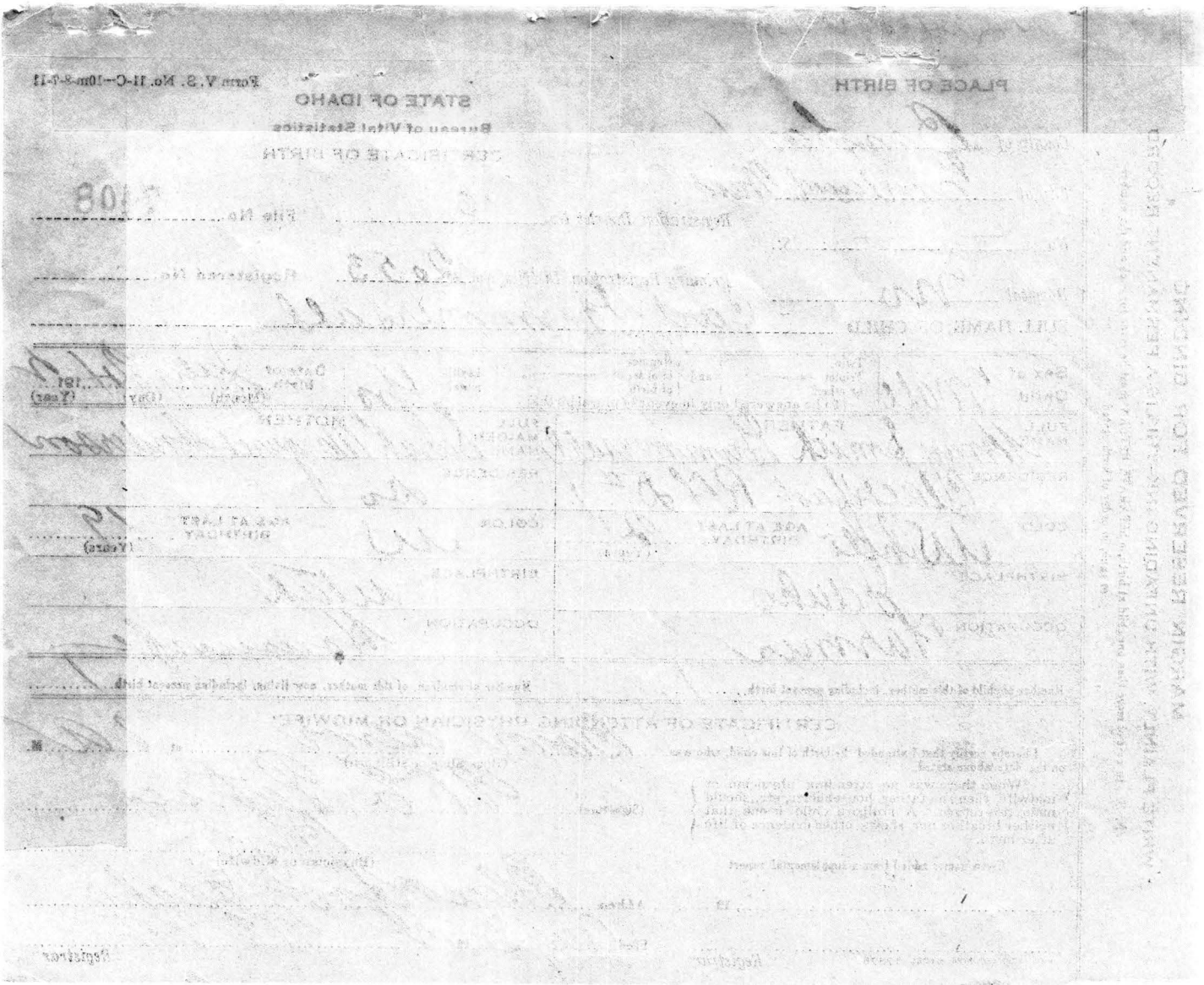
....., 19.....

Filed Aug 3 1911 W. E. Petrie Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



OCT 15 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Francisco } ss.

Certificate No. 7408

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for CARL ANDERSON GUMMERSALL (Name on Original Certificate) who BORN (Was Born or Died) on JULY 24 - 1892 (Date of Event)
in GROVELAND IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BABTIZEMAL (Bible Record, Insurance Policy, Etc.) prepared on DEC-3, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Carl	Carl Anderson Gummersall

Subscribed and sworn to before me this 20th day of August, 1942

Ivol A. Garrison
Notary Public, residing at San Francisco

My commission expires DECEMBER 28, 1942
(Seal)

Signed Sarah M. Gummersall, Mary
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2608 Hyde St San Francisco Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of Oct 1942

Notary Public, residing at Salt Lake City
My commission expires 5/18/43
(Seal)

Signed Mrs C Henderson
(Signature of Any Credible Person Other Than Previous Year)

1072 So 6 E
(Street Address, City, State) Salt Lake City Utah

OCT 16 1942

394422-006259

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C Rev. 4-28-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen Registration District No. 13 File No. 7409

No. ....., ... St. Primary Registration District No. 2029 Registered No. 136

Hospital .....

FULL NAME OF CHILD John Sidstrom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 22 1912

	FATHER	MOTHER
FULL NAME	John Sidstrom	FULL MAIDEN NAME Ida Bergman
RESIDENCE	Bingham Co.	RESIDENCE Bingham Co.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Sweden
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Rock

(Physician or Midwife)

Address American Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 5 1912 M. C. McKinnon

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

893-205-006-Y69

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7410

Primary Registration District No. 2029 Registered No. 137

FULL NAME OF CHILD Annie Hickman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	July 5 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Elmer Hickman	FULL MAIDEN NAME: Edith York
RESIDENCE: Aberdeen Idaho	RESIDENCE: Aberdeen Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Washington (State)
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed July 9th 1912 M. C. MacKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

315-209-006-947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—40m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ____, ____ St.

Hospital ____

Registration District No. 13 File No. 7411

Primary Registration District No. 2029 Registered No. 138

FULL NAME OF CHILD Emma Rupe LANDVATTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	July 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Landvatter	Rockall Rupe
RESIDENCE	Aberdeen Ida.	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Germany	Oklahoma
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19....

Filed July 9 19 12 M. C. MacKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 1 8 1953

235-115-006-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form v. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield

No. ....., ... St.

Registration District No. 13 File No. 7412

Primary Registration District No. 2029 Registered No. 139

Hospital .....

FULL NAME OF CHILD Robert ~~xxxxxxxx~~ LEMOINE Stearman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Harrison Stearman	Viva America Wilcox
RESIDENCE	Springfield, Ida.	Springfield, Idaho,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Carpenter	Housewife

[Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or Midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

....., 19.....

Filed July 16 1912 M. C. MacKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }ss.
County of Weber }

Certificate No. 7412

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Wilcox Stearman (Name on Original Certificate) who Was Born (Was Born or Died) on July 15, 1912 (Date of Event)
in Springfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on March 25, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Robert Wilcox Stearman	Robert Lemoine Stearman

Subscribed and sworn to before me this 11th day of March, 1942

Notary Public, residing at Ogden Utah

My commission expires March 14-1945
(Seal)

Signed Lucille N. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }ss.
County of Weber }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1942

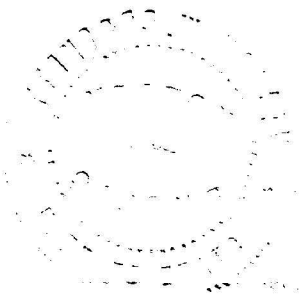
Notary Public, residing at Ogden Utah

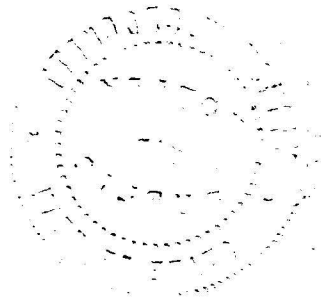
My commission expires March 14-1945.
(Seal)

Signed Charles A. Allen
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 19 1942





962-222-006-21X

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No ..... , ... St.

Registration District No. 13 File No. 7413

Primary Registration District No. 2029 Registered No. 1171

Hospital .....

FULL NAME OF CHILD Elise Roberts

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	July 22 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Edward Roberts	FULL MAIDEN NAME Etta Baumgartner
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Switzerland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M. D.

(Physician or Midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed July 23 1912 M. C. MacKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Dup of 1912-190845

-345-124-006-319

Amended 5-2-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7414
Local Reg. No. 141
Reg. Dist. No. 13

1: PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Aberdeen

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Yuma

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Clarence b. (Middle): Herman c. (Last): Lundquist

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	July 24, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Nels b. (Middle): Charles c. (Last): Lundquist

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
47 YEARS	Denmark	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Caroline b. (Middle): c. (Last): Larsen

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
38 YEARS	Utah	4	4	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. C. MacKinnon, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Aberdeen, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 25, 1912

22. REGISTRAR'S SIGNATURE: M. C. MacKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 23 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 7414

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charles Lundquist (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1912 (Date of Event)
in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Charles Lundquist	Clarence Herman Lundquist

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of
April, 1968.

Eugene L. Black
Notary Public, residing at Shelley Idaho
My commission expires 4-20-68
(Seal)

Signed Carol L. Dutson
(Signature of Any Credible Person)

210 W. Maple, Shelley, Ida
(Street Address, City, State)

FORM DH 60-155 CL. 3-4-68. 1 cp. pd.

LDS Church Cert. of Blessing, Dec. 1, 1912, gives full name as Clarence Herman Lundquist son of Niels Charles Lundquist and Caroline Louisa Larsen, born July, 1912 at Yuma, Idaho - viewed by VS.

Own Child"s Birth Certificate on file (Idaho Birth) State File #442577, gives full name of Father as Clarence Herman Lundquist - viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 7414

Primary Registration District No. 2029 Registered No. 141

FULL NAME OF CHILD Charles Lundquist

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	July 24, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nels Charles Lundquist	FULL MAIDEN NAME	Caroline Larsen
RESIDENCE	Yuma Idaho	RESIDENCE	Yuma, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.

(Physician or Midwife)

Address Aberdeen Ida.

Given names added from a supplemental report

....., 19.....

Filed Jul 25 19 12 M. C. Mackinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

FEB 7 1968

MAY 3 1968

942-102-040-449

[redacted] PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg. Ida. Registration District No. 25 File No. 7415

No. ____ St. Primary Registration District No. 7105 Registered No. ____

Hospital ____

FULL NAME OF CHILD Carl Murray Russell.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/	/	Yes	July 7 1912

FATHER		MOTHER	
FULL NAME	Frank E. Russell	FULL MAIDEN NAME	Pearl Murray.
RESIDENCE	Kellogg. Ida.	RESIDENCE	Kellogg. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed July 22 1912 Dr. Chas. L. Wittman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1942

JAN 29 1942

533.09.040-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 25

Primary Registration District No. 2105

File No. 7416

Registered No. .....

FULL NAME OF CHILD Thelma Farol Ellsworth.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	/	/	Yes	7 9 1912

FATHER		MOTHER	
FULL NAME	Ray E. Ellsworth.	FULL MAIDEN NAME	Ethel West.
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Mill Man	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11, A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 22 1912 Dr. Charles Bottman Registrar

S-Y CO. 20174

FEB 1 8 1972

JUN 1 8 1942

769-218-040-4/8

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7417
Local Reg. No.
Reg. Dist. No. 25

Amended 2/24/77

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sweeny
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sweeny
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Catherine
b. (Middle): Margaret
c. (Last): Gordon

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 18, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle):
c. (Last): Gordon

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ireland

10. USUAL OCCUPATION: Mill Man

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Catherine
b. (Middle):
c. (Last): Maguire

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ireland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. R. Mason

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 22, 1912

22. REGISTRAR'S SIGNATURE: Dr. Chas. A. Dettman

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

769-218 1040-414

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Burnney (Kellogg) Registration District No. 25 File No. 7417

No. ..... St. Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Sarrah Margret Gordon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	2	Yes	7 18 1912

	FATHER	MOTHER
FULL NAME	George Gordon	FULL MAIDEN NAME Catherine Maguire
RESIDENCE	Burnney (Kellogg)	RESIDENCE Burnney (Kellogg)
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	33	21
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Mill Man	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 22 1912 Dr. Chas. A. Wittman

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 1 44 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Tehama

Certificate No. 7417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Sarah Margaret Gordon who was born on July 18, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Sweeny, Idaho (Shoshone) are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Baptismal Cert - Family Record prepared on Feb 17 - 1977, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Sarrah Margaret Gordon	Catherine Margaret Gordon

Subscribed and sworn to before me this 17th day of Feb. 19 77

OFFICIAL SEAL
ELSIE JUHAY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
TEHAMA COUNTY
My Commission Expires March 13, 1980

Notary Public residing at Red Bluff, Calif.
My commission expires 3/13/80
(Seal)

Signed Catherine Gordon Crosby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Tehama

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Feb. 19 77

OFFICIAL SEAL
ELSIE JUHAY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
TEHAMA COUNTY
My Commission Expires March 13, 1980

Notary Public residing at Red Bluff, Ca.
My commission expires 3/13/80
(Seal)

Signed John D Crosby
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/11/77

Certif of Baptsim from Church of St. Alphonsus, Wallace, Idaho. gives child's name as Catherine Margaret Gordon - child' of George Gordon and Catherine McGuire born in Kellogg, Idaho on July 18, 1912. Baptized Oct 2, 1912. viewed by V. S.

FEB 25 1977

Insurance policy from Industrial Whole Life Policy, Metropolitan Life Ins. Co. gives nameas Catherine M.Gordon. dated May 1, 1936 age 24 yr. Policy No. 228462 M1 viewed by V. S.

238-231-040-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 7418

Primary Registration District No. 2105 Registered No. ____

FULL NAME OF CHILD Denez Schluneger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Mar 31 1912

	FATHER	MOTHER
FULL NAME	William J. Schluneger	FULL MAIDEN NAME Hazel Montaney
RESIDENCE	Kellogg. Ida.	RESIDENCE Kellogg. Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE Wisconsin
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M.D.

Physician

(Physician or Midwife)

Address Kellogg. Ida.

Given names added from a supplemental report

....., 19.....

Filed July 20 1912 W. Chas. A. Stivers

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of CONTRACOSTA }

Certificate No. 7418

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for DENESE SCHLUNEGGER (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on MARCH 31ST 1912 (DATE OF EVENT) in KELLOGG IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on APRIL 10TH 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SURNAME Surname	Schlunegger	Schluneger
NAME Name	Denese	Denez

Subscribed and sworn to before me this 26th day of January, 19 43.

Esther J. Detlow
Notary Public, residing at Richmond
My commission expires March 4th, 1945
(SEAL) NOTARY PUBLIC
In and for the County of Contra Costa, State of California

Signed W. J. Schluneger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
343-9th ST. RICHMOND. CALIF.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of ~~ALAMEDA~~ CONTRA COSTA }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 43.

E. P. Welton
Notary Public, residing at Oakland Calif
My commission expires March 14, 1943
(SEAL) Notary Public in and for the ~~County of Alameda, State of California~~

Signed Bertha C. Berger
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
343-9th St Richmond Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of CONTRA COSTA } ss.

Certificate No. 7418

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for HAZEL MONTANE (Name on Original Certificate) who BORN (Was Born or Died) on Aug 2 - 1893 (Date of Event)
in KANSAS (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on Aug 30 - 1893 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Montane	Hazel Montaney
Birthplace of mother	Kansas	Wisconsin

Subscribed and sworn to before me this 30th
day of March, 1943

Notary Public, residing at Santa Maria Cal.

My commission expires NOTARY PUBLIC
(Seal) In and for the County of Santa Barbara, State of California
My Commission Expires Sept. 13, 1945.

Signed Mrs Iva Patton, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

512 E Alvin Santa Maria Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. }
County of Santa Barbara } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of March, 1943

Notary Public, residing at Santa Maria Cal

My commission expires NOTARY PUBLIC
(Seal) In and for the County of Santa Barbara, State of California
My Commission Expires Sept. 13, 1945.

Signed W. J. Schlumegen.
(Signature of Any Credible Person Other Than Previous Year)

343 - 9th St Richmond Calif
(Street Address, City, State)

APR 5 1943

219-1181040-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11.C—Rev. 1909-11

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 7419

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Lloyd Templeton Barrickman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\	\	Yes.	May 18, 1912

FATHER		MOTHER	
FULL NAME	Bartholomew M. Barrickman	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Kellogg. Ida.	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana.	BIRTHPLACE	Minnesota
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Alex. D. McCrackin M.D

Physician

(Physician or Midwife)

Address Kellogg. Idaho

Filed July 20 1912 Dr. Chas. A. Wittenauer Registrar

S-Y CO., 16670

APR 7 1971

345.209.240-249

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 25 — File No. 7420

No. ____, ____ St.

Primary Registration District No. 2105 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Rachel Cicilia Lund

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 8, 1912

FATHER		MOTHER	
FULL NAME	Charles Lund	FULL MAIDEN NAME	Elara Christina Burggquist
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	49
BIRTHPLACE	Finland	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Finland
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Kennett, M.D.

(Physician or Midwife)

Address Kellogg, Idaho

Given names added from a supplemental report

....., 19....

Filed July 20, 1912 A. A. Dettman

S-Y CO., 15670 — Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 1 1975

623-103-040-349

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—Rev. 1925-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 25 — File No. 7421

No. ____, ____ St.

Primary Registration District No. 2105 — Registered No. ____

Hospital ____

FULL NAME OF CHILD John Frank Ablak

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\	\	Yes	June 3, 1912

FATHER		MOTHER	
FULL NAME	Valentin Ablak	FULL MAIDEN NAME	Maria Lugar
RESIDENCE	(Deceased)	RESIDENCE	Kellogg, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30.	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Deceased.	OCCUPATION	House wife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McGachin MD

Physician

(Physician or Midwife)

Address Kellogg Ida.

Given names added from a supplemental report

....., 19.....

Filed July 20 1912 Dr. Chas. A. Dettman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

236-112-040-264

PLACE OF BIRTH

nty of Shoshone

ity of Kellogg

No. ____, ____ St.

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 7422

Primary Registration District No. 2105 Registered No. ____

Hospital ____

FULL NAME OF CHILD Philip Sherman Stovall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 12, 191[illegible]

FATHER	MOTHER
FULL NAME James William Stovall	FULL MAIDEN NAME Charlotte Sourkwict
RESIDENCE Pine Creek,	RESIDENCE Pine Creek
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Missouri	BIRTHPLACE S. Dakota
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:07 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Kennett, MD

(Physician or Midwife)

Address Kellogg, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 20, 191[illegible] H. Chas. A. Dittman

Registrar

S-Y CO., 16670

Registrar

WRITE PLAINLY, WITH UNFADING INK

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated

MARGIN

389-210-040-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 7423

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Thelma Philamine Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	1	Yes	7 10 1912

FATHER	MOTHER
FULL NAME Peter Christensen	FULL MAIDEN NAME Petronilla Lour.
RESIDENCE Wardner. Ida	RESIDENCE Wardner. Ida
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE California	BIRTHPLACE Minn
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed July 22 19 12 W. Chas. A. Dittman Registrar

R-Y CO. 20174

DEC 1 1966

962-209: 040-435

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 25 File No. 7424

Primary Registration District No. 706 Registered No. .....

FULL NAME OF CHILD Agnes Catherine Robertson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	———	———	Yes.	July 9, 1912

FATHER	MOTHER
FULL NAME: David Robertson	FULL MAIDEN NAME: Marian McEwen
RESIDENCE: Wardner Ida	RESIDENCE: Wardner Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Scotland	BIRTHPLACE: Scotland
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. J. McCracken M.D.

Physician

(Physician or Midwife)

Address Kellogg Idaho

Given names added from a supplemental report

....., 19.....

Filed July 20 1912 Dr. Chas. C. Vettra

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the numbers of each, in order of birth stated

MAR 2 1966

MAY 9 1968

DEC 27 1974

293-213-070-162

Form V. S. No. 11-C-1M-6-28-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 7425

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD Master Kittler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 13, 1917

	FATHER	MOTHER
FULL NAME	Arro Kittler	FULL MAIDEN NAME Emma Poisonen
RESIDENCE	Mullan	RESIDENCE Mullan
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Finland	BIRTHPLACE Finland
OCCUPATION	Miner	OCCUPATION HW

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James C Bean

Physician

(Physician or Midwife)

Address Mullan, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 16 19 17 Richard A Little

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

693-101-040-218

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon Registration District No. 25 File No. 7426

No. ....., ... St. Primary Registration District No. 2108 Registered No. .....

Hospital .....

FULL NAME OF CHILD Claude George Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	July 1, 1912

FATHER	MOTHER
FULL NAME George O Wilson	FULL MAIDEN NAME Zoa L Bayles
RESIDENCE Ammon	RESIDENCE Ammon
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Minn	BIRTHPLACE Mo
OCCUPATION Electrician	OCCUPATION Hsw

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bennett

Phys

(Physician or Midwife)

Address Midvale Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 5 1912 Dr. Chas A Dettman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form U.S. No. 11-C Jan 6-20-11

395-22-1040-572

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25 File No. 7427

No. ____, ____ St.

Primary Registration District No. 2108 Registered No. ____

Hospital ____

FULL NAME OF CHILD Eva Lillian Lindroos

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gustaf W Lindroos	Louise Nassi
RESIDENCE	Larson Idaho	Larson Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Finland	Finland
OCCUPATION	Blacksmith	Hw

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician (Physician or Midwife)

Given names added from a supplemental report

Address ____

____, 19____

____ Registrar

Filed July 30 1912 A. Chas. A. Dillman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2, 1950

37-209-0580-019

Form V. S. No. 11-C—Rev. 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 7428

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Mary Edith Chiesa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7/ 9/ 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eugine Chiesa	Angelia Mazza
RESIDENCE	Burke	Burke
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Barnes M D

..... (Physician or Midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 15 1912 W. Thomas Rittman Registrar

S-Y CO., 16670

285-210-040-965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7429

PLACE OF BIRTH

County of Shoshone

City of Mace

No —, ——— St.

Hospital —

Registration District No. 75 File No.

Primary Registration District No. 2109 Registered No.

FULL NAME OF CHILD Laura Dyer.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One	4th	Yes	July 10, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Thomas Dyer	Ruth Young
RESIDENCE	Mace Idaho	Mace Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Michigan	Ireland
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Filed July 20 1912 [illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

295-21-040-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No ....., ... St.

Registration District No 28 File No. 7430

Hospital Wallace Hospital Primary Registration District No. 10" Registered No. 39

FULL NAME OF CHILD Joan Elizabeth Kingsbury.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♀			Yes.	July 17, 1912.

FATHER		MOTHER	
FULL NAME	Roy H. Kingsbury.	FULL MAIDEN NAME	Bertha Henderson.
RESIDENCE	Wallace.	RESIDENCE	Wallace
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Gaultois. S. D.	BIRTHPLACE	Erie. Penn.
OCCUPATION	Purchasing Agent	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean M. D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed July 27, 1912 St. Leo Jennings

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

318-123-040-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 28 File No. 7431

Primary Registration District No 10'' Registered No. 30

FULL NAME OF CHILD James Henry Taylor Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
M	one	1st	Yes	June 23 1912

	FATHER	MOTHER
FULL NAME	James Henry Taylor	Hedwig Schiewe
RESIDENCE	Wallace	Wallace
COLOR	W	W.
AGE AT LAST BIRTHDAY	43 (Years)	25 (Years)
BIRTHPLACE	England	Germany
OCCUPATION	Shift. Ironworks	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 2, 1912 St. Leo Dunphy

Registrar

SYMS - YORK CO., PTRS. & STRS. 17326

691-109.040-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ King St.

Hospital Providence

Registration District No. 38

Primary Registration District No. 1811

File No. 7432

Registered No. 31

FULL NAME OF CHILD Claire Nelson Frank

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One (To be answered only in event of plural births)	1st	Yes	July 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew Frank	Emma Nelson
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	27 (Years)	26 (Years)
BIRTHPLACE	Wisconsin	Illinois
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Mowery

Physician and

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

July 20, 1912

T. Geo. Quigley Registrar

Filed July 22 1912 T. Geo. Quigley Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 72

PLACE OF BIRTH

MOTHER

FATHER

AGE AT LAST BIRTHDAY

OCCUPATION

MAILING RESERVED FOR BINDING

WRITE PLAINLY WITH INDELIBLE INK

154-410-040345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Providence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7433

Primary Registration District No. 1011 Registered No. 32

FULL NAME OF CHILD Wallace Eugene Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	July 10 1912

FATHER		MOTHER	
FULL NAME	Hans Jacob Anderson	FULL MAIDEN NAME	Maud Cumming Lamb
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Ontario
OCCUPATION	Blacksmith	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Leo Quigley

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed July 19 1912 F. Leo Quigley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

APR 20 1942

419-1191040-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 7434

Primary Registration District No. 10 11 Registered No. 33

FULL NAME OF CHILD Barnard Marra

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 19 11 1911

FATHER

FULL NAME: Martin Marra

RESIDENCE: Nine Mile Near Wallace

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Italy

OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Louisa Alberto

RESIDENCE: Nine Mile Near Wallace

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Italy

OCCUPATION: ____

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born on Nineteen Near Wallace at 12.10 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed July 20 1911 T. Leo Twomey Registrar

S-Y CO., 16670

JUL 18 1967

785·215·040-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 7435

Primary Registration District No. 1011 Registered No. 34

FULL NAME OF CHILD Mollie Phelan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 13 1912

FATHER		MOTHER	
FULL NAME	Robert A. Phelan	FULL MAIDEN NAME	Marion Holmes
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Locomotive Engineer	OCCUPATION	—

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Leo Tingley

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 24 1912 F. Leo Tingley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 24 1974

154-21-040-351

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No ____, High St.

Hospital

Registration District No 38 File No. 7436

Primary Registration District No. 1011 Registered No. 35

FULL NAME OF CHILD Myrtle Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one	1st	Yes	July 17 1912

FATHER		MOTHER	
FULL NAME	Boyd A Andrews	FULL MAIDEN NAME	Emma Tisdale
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mississippi	BIRTHPLACE	Wisconsin
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

(Physician or Midwife) Kuriens

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 27, 1912 Leo Langley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-318795

419-126 · 040-241

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, King St.

Registration District No. 28 File No. 7437

Primary Registration District No. 1011 Registered No. 36

Hospital ____

FULL NAME OF CHILD Chester Edwin Samuels Darbar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	2nd	Yes	July 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cleveland Darbar	Constance Ruby Shaw
RESIDENCE	Wallace	Wallace
COLOR	W	W.
AGE AT LAST BIRTHDAY	28 (Years)	28 (Years)
BIRTHPLACE	New York	Nebraska
OCCUPATION	Telegraph Operator	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Filed July 30, 1912 E. Leo Langley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

533-11-040-K32

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form ... No. 11-C—15m-6-20-11

County of Shoshone

City of Wallace

Registration District No. 28

File No. 7438

No. ....., ... St.

Primary Registration District No. 10 11

Registered No. 37

Hospital .....

FULL NAME OF CHILD Richard McKenzie Elson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 17th, 191 2

FATHER		MOTHER	
FULL NAME	Jas O. Elson	FULL MAIDEN NAME	May McKenzie
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wash.	BIRTHPLACE	Pa
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... 2nd

Number of children, of this mother, now living, including present birth ... Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) May M. Smith

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

Filed July 27, 19 12 H. Leo Swigert

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 8 1974

JAN 6 1944

109-032-243

[redacted] IRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

~~City of~~ P.O. Blanche

Registration District No. 5 File No. 7440

No. ____, ____ St.

Primary Registration District No. 2014 Registered No. 130

Hospital ____

FULL NAME OF CHILD Harold Hess

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	July 9, 1912

FATHER		MOTHER	
FULL NAME	Andrew Hess	FULL MAIDEN NAME	Maggie B Butler
RESIDENCE	Blanche Ida	RESIDENCE	Blanche Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	63 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Blanche Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or ~~Midwife~~)

Address Goodacre Ida

Given names added from a supplemental report

....., 19.....

Filed July 10 1912 C. F. Zeller

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 0 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lincoln

City of Hillsdale

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 5 — File No. 7441

Primary Registration District No. 2103 — Registered No. 133

FULL NAME OF CHILD Morris Homer Leick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	May 26, 1912

FATHER		MOTHER	
FULL NAME	James C. Leick	FULL MAIDEN NAME	Bertha E. Beers
RESIDENCE	Hillsdale Ida	RESIDENCE	Hillsdale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Johnstown Nebr	BIRTHPLACE	Socanton Pa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Jno G Lemy MD
(Physician or Midwife)

Address Hazelton Ida

Filed May 28 1912 C. A. Zeller
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 11 1942

647-22-072-418

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Burke Wendell

Registration District No. 6th

File No. 7442

No. ——, —— St.

Primary Registration District No. 2018

Registered No. 147

Hospital

FULL NAME OF CHILD Fern Gertrude Fugate

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	July 22 1917

FATHER		MOTHER	
FULL NAME	Clifford R. Fugate	FULL MAIDEN NAME	Elleanor Gertrude Dahlquist
RESIDENCE	Burke Idaho	RESIDENCE	Burke Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Fayetteville Ark.	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Fruit Grower	OCCUPATION	Housekeeper

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamborn M.D.

(Physician or Midwife)

Address Wendell.

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 31 1917 H. E. Lamb

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 2 1975

213-220-032-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5th File No. 7443

Primary Registration District No. 2018 Registered No. 146

FULL NAME OF CHILD Virginia Bates

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 20, 1912

FATHER	MOTHER
FULL NAME Wm. F. Bates	FULL MAIDEN NAME Ellen L. Harker
RESIDENCE Wendell.	RESIDENCE Wendell,
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Chicago, Ill	BIRTHPLACE Chicago, Ill.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M. on the date above stated.

(Signature) H B Edmunson M.D.

(Physician or Midwife)

Address Wendell Idaho

Filed July 31 1912 H. E. Lamb Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

258-211-032-258

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. Ranch St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7444

Registration District No. 4th File No.

Primary Registration District No. 2018 Registered No. 125

FULL NAME OF CHILD Snyder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	July 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August F. L. Snyder.	Minnie E. Snyder. (Son)
RESIDENCE	Wendell Ida	Wendell, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Chicago, Ills.	Chicago, Ills
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Schreiber M. D.

(Physician or Midwife)

Address Wendell Idaho.

Given names added from a supplemental report

....., 19.....

Filed July 31 19 12 H. Edwards

Registrar

S-Y CO., 16670

Registrar

419-109-032-317

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hendell

No. —, —St.

Hospital —

Registration District No. 6th

Primary Registration District No. 2018

File No. 7445

Registered No. 124

FULL NAME OF CHILD Darrell Homer Dunnan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	2	yes	7 9 1912

FATHER		MOTHER	
FULL NAME	Fyonus Dunnan	FULL MAIDEN NAME	Mable Tague
RESIDENCE	Hendell	RESIDENCE	Hendell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	New York	BIRTHPLACE	Kansas
OCCUPATION	Grain dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lamb

Physician

(Physician or Midwife)

Address Hendell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 10 19 13 W. E. Lamb

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 7445

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Darrell Homer Dorman (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 9th 1912 (DATE OF EVENT)
in Wendell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Doctor's Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Darrell Homer Dorman
Maiden Name of Mother	Mabel Hallayday	Tague

Subscribed and sworn to before me this 18th day of May, 1943

G. D. McCreary
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(SEAL)

Signed Mrs F. L. Dorman
some trifling matter Mabel A Dorman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wendell, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 1943

G. D. McCreary
Notary Public, residing at Wendell, Ida.
My commission expires Jan. 2-1944
(SEAL)

Signed Geo. P. Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Wendell, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 4 1943

493-12-1032-231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 7446

County of Lincoln

City of Hendell Registration District No. 5th

No. ....., ... St. Primary Registration District No. 2018 Registered No. 123

Hospital Willard Ed

FULL NAME OF CHILD Keith Milligan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male		4	Yes	7 21 1917

FATHER		MOTHER	
FULL NAME	Arthur Milligan	FULL MAIDEN NAME	Nellie Black
RESIDENCE	Hendell	RESIDENCE	Hendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Editor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician

(Physician or Midwife)

Address Hendell Idaho

Given names added from a supplemental report

....., 19.....

Filed July 16 1917 H. E. Lamb

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 6 1973

455-26-012-435 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln.

City of Gooding

No. ____, ____ St.

Hospital ____

Registration District No. 5 File No. 7447

Primary Registration District No. 904 Registered No. 118

FULL NAME OF CHILD ~~Baby~~ Ilsmis, Harry Gaston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	1	Yes	7-26, 1912

FATHER	MOTHER
FULL NAME W~~m~~ Ilsmis.	FULL MAIDEN NAME Emma M. Nay.
RESIDENCE Gooding	RESIDENCE Gooding
COLOR W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Colo.
OCCUPATION Teamster.	OCCUPATION H. wife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-26-12 6P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Cox M.D.

(Physician or ~~Midwife~~)

Address Gooding, Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-27th 1912 C. H. Geller

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 7447

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Dennis (Name on Original Certificate) who born (Was Born or Died) on July 26, 1912 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Acquaintance (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Harry Gaston Dennis

Subscribed and sworn to before me this 24
day of Sept., 1942.
Margaret E. Mason
Notary Public residing at Boise, Idaho
My commission expires 7-25-46
(Seal)

Signed B. C. Bentham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19.

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 24 1942

842-22-0725

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—Rev. 6-21-15

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding — Registration District No. 5 — File No. 7448

No. ____, ____ St. — Primary Registration District No. 2014 — Registered No. 119

Hospital ____

FULL NAME OF CHILD Boby Hussey

Sex of Child	Twin, Triplet, or other*	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	twin	1	yes	7 24 1912

*(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clark Hussey	FULL MAIDEN NAME	Lottie Vernon
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	N. Carolina	BIRTHPLACE	N. Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ — Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7-23 1912 alive at 5 9 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X. Y. Zaymid

(Physician or Midwife)

Given names added from a supplemental report

Address Gooding, Idaho

____, 19____ Filed 7-24 19 12 C. F. Zeller Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

48-219-232-515

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Ian-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5 File No. 7449

No. ____, ____ St.

Primary Registration District No. 9014 Registered No. 120

Hospital ____ Edna Louise

FULL NAME OF CHILD ~~Burley~~, Marcum.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	1 (To be answered only in event of plural births)		1	yes	7-19 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Thmas Marcum	FULL MAIDEN NAME	Elsie Van Kirk
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana.	BIRTHPLACE	Mich
OCCUPATION	Agent.	OCCUPATION	H wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 7-1912 at 7a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. Cory MD.

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-10 1912 C. F. Zeller

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 3 1963

230-11-032-163

PLACE OF BIRTH

Form V. S. No. 11-S 10M-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Registration District No. 5

File No. * 7450

Primary Registration District No. 2014

Registered No. 157

Hospital ____

FULL NAME OF CHILD ~~Boy~~ TESSIE Stone.

[redacted]

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	Single	1	Yes	7 (Month) 11 (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stanley Stone.	FULL MAIDEN NAME	Susan Jason
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	& wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-11-12 at 4 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Carey M.D.

(Physician or Midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Filed 7-12 1912 C. H. Zeller

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 7450

FEB 3 1942

Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of for Unnamed (NAME ON ORIGINAL CERTIFICATE) who (was born) (WAS BORN OR DIED) on 7-11-1912 (DATE OF EVENT) in Gooding, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 2, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Freesie Stone

Subscribed and sworn to before me this 2nd day of February, 19 42

M F Ryan

Notary Public, residing at Gooding, Idaho

My commission expires Dec. 8, 1943
(SEAL)

Signed Stanley Stone
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 19 42

M F Ryan

Notary Public, residing at Gooding, Idaho

My commission expires Dec. 8, 1943
(SEAL)

Signed E S Randall Jr.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

FEB 3 1942

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 14 1942

455-201-032-258

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 1/27/75

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

Registration District No. 6

Primary Registration District No. 2014

File No. 7451

Registered No. 122

FULL NAME OF CHILD Meek, Edith Gertrude

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F.	(To be answered only in event of plural births)		Yes.	7 (Month) 1 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Irvin L. Meek	FULL MAIDEN NAME	Mabel G. Snyder
RESIDENCE	Gooding.	RESIDENCE	Gooding.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mich.
OCCUPATION	Teamster	OCCUPATION	Wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. 7-1-12 at 10 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zaynor M.D.

(Physician or Midwife)

Address Gooding, Idaho

Filed July 2nd 1912 C. F. Zeller Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 20 11 18 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Santa Barbara } ss.

Certificate No. 7451

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Meeks (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1912 (Date of Event) in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Statistic/Record (Bible Record, Insurance Policy, Etc.) prepared on May 27, 1953 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edith Gertrude Meek
Full Name of Father	Irvin Meeks	Irvin L. Meek
Full Maiden Name of Mother	Mable Schnider	Mabel G. Snyder

Subscribed and sworn to before me this 13th day of January, 1975

OFFICIAL SEAL SUZANNE LITZENBERG NOTARY PUBLIC-CALIFORNIA SANTA BARBARA COUNTY My Commission Expires Mar. 13, 1977

Notary Public residing at Santa Maria, California

My Commission Expires March 13, 1977

Signed Mabel G. Meek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4451 Coachman Way
Santa Maria, Calif. 93454
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Barbara } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 1975

OFFICIAL SEAL SUZANNE LITZENBERG NOTARY PUBLIC-CALIFORNIA SANTA BARBARA COUNTY My Commission Expires Mar. 13, 1977

Notary Public residing at Santa Maria, California

My Commission expires March 13, 1977

(Seal)

Signed Ernest E. Snyder
(Signature of Any Credible Person)

3607 Seller St.
Gig Harbor, Washington 98335
(Street Address, City, State)

FORM DH 60-155 L 4-12-66. nm

Marriage License Dec. 23, 1907 gives nameas as Irvin L. Meek and Mable G. Snyder. license deom Benton County, Washington. viewed by V. S. FEB 5 1975

Census record for 1910 taken as of April 15. gives nameas Irvin L. and Mable G. Meek. viewed by V. S.

Certif. of Marriage from California gives name as Harry Douglas James and Edith Gertrude Meek. dated Feb. 26, 1937. viewed by V. S.

High school diploma from Pasadena H. S. , Pasadena, Calif. gives name as Edith Gertrude Meek. dated June 21, 1929. viewed by V. S.

843-208-032-239

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 7452

Primary Registration District No. 2014 Registered No. 129

FULL NAME OF CHILD Amy Hulbert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Hulbert	Helen Stimpson
RESIDENCE	Gooding Ida	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Trader	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or ~~Midwife~~)

Address Gooding, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1912 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 7 1974

314/12-032-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

Registration District No. 5

File No. 7453

No. ____, ____ St.

Primary Registration District No. 2014

Registered No. 148

Hospital ____

FULL NAME OF CHILD Harold Edward Cannon

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-		yes	7-12-1912

FATHER

FULL NAME: Wallace A Cannon

RESIDENCE: Gooding

COLOR: W AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Georgia

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Mary Lacquement

RESIDENCE: Gooding

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician ~~or Midwife~~)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 7-14 1912 C. H. Zeller

Registrar

S-Y CO., 16670

JAN 14 1942

415-125-032-236

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Eden Ida

Registration District No 15 File No. 7454

No ____, ____ St.

Primary Registration District No. 2015 Registered No. 131

Hospital ____

FULL NAME OF CHILD ~~Howard~~ Lee David

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Boy				Yes	June 25, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James W Davis	FULL MAIDEN NAME	Ethel M. Stottlesberry
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ozark Co Mo	BIRTHPLACE	Newton Co Mo
OCCUPATION	Lineman	OCCUPATION	Housemaid

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz MD (Physician or Midwife)

Address Hazelton Ida

Filed June 27, 1912 C. H. Zeller Registrar

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

* Given names added from a supplemental report

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 7454

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Howard Lee Davis (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on June 25, 1912 (DATE OF EVENT)
in Eden, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on soon after birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Harold	Howard Lee Davis

Subscribed and sworn to before me this 26th
day of ~~January~~ December, 1942
Estella H. Pierce
Notary Public, residing at Jerome, Ida
My commission expires April 22, 1946
(SEAL)

Signed Ernest D. Davis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Jerome, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

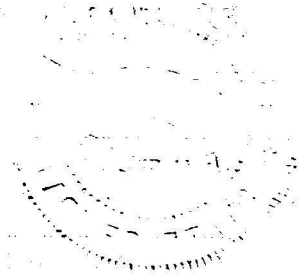
Subscribed and sworn to before me this 26th
day of December, 1942
Estella H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1946
(SEAL)

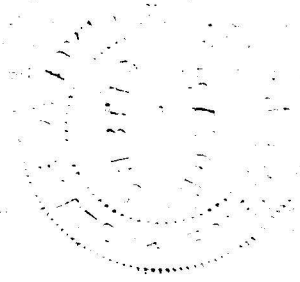
Signed Joshua L. Gould
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Jerome Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 18 1964

DEC 28 1942





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazelton Ida

Registration District No. 5 — File No. 7455

No. ____, ____ St.

Primary Registration District No. 2015 — Registered No. 132

Hospital ____

FULL NAME OF CHILD Earl Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	June 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew P. Anderson	Agusta Holm
RESIDENCE	Hazelton Ida	Hazelton Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Denmark	Shell Lake Wis
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno L Leng MD

(Physician or Midwife)

Address Hazelton Ida

Given names added from a supplemental report

....., 19.....

Filed June 20 1912 C. F. Zeller Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

371

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazelton Idaho

Registration District No 6 File No. 7456

No ....., ... St.

Primary Registration District No. 2615 Registered No. 134

Hospital .....

FULL NAME OF CHILD Vera Crandall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Girl			Yes	May 18 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Richard	FULL MAIDEN NAME	Frankie M. Hoover
RESIDENCE	Hazelton Idaho	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Grand Junction Colo	BIRTHPLACE	Socoro N. M.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno T Lenz M D

(Physician or Midwife)

Address Hazelton Ida

Given names added from a supplemental report

....., 19.....

Filed May 20—19 12 C. H. Falter

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 3 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazelton Ida

No ____, ____ St.

Hospital ____

Registration District No. 5 File No. 7457

Primary Registration District No. 2103 Registered No. 132

FULL NAME OF CHILD Alice Dalrymple

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Apr. 9, 1912

FATHER		MOTHER	
FULL NAME	Mark A Dalrymple	FULL MAIDEN NAME	Florence Hansen
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wardburg Ida	BIRTHPLACE	Hiram Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno L Lemm MD

(Physician or Midwife)

Address Hazelton Ida

Given names added from a supplemental report

....., 19.....

Filed April 8, 1912 C. F. Zeller

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

NOV 20 1963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lincoln

City of Hazelton Ida

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 5 — File No. 7458

Primary Registration District No. 1107 — Registered No. 136

FULL NAME OF CHILD Norma Leeley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	March 30, 1912

FATHER

FULL NAME: James R. Leeley

RESIDENCE: Hazelton Ida

COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Indianola Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lodica Spencer

RESIDENCE: Hazelton Ida

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Indianola Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Jno Lem MD

Hazelton Ida
(Physician or Midwife)

Address Hazelton, Idaho.

Filed April 1 1912 C G Gelder
Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

DEC 2 2 1971

269-21 655

PLACE [redacted]

Form V. S. No. 11-C—15m-6-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted] Lake

City of Dingle Registration District No. 24 File No. 7459

No. ____, ____ St. Primary Registration District No. 2099 Registered No. 173

Hospital ~~Transit~~

FULL NAME OF CHILD Rebecka Mere Sorenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	July 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Soren A. Sorenson	Laura Mere Overbird
RESIDENCE	Dingle	Dingle
COLOR / AGE AT LAST BIRTHDAY (Years)	White 37	White 18
BIRTHPLACE	farming	Calborg Denmark
OCCUPATION	Ers mark Denmark	farming

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) Mettie M. Sorenson

Ashley E. Cooley

(Physician or Midwife)

Address Montpelier Ida

Filed Aug. 1, 1912 J. W. Hayward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 20 1972

DECEASED

264-228:004-219

Form V. S. No. 11-C Rev. 4-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7460

Primary Registration District No. 2098 Registered No. 191

FULL NAME OF CHILD Leona Sommers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	July 28 1912

FATHER		MOTHER	
FULL NAME	Ernest Sommers	FULL MAIDEN NAME	Ida A Labach
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Germany.	BIRTHPLACE	New York
OCCUPATION	O S L Mfg.	OCCUPATION	Dress

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Audley Smallwood

Montpelier (Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

Filed Aug 9 19 12 J. W. Hayward Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-103-004213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7461

Primary Registration District No. 2098 Registered No. 153

FULL NAME OF CHILD James Earnest Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	July 3rd, 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Nicholas Green	Katherine Susan Baldwin
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Michigan	Bahama Islands
OCCUPATION	Metal Miner	Housewife

Number of child of this mother, including present birth..... 1

Number of children, of this mother, now living, including present birth..... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. King M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 10 1912 J. W. Hayward

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

JAN 19 1916

394-D 9.004-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 7462

Primary Registration District No. 2098 Registered No. 174

FULL NAME OF CHILD Mary Trussel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 29 1912

FATHER		MOTHER	
FULL NAME	Fredrick Trussel	FULL MAIDEN NAME	Rosa Hollenweger
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. F. E. Bridges

(Physician or Midwife)

Address Montpelier, Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 9 1912 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

143-131-604-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 7463

No. ____, ____ St.

Primary Registration District No. 2098

Registered No. 175

Hospital ____

FULL NAME OF CHILD Tom Henry Sutter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rudolph Sutter	Lena Wessen
RESIDENCE	Montpelier Idaho	Montpelier Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	R R Employee	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Poynter M.D. (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 9 1912 J. W. Hammond Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

249-123-004249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7464

Primary Registration District No. 2098 Registered No. 178

FULL NAME OF CHILD Clayton Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 23, 1912

FATHER		MOTHER	
FULL NAME	Woo Bruce	FULL MAIDEN NAME	Nettie Smith
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier - Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ogden Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Bennington Idaho
		OCCUPATION	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 11.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

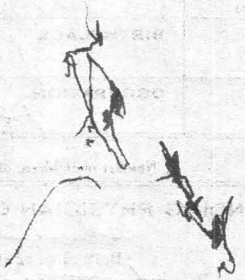
.....
Registrar

(Signature) J. M. Poyner M.D.
(Physician or Midwife)

Address Montpelier Ida.

Filed Aug 9 1912 Jill Stevenson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



Amended 6-10-59

PLACE OF BIRTH

654-207-004-358

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7465

Primary Registration District No. 2098 Registered No. 179

FULL NAME OF CHILD Ruth Phyllis Wedel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 7, 1912

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: John W. Wedel	FULL MAIDEN NAME: Rose Lehmann
RESIDENCE: Montpelier, Idaho	RESIDENCE: Montpelier
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Keokuk, Iowa	BIRTHPLACE: Berne, Switzerland
OCCUPATION: Merchant	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D'Orr Poynter, M.D.

(Physician or midwife)

Address Montpelier, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed July 12, 1912 J.W. Hayward
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7465

Primary Registration District No. 2098 Registered No. 179

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W Wardell	Rose Lehmann
RESIDENCE	Montpelier Idaho	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	39
BIRTHPLACE	Kentucky	Bear Lake Co Idaho
OCCUPATION	Mchst	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Poynter

Montpelier Idaho

(Physician or Midwife) M D

Given names added from a supplemental report

....., 19.....

Address .....

Filed July 12 1912 Joel Howard

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

JUN 10 1959

L.D.S. Certificate of Blessing, Nov. 3, 1912 gives name as Ruth Phyllis Wedel, Father-John W. Wedel and Mother-Rose Lehmann - viewed by V.S. and Another Child's Birth Cert. on file, #47097 gives correct parent's Namesas below - viewed by V.S. and a Certified copy of Own Child's Birth Record, born May 17, 1916 at Modesto, Calif.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. gives Mother's Name as Ruth Phyllis Wedel– Certificate No. 7465
County of Weber } date copy was issued - Feb. 8, 1951 Date Filed
viewed by V.S.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wedell (Name on Original Certificate) who born (Was Born or Died) on July 7, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by certificate of Blessing — Nov 2, 1912 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Phyllis Wedel
Full Name of Father	John W. Wedell	John W. Wedel
Full Maiden Name of Mother	Rose Lehman	Rose Lehmann

Subscribed and sworn to before me this 24th day of February, 1959
David S. Kunz
Notary Public, residing at Ogden, Utah
My commission expires August 6, 1962
(Seal)

Signed Leland S. Wedel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1959
David S. Kunz
Notary Public, residing at Ogden, Utah
My commission expires August 6, 1962
(Seal)

Signed Helen B. Wedel
(Signature of Any Credible Person)
Montpelier, Idaho
(Street Address, City, State)

FORM DPH 55. 155

CL 2-9-59. one copy pd.

795 H3 1004-394

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Bureau of Vital Statistics No. 11-C

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier — Registration District No. 24 — File No. 7466

No. ____ St. — Primary Registration District No. 2098 — Registered No. 169

Hospital ____

FULL NAME OF CHILD Delbert E. Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 13 1912

FATHER

FULL NAME: N. D. Green
RESIDENCE: Montpelier
COLOR: White — AGE AT LAST BIRTHDAY (Years): 55
BIRTHPLACE: California
OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: M. A. Green
RESIDENCE: Montpelier.
COLOR: White — AGE AT LAST BIRTHDAY (Years): 48
BIRTHPLACE: Salt Lake, Utah
OCCUPATION: Housewife

Number of child of this mother, including present birth: 11 — Number of children of this mother now living, including present birth: 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley M.D. Coroner

(Physician or midwife)

Address Montpelier, Idaho

Given names added from a supplemental report

....., 19.....

Filed July 20, 19 12 — J. W. Hayward — Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-78-128-004-214

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 24

File No. 7467

Primary Registration District No. 2098

Registered No. 190

Hospital .....

FULL NAME OF CHILD .....

Sex of Child B. M.

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 28 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	A. M. Applewhite	FULL MAIDEN NAME	Mary A. Bauch
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Nurse

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cudley and Cook

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 9 1912 J. M. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-125-004-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier No. ____, ____ St.

Hospital ____

Form ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 7468

Primary Registration District No 2098 Registered No. 177

FULL NAME OF CHILD FORREST ROBERT HAUCK

Sex of Child	Twin, Triplet or other? # (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	July 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas H Hauck	Priscilla Jane Lindsay
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Bryhm City Utah	Bear Lake Co Idaho
OCCUPATION	Engineer (Loco)	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Poynter

M D (Physician or Midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 9 1912 Jill Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

Form V. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1468

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Montpelier
Street and House No.
County Bear Lake

Registered Number 177
Registration District No. 24

Sex of Child Male

Date of Birth, July (Month) 25 (Day) 1912 (Year)

Full Name of Father: Chas. H. Hunich

Full Maiden Name of Mother: Priscilla Lindsay

I HEREBY CERTIFY that the child described herein has been named:

Faust (Given name in full) Hunich (Surname)

as reported by Father (Father or Mother)

J. W. Hargrave (Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

SEP 30 1942

530-206-004-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 7469

Primary Registration District No. 2097 Registered No. 176

FULL NAME OF CHILD Arabelle Munk, MILDRED VILATE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 26th 1912

	FATHER	MOTHER
FULL NAME	Lewis Egon Munk	Frances Wright
RESIDENCE	Bennington Idaho	Bennington Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Marion Utah	Bennington Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Poynter M.D.

(Physician or Midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

Filed Aug 9 1912 J. W. Hammond Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

Form V. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1469

JUN 18 1962
SEP 29 1972

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Bennington
Street and House No.
County Bear Lake

Registered Number 176
Registration District No. 24

Sex of Child Female

Date of Birth, July (Month) 26 (Day) 1912 (Year)

Full Name — Father: Lewis Eyor Munk

Full Maiden Name — Mother: Jennie Wright

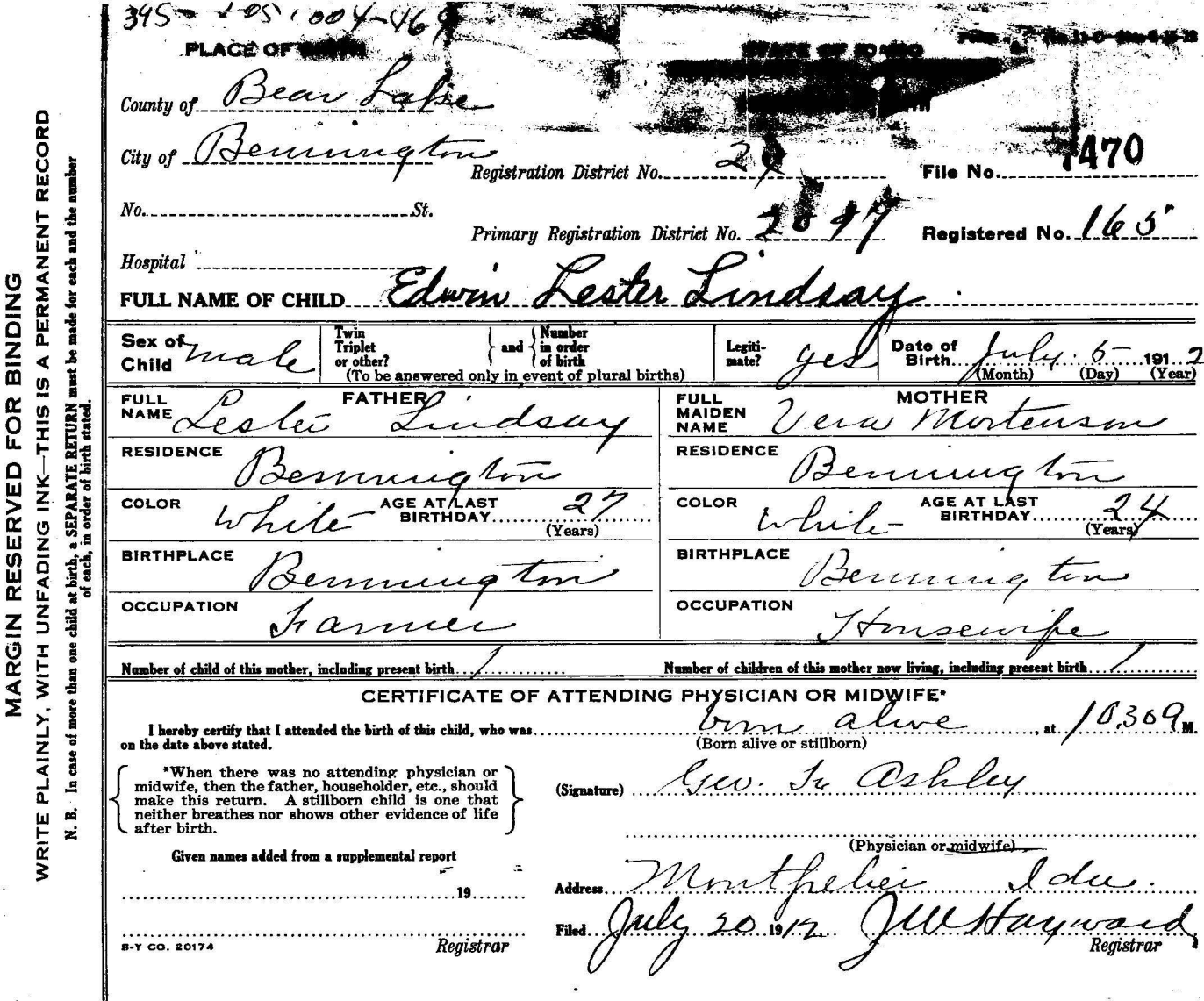
I HEREBY CERTIFY that the child described herein has been named:

Mildred Vilate Munk
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

J. W. Hayward
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE



345- 405.004-469

PLACE OF [illegible]

County of Bear Lake

City of Bennington

Registration District No. 29 File No. 1470

No. St.

Primary Registration District No. 2017 Registered No. 165

Hospital

FULL NAME OF CHILD Edwin Lester Lindsay

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	July 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leslie Lindsay	Vera Mortensen
RESIDENCE	Bennington	Bennington
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Bennington	Bennington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley (Physician or midwife)

Address Montpelier Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 20 1912 J.W. Hayward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

653-203: 004-213

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7471

Primary Registration District No. 2096 Registered No. 167

FULL NAME OF CHILD VIVIAN Welker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 3 1912

FATHER		MOTHER	
FULL NAME	A W. Welker	FULL MAIDEN NAME	Ethel Bacon
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bloomington	BIRTHPLACE	Georgetown
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5, P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George F. Ashley

(Physician or ~~midwife~~)

Address Montpelier Ida.

Given names added from a supplemental report

....., 19.....

Filed July 20 1912 J. M. Hayward
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7471

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for female Welker (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1912 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Welker	Vivian Welker

Subscribed and sworn to before me this 31 day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of
August, 1972

Florence Cartwright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Kathleen Sadgett
(Signature of Any Credible Person)

.....
(Street Address, City, State)

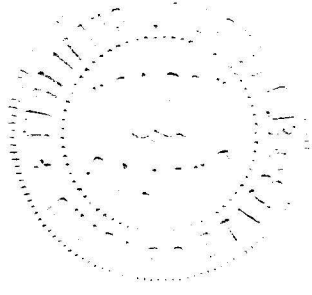
FORM DH 60-155

in office 8-3-72 nm.

AUG 3 1972

Marriage license and certificate #9627. Ada County, book #23 page 440 filed Oct. 9,1933 gives name as Vivian Welker. married October 4, 1933. viewed by VS

Certificate of Baptism andConfirmation issued December 18, 1920 gives name as Vivian Welker born to A. Wesley and Ethel Bacon Welker in Georgetown, Idaho. Georgetown Ward, Edwin E. Pinckney,Clerk. Baptized October 3, 1920, LDS Church. (birthyear had been altered) July 3, 1912 (originally 1920)-- viewed by VS



819-113-004-155

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. H-O-

CERTIFICATE OF BIRTH

Registration District No. ~~2090~~ 24 File No. 7472

Primary Registration District No. 2090 Registered No. 167

FULL NAME OF CHILD Lavern Elizabeth Hairup

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	July 13 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	N. P. Hairup	FULL MAIDEN NAME	Eliza Jensen
RESIDENCE	St Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or ~~midwife~~)

Address Montpelier, Idaho.

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed July 30 1912 J. W. Hayward
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-126-004-131

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B L.

City of Bloomington

Registration District No. 24 File No. 7473

No. St.

Primary Registration District No. 2091 Registered No. 186

Hospital

FULL NAME OF CHILD Clarence Isaac Hill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 26 1912

FATHER

FULL NAME R Hill

RESIDENCE Bloomington

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ill Charles

OCCUPATION Labor

MOTHER

FULL MAIDEN NAME Rose Adams

RESIDENCE Bloomington

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Bloomington

OCCUPATION W

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dudley McCandless

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Aug 9 1912 J. M. Hayward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-36-12

STATE OF IDAHO

PLACE OF BIRTH

386-203 cert 612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Bloomington Registration District No. 24 File No. 7474

No. ..... St. Primary Registration District No. 2091 Registered No. 170

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Estie Thornock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	January 3 1912

FATHER		MOTHER	
FULL NAME	Sd Thornock Jr.	FULL MAIDEN NAME	Maggie Baker
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

(Signature) A D Cooley MD

(Physician or midwife)

Address Paris Ida

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed January 10 1913 J W Haywood Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. II-C—20m-2-15-12

718-227-004-131

PLACE OF BIRTH

Form V. S. No. 11-C-1915-7-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 24 File No. 7475

No. ..... St.

Primary Registration District No. 2091 Registered No. 184

Hospital .....

FULL NAME OF CHILD Merna Lydia Payne

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	June 27 1912

	FATHER	MOTHER
FULL NAME	E. A. Payne	FULL MAIDEN NAME Mrs. E. Leland
RESIDENCE	Bloomington	RESIDENCE Bloomington
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE Bloomington
OCCUPATION	Labor	OCCUPATION Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Fred Cooley

..... M.D.

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 9 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1912-
DUP DE48-0072

475.127.004-624

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington — Registration District No. 24 — File No. 7476

No. ____ St. — Primary Registration District No. 2091 — Registered No. 198

Hospital ____

FULL NAME OF CHILD Oliver Wendell Dumford

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	X (To be answered only in event of plural births)		1	Yes	July 27 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ole Dumford	Ida Osmond
RESIDENCE	Bloomington	Bloomington
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	47	43
BIRTHPLACE	Mo.	Idaho
OCCUPATION	Farmer	

Number of child of this mother, including present birth 10 — Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 7.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D.
(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19.....

Filed Aug. 9 1912 J. M. Hayward
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-27-004-694

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 24 File No. 7477

No. ____ St.

Primary Registration District No. 2091 Registered No. 192

Hospital ____

FULL NAME OF CHILD Ida Georgina Dunford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	X	2	Yes	July 27 1912

FATHER		MOTHER	
FULL NAME	Ole Dunford	FULL MAIDEN NAME	Ida Osmond
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.25 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Hayward, M.D.
(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

....19....

Filed Aug 9 19 12 J. L. Hayward Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-11-...

STATE OF IDAHO

PLACE OF BIRTH

613-207-004-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24

Primary Registration District No. 2092

File No. 7478

Registered No. 183

FULL NAME OF CHILD Lloyd Edwin Packard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		1	Yes	July 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Forest Packard	Welthy Sutton
RESIDENCE	Paris Idaho	Paris Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Rundolph	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hayward M.D.

(Physician or midwife)

Address Paris Idaho

Filed July 10 1912 J. H. Hayward Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

133-206-004-995

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 24 File No. 7479

Primary Registration District No. 2092 Registered No. 182

FULL NAME OF CHILD La Rue Allred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	July 6 1912

	FATHER	MOTHER
FULL NAME	Jabe Allred	FULL MAIDEN NAME Nettie Wright
RESIDENCE	Paris Ida.	RESIDENCE Paris Idaho
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D. (Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1912 J. M. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-203-001-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7480

Primary Registration District No. 2092 Registered No. 180

FULL NAME OF CHILD LOLA DESERET WILKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	July 8 1912

	FATHER	MOTHER
FULL NAME	Chas. Welker	FULL MAIDEN NAME Lillian Welker
RESIDENCE	Paris Idaho	Paris Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Switzerland	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward M. D.
(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed July 10 1912 J. W. Hayward Registrar

S-Y CO. 20172

FEB 21 1952

Form V. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7480

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Paris
Street and House No.
County Bear Lake

Registered Number 180
Registration District No. 27

Sex of Child Female

Date of Birth, July (Month) 3 (Day) — 1912 (Year)

Full Name — Father: Chas. Walker

Full Maiden Name — Mother: Lilian Hunt

I HEREBY CERTIFY that the child described herein has been named:

Lola (Given name in full) Walker (Surname)

as reported by Mother (Father or Mother)

(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

955-225 1004-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 2-0-[illegible]-4-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7481

Primary Registration District No. 2092 Registered No. 181

FULL NAME OF CHILD Ralph Innes

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	July 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Innes	Cassie Wright
RESIDENCE	Paris Idaho	Paris Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Idaho	Bennington Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hayward M.D.

(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report

..... 19.....

Filed July 20 1912 J. H. Hayward Registrar

..... Registrar

5-Y CO. 20174

764-107-004-844

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7482

Primary Registration District No. 2092 Registered No. 166

FULL NAME OF CHILD Weara Poulsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	July 7 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	James Poulsen	FULL MAIDEN NAME	Harriet Humphreys
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11.10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jr. Ashley

(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

Filed July 21 1912 J. H. Haywood

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of _____

30-004-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 24

File No. 7483

No. ..... St.

Primary Registration District No. 2092

Registered No. 187

Hospital .....

FULL NAME OF CHILD Edward Davis

Sex of Child M

Twin / Triplet or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth July 30 (Month) (Day) 1912 (Year)

FATHER

FULL NAME R. W. Wallentine

RESIDENCE Paris

COLOR W

AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Brigham City

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eugenia Davis

RESIDENCE Paris

COLOR W

AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Salt Lake City

OCCUPATION Nurse

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cyclidyan D Cook

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 9 1912 J. W. Hyndman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-10-004-584

Form V. S. No. 11-C—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7484

Primary Registration District No. 2094 Registered No. 172

FULL NAME OF CHILD Thief Hymas Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7	Yes	January 1 1912

FATHER	MOTHER
FULL NAME Isaac Johnson	FULL MAIDEN NAME Martha Hymas
RESIDENCE Ovid	RESIDENCE Ovid
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Ovid	BIRTHPLACE —
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Eskelsen M.D.

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1912 J. L. Hayward Registrar

5-Y CO. 20174

DECEASED

632-129.004-168

PLACE OF BIRTH

County of Bonner Lake

City of Oldtown

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7486

No. St.

Primary Registration District No. 2094 Registered No. 157

Hospital

FULL NAME OF CHILD Wendell Howard Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 29 1912

	FATHER	MOTHER
FULL NAME	John Olsen	Ella A Johnson
RESIDENCE	Oldtown	Oldtown
COLOR	W	W
AGE AT LAST BIRTHDAY	43 (Years)	37 (Years)
BIRTHPLACE	Utah	Denmark
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dudley and Healy
M. Stelling
(Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address

Filed Aug 9 1912 Jill Hayward
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C—20c—2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JAN 24 1962

Address

Filed 19

Registrar

753-113.00X-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Nounan Registration District No. 24 File No. 7487

No. St. Primary Registration District No. 2095 Registered No. 170

Hospital

FULL NAME OF CHILD Samuel Elmo Petersen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	July 13 1912

FATHER		MOTHER	
FULL NAME	Erastus Petersen	FULL MAIDEN NAME	M. Skinner
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Ovid	BIRTHPLACE	Nounan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Corley

(Physician or ~~midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed July 20 1912 J. H. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-124-004-844

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Nounan

No. ..... St.

Hospital .....

Form V. S. No. 11-D

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 7488

Primary Registration District No. 2095 Registered No. 185

FULL NAME OF CHILD Dulmer Oran Skinner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	July 24 1917

FATHER	MOTHER
FULL NAME J. A. Skinner	FULL MAIDEN NAME Emmett Humphrey
RESIDENCE Nounan	RESIDENCE Nounan
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley McBaley

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 9 1917 J. W. Haywood Registrar

S-Y CO. 20174

255-205-022-

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Garfield

No. Rigby R.F.D. St.

Registration District No. 9 File No. 7489

Primary Registration District No. 2040 Registered No. 452

Hospital

FULL NAME OF CHILD Orba Severson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Severson	Agnes Rasmussen
RESIDENCE	Garfield, Ida	Garfield, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	37
BIRTHPLACE	Norway	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born dead (Born alive or stillborn)~~ Born alive at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs Mary Godfrey
(Physician or Midwife)

Address Rigby, Ida. R.F.D.

Filed Aug 10, 1912 Ray H. Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S-Y CO., 16670

K

DUP OF 1912-8825

613-107-22-331

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville Registration District No. 9 File No. 7490

No. , St. Primary Registration District No. 2040 Registered No. 454

Hospital

FULL NAME OF CHILD

Sex of Child M | Twin, Triplet, or other? — | and Number in order of birth — | Legitimate? yes | Date of birth July 7, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Ray Walker	FULL MAIDEN NAME	Annie L. Clark
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	AGE AT LAST BIRTHDAY (Years)	42	COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9th

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Anderson

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

....., 19.....

Filed Aug 19 19 12 Ray H. Fisher Registrar

.....

Registrar

per B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 1975

313-210-022-575

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby # 2 Registration District No. 9 File No. 7491

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 455

Hospital ____

FULL NAME OF CHILD Helena Call

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	July 10, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Del F. Call	FULL MAIDEN NAME	Helena M Van Der Ulo
RESIDENCE	Rigby # 2	RESIDENCE	Rigby # 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5 a M. on the date above stated.

(Signature) H A Anderson

(Physician or ~~Midwife~~)

Address Rigby

Filed Aug 10 19 12 Ray W. Fisher Registrar

Neb B.D.H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 15 11 18 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Utah } ss.

Certificate No. 7491

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Call (female) (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing and Certificate of Baptism and Confirmation dated August 1, 1920 (Bible Record, Insurance Policy, Etc.) prepared on and September 7, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helena Call

Subscribed and sworn to before me this 20th day of April 1974

Notary Public, residing at Orem, Utah
My commission expires 8-15-74
(Seal)

Signed Hallen H Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1285 Briar Pkwy, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of April 1974

Notary Public, residing at Orem, Utah
My commission expires 8-15-74
(Seal)

X Signed Alida Call Heiner
(Signature of Any Credible Person)

1335 Thornton Ave
(Street Address, City, State)
Salt Lake Utah 84105

FORM DH 60-155 CL 3/7/74 lbc pd. rec. # 1915.

Certificate of Baptism and Confirmation from the LDS Church gives name as Helena Call daughter of Oel F. Call and Helena Vanderwell. born July 10, 1912 at Rigby, Idaho. Was Baptized July 10, 1920. Viewed by V. S. MAY 9 1974

Certificate of Blessing from the LDS Church gives name as Helena Call daughter of Oel F. Call and Helena Vanderwell. born July 10, 1912 at Rigby, Idaho. Was Blessed Sept. 8, 1912. Viewed by V. S. MAY 21 1974

Form No. 469 — Rev. U. S. No. 12 — 20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Annis — Registration District No. 9 — File No. 7192

No. ____, ____ St. — Primary Registration District No. 2040 — Registered No. 462

Hospital ____

FULL NAME OF CHILD ____

Sex of Child: M — Twin, Triplet, or other? — (To be answered only in event of plural births) — and Number in order of birth: — Legitimate? yes — Date of birth: July 24 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Wm Hawk	FULL MAIDEN NAME	Barbara Merrill
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Manan

Given name added from a supplemental report

____, 19____

Filed Aug 10 19 12 — Ray H. Fisher Registrar

per B.D.F.

____ Registrar

S-Y CO., 16669

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO — Form V. S. No. 12

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville — Registration District No. 9 — File No. 7493

No. ____, ____ St. — Primary Registration District No. 2040 — Registered No. 461

Hospital ____

FULL NAME OF CHILD Ruth Johanna Shurtleff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	July 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. L. Shurtleff	Laura Agren
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5-45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or ~~Midwife~~)

Address Menan

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 1912 Ray W. Harlan Registrar

Per B D F

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 7495

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or ~~Death~~)
for Ruth Johanna Shurtleff (Name on Original Certificate) who was born (Was Born or ~~Died~~) on July 21st 1912 (Date of Event)
in Lewisville Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by family and Church records (Bible Record, Insurance Policy, Etc.) prepared on Oct. 27th 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Sur~~Name	Shurtliff	Shurtleff
Name	Unnamed	Ruth Johanna

Subscribed and sworn to before me this 18th
day of November, 19 44
Carole Bistline
Notary Public, residing at Pocatello
My commission expires 7-5-48
(Seal)

Signed Warren L. Shurtleff father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1021 E. Clark Apt. 2 Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of November, 19 44
Carole Bistline
Notary Public, residing at Pocatello Idaho
My commission expires 7/5/44
(Seal)

Signed Laura Agren Shurtleff mother
(Signature of Any Credible Person Other Than Previous Year)
1021 E. Clark Apt. 2 Pocatello Idaho
(Street Address, City, State)

2 1944

819-29-022-335
PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville — Registration District No. 9 — File No. 7494

No. ____, ____ St. — Primary Registration District No. 2040 — Registered No. 460

Hospital ____

FULL NAME OF CHILD Mary Helen Harmon

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	July 2 (Month) (Day) 19~~20~~12 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Harmon	FULL MAIDEN NAME	Mary Clegg
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or ~~Midwife~~)

Address Menan

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 1912 Ray N. Fisher Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Nye } ss.

Certificate No. 7494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Helen Harmon (Name on Original Certificate) who Born (Was Born or Died) on July, 19, 1912 (Date of Event)
in Rigby, Idaho. Jefferson county (Place of Event) erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Mary Helen Harmon
birthdate	July 20	July 19 1912

Subscribed and sworn to before me this 28
day of March, 19 44.

Helen Young
Notary Public, residing at Gabbs, Nevada

My commission expires MY COMMISSION EXPIRES APRIL 14, 1947
(Seal)

Signed Walter Fredrick Harmon.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gabbs, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 1 0 1944

253-20-022669

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan — Registration District No. 9 — File No. 7495

No. ____, ____ St. — Primary Registration District No. 2040 — Registered No. 459

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	July 20, 1912

	FATHER	MOTHER
FULL NAME	J. S. Sellars	FULL MAIDEN NAME Sarah D. Worthen
RESIDENCE	Menan	RESIDENCE Menan
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Iowa	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or ~~Midwife~~)

Address Menan

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug. 10 1912 Ray H. Fisher Registrar per B.D.S.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-21-022544

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11 (Rev. 1921)

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Registration District No. 9 File No. 7497

Primary Registration District No. 2040 Registered No. 457

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 21, 1912

FATHER		MOTHER	
FULL NAME	Chas. Martin	FULL MAIDEN NAME	Clara Eddy
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5-th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9.30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or ~~Midwife~~)

Address Menan

Given name added from a supplemental report

..... 19.....

Filed Aug 10 19 12 Ray W. Frahm Registrar

..... Registrar

per B.D.S.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

369-128-022-415

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 7498

Primary Registration District No. 2040 Registered No. 466

FULL NAME OF CHILD Leo Charles Lockes

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	yes	July 28 1921

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Lockes	Elsie L. Davis
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12:30 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K. Sapton

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

....., 19.....

Filed Aug 10, 1921 Ray N. Fisher

Registrar

S-Y CO., 16669

Registrar

per B.D.F.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 26 1955

469-120-022-994

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lorenzo Registration District No. 9 File No. 7499

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 465

Hospital ____

FULL NAME OF CHILD Louise Osborn Morgan

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	July 20 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm D. Morgan	FULL MAIDEN NAME	Fannie Rumber
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 14

Number of children, of this mother, now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 6 A M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K. Sapton

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

____, 19____

Filed Aug 20 19 12 Ray W. Fisher

Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—Rev. 6-50

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

818-1/2-022-242

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ....., ... St.

Registration District No. 9 File No. 7500

Primary Registration District No. 2040 Registered No. 464

Hospital .....

FULL NAME OF CHILD Kenneth Wendell Hays

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Aug 12 1912

FATHER		MOTHER	
FULL NAME	J. W. Hays	FULL MAIDEN NAME	Minnie Bush
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~), at 5-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Fisher

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 12 1912 Ray W. Fisher
Registrar
per B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

PLACE OF BIRTH 11022-249

County of Fremont

City of Annis

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 7501

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 463

Hospital ____

FULL NAME OF CHILD Allen Browning Hanson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	July 21, 1912

FATHER		MOTHER	
FULL NAME	Albert Hansen	FULL MAIDEN NAME	Ruby Smith
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, (Born alive or ~~stillborn~~) at 4 P M. on the date above stated.

(Signature) Ray H. Fisher

(Physician or ~~Midwife~~)

Address Rigby

Filed Aug 10 19 12 Ray H. Fisher Registrar
per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BIND.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m—8-11

FULL NAME OF CHILD

Sex of Child

6 V-123 1022-381

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 7502

Primary Registration District No. 2040

Registered No. 456

FULL NAME OF CHILD James C. Doman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 25, 1912

FATHER		MOTHER	
FULL NAME	Thomas Doman	FULL MAIDEN NAME	Ida Chandler
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Fisher

(Physician or ~~Midwife~~)

Address Rigby

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 1912 Ray W. Fisher Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 23 1968

336-282-823-236

PLACE OF BIRTH — STATE OF IDAHO — Form No. 10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Labelle — Registration District No. 9 — File No. 7503

No. ____, ____ St. — Primary Registration District No. 2040 — Registered No. 453

Hospital ____

FULL NAME OF CHILD Helen Gertrude

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	May 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reuben L. Scott	Gertrude Stowell
RESIDENCE	Labelle	Labelle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

(Signature) Ray W. Fisher

(Physician or ~~Midwife~~)

Address Rigby

Filed Aug 19, 1912 Ray W. Fisher Registrar

per B.D.F.

S-Y CO., 16669

MAR 24 1952

Amended 12/15/20

PLACE OF BIRTH

No. 12-3 (02 2389

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 9

File No. 7504

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 437

Hospital ____

FULL NAME OF CHILD George Blaine Rumsey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July (Month) 25th (Day) 191- (Year)

FATHER		MOTHER	
FULL NAME	George Rumsey	FULL MAIDEN NAME	Edith Chiles
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or ~~Midwife~~)

Address Rigby, Idaho

Given name added from a supplemental report

..... 19....

Filed Aug 10 1912 Ray W. Fisher Registrar

..... Registrar

per BDL

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 0 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 16 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 7504

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Blain Palmer Rumsey (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Blain Palmer Rumsey	George Blaine Rumsey
Mother's name	Edith Childs	Edith Chiles

Subscribed and sworn to before me this 10 day of November, 1970

W. M. Walton
Notary Public
Exp. Date 6-1-71

Notary Public, residing at Idaho Falls
My commission expires .....
(Seal)

X Signed Blain Leonard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

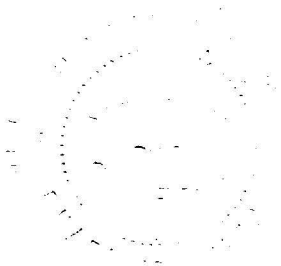
.....
(Street Address, City, State)

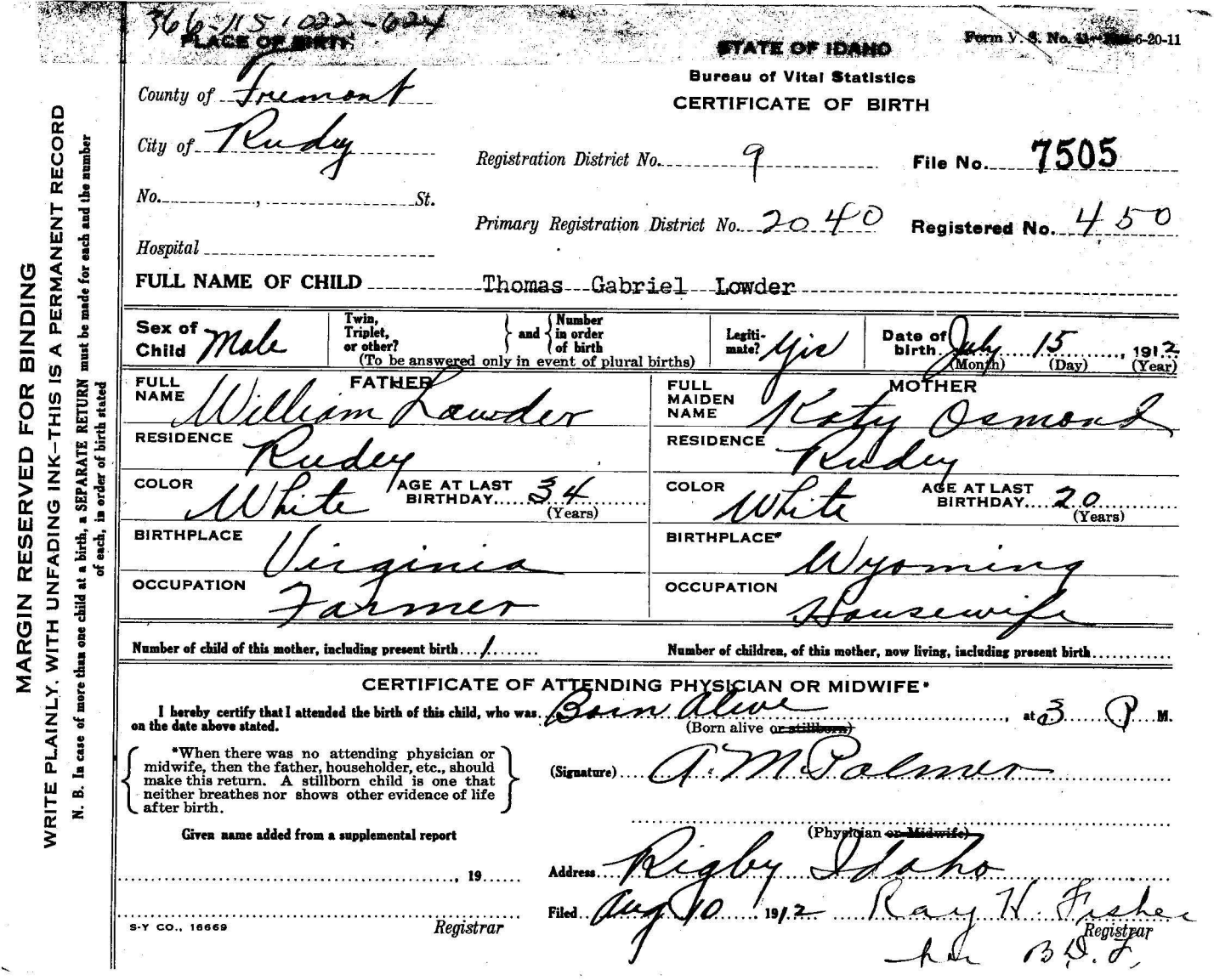
FORM DH 60-155 CL 11/3/69 nm

Certificate of Baptism and confirmation dated Dec. 14, 1921 gives child;s name as George Blaine Rumsey son of George A. Rumsey and Edith Chiles. Was Baptized Aug. 13 1921 by Elder Alex Orgill. Viewed by V. S.

DEC 15 1970

Certificate of Blessing from LDS Church gives child's name as George Blaine Rumsey son of George A. Rumsey and Edith Chiles. Born July 25, 1912 at Rigby, Idaho. Was blessed Dec. 24, 1912 by Elder Jas. J. Chandler. Signed by Geo. A. Cordon, Bishop. Viewed by V. S.





366-115-022-624

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ....., ... St.

Hospital .....

Registration District No. 9 File No. 7505

Primary Registration District No. 2040 Registered No. 450

FULL NAME OF CHILD Thomas Gabriel Lowder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July (Month) 15 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Lowder	FULL MAIDEN NAME	Katy Osmond
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or Midwife~~)

Address Rigby Idaho

Given name added from a supplemental report

....., 19.....

Filed Aug 10 1912 Ray H. Fisher Registrar

.....
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 12 1953

814.226.022-795

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ....., ... St.

Hospital .....

Registration District No. 9 File No. 7506

Primary Registration District No. 2040 Registered No. 449

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	July (Month) 9th (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar E. Hadley	Verna Greenwell
RESIDENCE	Rigby - Ida.	Rigby, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	20 (Years)	18 (Years)
BIRTHPLACE	Utah.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 9 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) A. M. Palmer

(Physician or ~~Midwife~~)

Address Rigby, Ida

Filed Aug 10 1912 Ray W Fisher Registrar

Rec'd B.D.S.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-102-02-1-764

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2040

File No. 7507

Registered No. 448

FULL NAME OF CHILD EUGENE HUGH PARKS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Aug (Day) 2 (Year) 1912
Male			Yes	

FATHER	MOTHER
FULL NAME Huston Herbert Parks	FULL MAIDEN NAME Mary Edna Connell
RESIDENCE Rigby	RESIDENCE Rigby
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Morganton North Carolina	BIRTHPLACE Cedar City Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Palmer

(Physician ~~or Midwife~~)

Address Rigby Ida

Given name added from a supplemental report

....., 19.....

Filed Aug 10 1912 Percy H. Fuehrer Registrar

.....
Registrar

S-Y CO., 16669

per B. D. L.

7507

ed States
irtment of Commerce
au of Census

(Be sure the information is as of date of birth of THIS child)

JUN 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH
) County Jefferson (b) City Rigby
) Street Address or R.F.D. No. gen. del.
) Name of Hospital or Maternity Home: born at own home
) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State [redacted] Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. gen. del.
(e) How long has MOTHER lived in Idaho? 18 yrs
(f) Mother's mailing address Rigby Idaho

3. RESIDENCE of FATHER (city, state) Rigby Ida

FULL NAME OF CHILD Eugene Hugh Parks
4. Twin or Triplet
If so—born 1st, 2nd, 3rd
5. Date of Birth (Month, day, year) August 2 - 191[illegible]
Sex Male
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
FULL NAME Huston Herbert Parks
Color or Race White
12. Age at time of THIS birth 29 yrs.
Birthplace Morganton (City or town) North Carolina (State or foreign country)
Exact Occupation Managing City Express Route
Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Edna Connell
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Cedar city (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business " "

Name prophylactic used to prevent Ophthalmia Neonatorum 1% SILVER NITRATE
Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn none

I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, ~~stillborn~~) at 11 a. M. on the date stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

(a) JUN 9 1941 (Date received)
(b) ____ (Registrar's signature)
Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Ray H. Fike M.D.
(D.O., Midwife, etc.)
and address 2206 Wakara Date 5/31/41
OAKLAND-CALIF.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-214-022-469

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby R.F.D. Registration District No. 9 File No. 7508

No. ....., ... St. Primary Registration District No. 2040 Registered No. 447

Hospital .....

FULL NAME OF CHILD Hazel M. Ferguson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	June 14, 1912

FATHER		MOTHER	
FULL NAME	George Ferguson	FULL MAIDEN NAME	Myrtle Morgan
RESIDENCE	Rigby R.F.D.	RESIDENCE	Rigby R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

....., 19.....

Filed Aug 1 19 12 Ray H. Fisher Registrar

per B.D.F.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 17 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 10 11 31 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7508

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ferguson (Female)- (Name on Original Certificate) who was born (Was Born or Died) on July 14, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Hazel Myrle Ferguson

Subscribed and sworn to before me this 14th day of August, 1973

Notary Public, residing at Idaho Falls, Idaho
My commission expires 6/77
(Seal)

Signed X George H. Ferguson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X-ref 1st St. Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1973

Notary Public, residing at Idaho Falls Idaho
My commission expires 6/77
(Seal)

Signed Colleen B. White (Daughter)
(Signature of Any Credible Person)

606 6th Ave So. Great Falls, Mont
(Street Address, City, State)

FORM DH 60-155

CL 1/17/72 nm

Certif. of Birth from LDS Church gives name as Hazel Mervil Ferguson born July 14, 1912 at Shelton, Idaho. Father's name given as George H. Ferguson and the mother's given as Myrtle Morgan. entered on record ~~xx~~ on Sept. 1, 1912. Viewed by VS

APR 5 1974

Marrige record from Idaho gives groom's name as Joss Blackburn and the bride's name as Hazel ~~K~~ Ferguson. dated Sept. 20, 1930. Viewed by V. S.

231-209, 022-255

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Badger

Registration District No. 9

File No. 7509

No. ____, ____ St,

Primary Registration District No. 2037

Registered No. 474

Hospital ____

FULL NAME OF CHILD Mary Stalker

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	yes	July 7, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph B. Stalker	Hettie Seeley
RESIDENCE	Badger	Badger
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fannie Hendrickson

(Physician or Midwife)

Address Badger

Given name added from a supplemental report

____, 19____

Filed Aug 1, 1912 Ray N. Fischer

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 8 1970

MAR 1 0 1953

DECEASED

413-228-022-464

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Haden

Registration District No. 9

File No. 7510

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 473

Hospital ____

FULL NAME OF CHILD Amy Macacin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	June 28 1912

FATHER		MOTHER	
FULL NAME	James H. Macacin	FULL MAIDEN NAME	Violet Douglass
RESIDENCE	Haden	RESIDENCE	Haden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rummell

(Physician or Midwife)

Address Haden

Given name added from a supplemental report

....., 19.....

Filed Aug 10 1912 Mary N. Fisher

Registrar

....., Registrar

her B.D.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

453 25 022 453

STATE OF IDAHO — Form V.S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs — Registration District No. 9 — File No. 7511

No. ____, ____ St. — Primary Registration District No. 2037 — Registered No. 472

Hospital ____

FULL NAME OF CHILD Sarah Delaney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	7, 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Delaney	Sarah Delaney
RESIDENCE	Darby	Darby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	New York	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 10 40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Jan 10 1913 Ray H. Fisher Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 24 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 27 1971
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 7511

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Delaney (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 15, 1912 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Sarah Delaney

Subscribed and sworn to before me this 20th day of October, 19 71

Notary Public, residing at Driggs, Idaho

My commission expires June 22, 1975

(Seal)

Signed Douglas P. Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 19 71

Notary Public, residing at Driggs, Idaho

My commission expires June 22, 1971

(Seal)

Signed Douglas P. Sorensen
(Signature of Any Credible Person)

R.R. Alta Wyo
(Street Address, City, State)

FORM DH 60-155 CL 9/24/71 nia

Record of Membership to the LDS Church gives name as Sarah Delaney Foster. Dted Jan. 9, 1959. Born July 15, 1912 at Darby, Idaho. Was blessed Sept. 1, 1912. Baptized Aug 6, 1921. Father's name giveas Joseph Delaney and mother's name as Sarah Lewis. Viewed by V. S.

State of Idaho Public School Diploma from Teton County gives name as Sarah Delaney. Dated April 22, 1927. Given as Driggs, Idaho. Viewed by V. S.

OCT 28 1971

Amended 6/14/74

PLACE OF BIRTH

815-1/18/1022-165

County of Fremont

City of Victor

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 7512

Primary Registration District No. 2037

Registered No. 471

FULL NAME OF CHILD Chester Parley Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 18, 1912

FATHER		MOTHER	
FULL NAME	Parley P. Hansen	FULL MAIDEN NAME	Martha L Jones
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11:55 P. M. on the date above stated.

(Signature) Mrs O B Curtis

(Physician or Midwife)

Address Victor

Filed Aug 10 19 12 Ray H Furman Registrar

per B.D.J.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4-23-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7512

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hansen (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1912 (Date of Event)

in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
1 Childs name	Omitted	Chester Parley Hansen
2 name of mother	Martha L. Johns	Martha L. Jones

Subscribed and sworn to before me this 23rd day of April, 19 74

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

1 Signed Benjamin L. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

508 Williams St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 1974

Glenda Mae Lawson

Notary Public, residing at Boise, Idaho

My commission expires September 15, 1976

(Seal)

2 Signed Alice Nadine Hansen
(Signature of Any Credible Person)

Route 2 Box 77
(Street Address, City, State)
Julelake Calif. 96134

FORM DH 60-T55 (H) Rush-- Correction Concep. - fc

Certificate of Baptism and Confirmation, LDS Church, Victor Ward, Elder Parley P. Hans John Lauritzen, Clerk, Book B Line 187, states, Chester Parley Hansen son of Parley P. Hansen and Martha L. Jones born July 18, 1912 in Victor, Fremont County, Idaho. Baptized June 11, 1921 by Isaac T. Allen, Elder.--viewed by VS.

JUN 14 1974

Certificate of ordination as a Deacon in tha Aaronic Priesthood, LDS Church was ordained on July 28, 1924 by Parley P. Hansen, High Priest in Oakland Ward, Calif. Statke line 460-B, W. W. Bryson, Ward Clerk, gives Chester Parley Hansen born to Parley P. Hansen and Martha L. Jones at Victor, Fremont County, Idaho on July 18, 1912.--viewed by VS.

168-201-022-814

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

Registration District No. 9 File No. 7513

No. ____, ____ St.

Primary Registration District No. 2037 Registered No. 470

Hospital ____

FULL NAME OF CHILD Trilma Johnson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	yes	July 1st 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph A Johnson	FULL MAIDEN NAME	Mary E Hamlin
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 345 P. M. on the date above stated.

(Signature) Mrs O B Curtis

(Physician or Midwife)

Address Victor

Filed Jan 10 1913 Ray W Frahm Registrar

per B D F

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1970

613-108102-693

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 7514

Primary Registration District No. 2037 Registered No. 469

FULL NAME OF CHILD Ross Emerson Walker

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 8, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester B. Walker	FULL MAIDEN NAME	Adah Wilson
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Asst Cashier Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4-17 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 19 12 Ray H. Fisher Registrar

per B.D.H.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

713-125-022-613 ADDED CHILD'S NAME 1-17-97 MS

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs Registration District No. 9 File No. 7515

No. ____, ____ St. Primary Registration District No. 2037 Registered No. 468

Hospital ____

FULL NAME OF CHILD DELBERT DIO PACKER

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	— (To be answered only in event of plural births)	—	yes	June [illegible] (Month) (Day)

FATHER		MOTHER	
FULL NAME	Delbert M Packer	FULL MAIDEN NAME	Mabel Walker
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs

Given name added from a supplemental report

____, 19____

Filed June 10 19 12 Ray N. Fisher Registrar

Registrar

Mar B.O.F.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED VITAL STATISTICS 96 DEC 17 PM 1:38

State of Idaho
County of Bingham } ss.

Certificate No. 7515

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on June 25, 1912 (Date of Event) in Driggs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Delbert Dio

Subscribed and sworn to before me this 22nd day of November 1996.

Elaine P. Marquess
Notary Public, residing at Blackfoot, Bingham Co.
My commission expires 7-15-98
(Seal)

Signed Dora May Kofoed Packer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(169 N. 750 W.) Drawer D Moreland, Id 83256
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of November 1996.

Elaine P. Marquess
Notary Public, residing at Blackfoot, Bing. Co.
My commission expires 7-15-98
(Seal)

Signed Duane K Parker
(Signature of Any Credible Person)

760 W. 184 N Moreland Idaho
(Street Address, City, State)
Box 49 83256

FORM DPH 55.155

CERTIFICATE OF RECORD OF MEMBERSHIP FROM THE LDS CHURCH SHOWS DUANE K. PACKER BORN JAN. 17, 1934 IN IDAHO TO DELBERT DIO PACKER AND ORA MAY KOEFOED WAS BAPTIZED FEB. 28, 1942 VIEWED VS.

MEDICAL RECORD FROM EASTERN IDAHO REGIONAL MEDICAL CENTER SHOWS DELBERT DIO PACKER AS A PATIENT FEB. 4, 1991 VIEWED VS.

319-226022-753

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs — Registration District No. 9 — File No. 7516

No. ____, ____ St. — Primary Registration District No. 2037 — Registered No. 467

Hospital ____

FULL NAME OF CHILD Irene Larsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	June 2 1912

FATHER		MOTHER	
FULL NAME	Charles Larsen	FULL MAIDEN NAME	Annie Peterson
RESIDENCE	Driggs R.D. #1	RESIDENCE	Driggs R.D. No 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 12 07 P M. on the date above stated.

(Signature) Ora D Keith

(Physician or ~~Midwife~~)

Address Driggs

Filed Aug 10 1912 Ray N. Fisher Registrar

per B.D.F.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 10 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

45-9-216-022-643

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson

Registration District No. 9

File No. 7517

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 446

Hospital ____

FULL NAME OF CHILD Merrill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	July 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Merrill	Maida Fullmer
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 12 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~Midwife~~)

Address Driggs Idaho

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 10 19 12 Ray H. Fisher
Registrar

S-Y CO., 16669

FEB 1 3 1967.
OCT 1 7 1973

141-22-4-22-296

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-31-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Fremont

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of St Anthony

Registration District No. 9

File No. 7518

No. ..... St.

Primary Registration District No. 2038

Registered No. 475

Hospital .....

FULL NAME OF CHILD Merrill Adams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	July 24 1912

FATHER		MOTHER	
FULL NAME	Geo. B. Adams	FULL MAIDEN NAME	Annie Broadhurst
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or ~~Midwife~~)

Address St Anthony

Given name added from a supplemental report

..... 19.....

Filed Aug 10. 1912 Ray H. Fisher

Registrar

..... Registrar

S-Y CO., 16669

per B.D.F.

FEB 3 1975

389-124 033-552

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. II—

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 7519

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 476

Hospital ____

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxxx~~ WILLIAM CHARLES Chitty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	7-24-1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Chitty	Della Eusebiniger
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Illinois	Kansas
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eby M.D.

(Physician or Midwife)

Address St Anthony Ida

Given name added from a supplemental report

....., 19....

Filed Aug 10 1917 Ray A. Hiebert Deputy Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11—Rev. 9-51

STATE OF IDAHO

PLACE OF BIRTH

(County of

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss.
County of Shawnee }

Certificate No. 7519

FEB 2 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for William Charles Chitty (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 24. 1912 (DATE OF EVENT)
in St. Anthony Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named yet Chittie	William Charles Chitty
name of father	Chas Chittie	Chas. Chitty

Subscribed and sworn to before me this 28
day of January, 19 42

Paul Maddern
Notary Public, residing at Auburn Kansas
My commission expires Sept. 22, 1944.
(SEAL)

Signed Della Emmiruque Chitty
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rural Route No. 1, Wakarusa Kans.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Shawnee }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of January, 19 42

Paul Maddern
Notary Public, residing at Auburn Kansas
My commission expires Sept. 22, 1944.
(SEAL)

Signed Charles F Chitty
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rural Route No. 1, Wakarusa, Kans.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 14 1942

JUL 20 1962

695-120-025-386

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 9 File No. 7520

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 478

Hospital ____

FULL NAME OF CHILD Grant Edmund Brew

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			Yes.	July 20, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. W. Brew.	Rhoda Alice Thompson
RESIDENCE	Twin Bridges.	Twin Bridges.
COLOR	W.	W.
AGE AT LAST BIRTHDAY	32 (Years)	23 (Years)
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

....., 19....

Filed Aug 10, 19 12 Ray H. Fisk, Registrar

....., Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 7520

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Grant Freer (Name on Original Certificate) who was born (Was Born or Died) on 20 July 1912 (Date of Event)
in Mt. Harmony Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Grant	Grant Edmund Freer

Subscribed and sworn to before me this 4th
day of May, 1942
Henry W. Parker
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(Seal)

Signed Rhoda Alice Thompson Freer,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RD# 3 - Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of May, 1942
Henry W. Parker
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(Seal)

Signed Lewis William Freer
(Signature of Any Credible Person Other Than Previous Year)
RD# 3 - Burley, Ida
(Street Address, City, State)

MAY 6 1942

MAY 8 1942

2/2-106.022-674

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

Registration District No. 9

File No. 7521

No. ____ St.

Primary Registration District No. 2039

Registered No. 488

Hospital

FULL NAME OF CHILD Michio Sasaki

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				July 6, 1917

FATHER		MOTHER	
FULL NAME	S. Sasaki	FULL MAIDEN NAME	S. Ogusa
RESIDENCE	Sugar.	RESIDENCE	Sugar.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	27
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan.	BIRTHPLACE	Japan.
OCCUPATION	Merchant.	OCCUPATION	Housework.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe (Physician or Midwife)

Address Sugar City, Ida.

Given name added from a supplemental report

..... 19.....

Registrar

Filed Aug 10 1917 Ray Fisher M.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S-49-119022-154

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

- Bureau of Vital Statistics

CERTIFICATE OF BIRTH

7522

County of Fremont

City of Salem — Registration District No. 9 — File No. —

No. ____, ____ St.

Primary Registration District No. 2039 — Registered No. 489

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	7 19 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Edington	Linda Anderson
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Filed Aug 10 19 12 Ray H. Fisher Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

Per B.D.F.

DUP OF 1912 D77-255

493 - 18402 - 613

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 7523

Primary Registration District No. 2039 Registered No. 490

FULL NAME OF CHILD No name given

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	7 18 1912

FATHER		MOTHER	
FULL NAME	Hyrum Dillie	FULL MAIDEN NAME	Rachel Wallace
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10 a M. on the date above stated.

(Signature) J R Shupe

(Physician or Midwife)

Address Sugar City

Filed Aug 18 19 12 Ray H. Green Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

667-08-022-144

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 7524

Primary Registration District No. 2039

Registered No. 491

FULL NAME OF CHILD xxxxx xxxxxxxxxxxx WILLIAM EARL FOGG

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	7-8-191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clay Fogg	Merilla Judy xxxxxxxxxxxx
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuler

(Physician or ~~Midwife~~)

Address Sugar City

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 19 12 Ray W. Erickson Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 7524

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	William Earl Fogg
mother's maiden name	Rose Judie	Merilla Judy

Subscribed and sworn to before me this 16th day of February, 1942

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(SEAL)

Signed Merilla Judy Fogg

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Charles Henry Fogg
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford Registration District No. 9 File No. 1525

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 492

Hospital ____

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	yes	7 — 24 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Algood	Irene Wickham
RESIDENCE	Wilford	Wilford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Wyo.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 19 12 Ray H. Fisher Registrar

per B.D.C.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-122022-141

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 7526

Primary Registration District No. 2099 Registered No. 493

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	1 — 22, 1912

FATHER		MOTHER	
FULL NAME	Warren Blake	FULL MAIDEN NAME	Pearl Adams
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5:30 a.m. on the date above stated.

(Signature) J. R. Shute

(Physician or Midwife)

Address Sugar City

Filed Aug. 10 1912 Ralph A. Crane Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

385 / 31.022-493

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem — Registration District No. 9 — File No. 7527

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 494

Hospital ____

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 31, 1912

FATHER		MOTHER	
FULL NAME	Jas. Cherry	FULL MAIDEN NAME	Nancy Hillis
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

(Signature) J. R. Shupe

(Physician or ~~Midwife~~)

Address Sugar City

Filed Aug. 10 19 12 Ray H. Erskine Registrar

per G. D. C.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11—1m

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Carie

Registration District No. 9

File No. 7528

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 495

Hospital ____

FULL NAME OF CHILD ADA BELL GIFFORD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Aug 2, 1912

FATHER		MOTHER	
FULL NAME	Lester Gifford	FULL MAIDEN NAME	Elgada Hope
RESIDENCE	Carie	RESIDENCE	Carie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurpe

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

____, 19____

Filed Aug 10, 1912 Ray H. Fisher Registrar

____ Registrar

by BDA

2-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 7528

State of Idaho } ss.
County of Custer }

Date Filed 2-11-43

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 8-2-12 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 2-11-43 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ada Belle Gifford

Subscribed and sworn to before me this 11th
day of February, 19 43
John Boyd, Ex-Officio Recorder, Custer Co.
~~Notary Public~~, residing at Challis, Idaho
My commission expires By Frank Burnett
(SEAL) Deputy

Signed Lester Gifford Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Challis, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Custer }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of February, 19 43
John Boyd, Custer County Recorder
~~Notary Public~~ residing at Challis, Idaho
My commission expires By Frank Burnett
(SEAL) Deputy

Signed Mildred M. Lawson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Challis, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1943

Amended 1-4-1961

PLACE OF BIRTH

86-212.002-249

County of Fremont

City of Archer

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 7529

Primary Registration District No. 2039 Registered No. 496

FULL NAME OF CHILD Jenile Young

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	July 12, [redacted]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Robert A. Young	FULL MAIDEN NAME: Mary Sophia Smith
RESIDENCE: Archer	RESIDENCE: Archer
COLOR: W. AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, **at** 10:17 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

Physician
(Physician or midwife)

Address Rexburg

Filed Aug. 10, [redacted] Ray H. Fisher, by B.D.F.
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Archer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 7529

Primary Registration District No. 2039 Registered No. 496

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		—	yes	July 12, 1912

FATHER		MOTHER	
FULL NAME	Robt A Young	FULL MAIDEN NAME	Sophia M Smith
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10:17 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Crismon

(Physician or Midwife)

Address Rigburg

Given name added from a supplemental report

____ 19____

____ Registrar

Filed Aug 10 1912 Ray H. Tucker Registrar

S-Y CO., 16669

JAN 4 1961

Madison County School District No. 12, Certificate of Award, home reading, 7th Grade, dated March 27, 1926 gives full name of student as Jenile Young - viewed by V.S. and Madison County School District No. 12, High School Certificate, 10th Grade, given to Jenile Young at Archer, Idaho on May 3, 1929 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

other documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 7529

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Young (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1912 (Date of Event) in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jenile Young
Mother's Maiden Name	~~Sophia M. Smith~~	Mary Sophia Smith

Subscribed and sworn to before me this 1st day of December, 1960

Alan G. Ringle

Notary Public, residing at Rexburg, Idaho

My commission expires 8-18-62

(Seal)

Signed Jenile Young (Mrs. Hall)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 1960

Alan G. Ringle

Notary Public, residing at Rexburg, Idaho

My commission expires 8-18-62

(Seal)

Signed Geneva Neeley
(Signature of Any Credible Person)

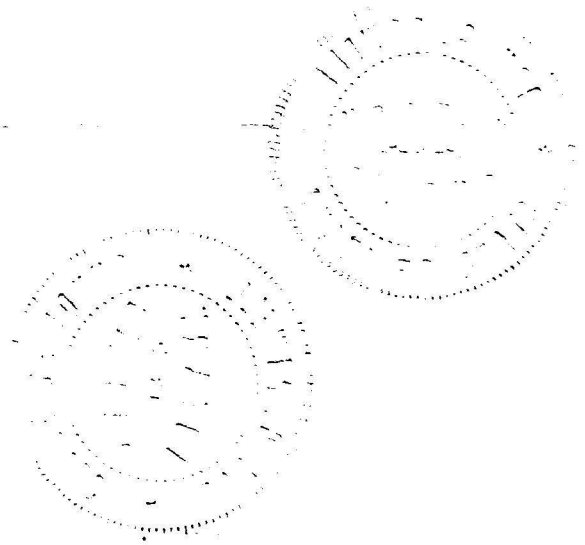
Rexburg Ida
(Street Address, City, State)

FORM DH 60-155

CL 11-9-60. one copy pd. receipt #09289.

State of Idaho Marriage License and Certificate, Fremont County, license obtained Sept. 1, 1911 - married Sept. 2, 1911 gives full name of groom as Robert A. Young and full maiden name of bride as Mary Sophia Smith - viewed by V.S.

Social Security Card, #518-26-1556 gives full name as Mary Sophia Young - viewed by V.S. this document was accepted because of the relationship being shown by the first document. -



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

113-125-022-285

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 1

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ....., ... St.

Hospital .....

Registration District No. 9

File No. 7530

Primary Registration District No. 2039

Registered No. 497

FULL NAME OF CHILD Don Shepard Jacobs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	June 25, 1912

FATHER		MOTHER	
FULL NAME	Howard Jacobs	FULL MAIDEN NAME	Lois Shepherd
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) J. R. Shute

(Physician or Midwife)

Address Sugar City

Filed Aug. 10, 1912 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 7530

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jacobs	Don Shepard Jacobs
Named from certificate	also baptismal record	Blessing

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at _____

My commission expires _____
(Seal)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at _____

My commission expires _____
(Seal)

_____
(Street Address, City, State)

APR 21 1942

JUN 6 1961

285-118-022-599

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 7531

Primary Registration District No. 2039 Registered No. 487

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	June 18, 191[illegible]

FATHER		MOTHER	
FULL NAME	Jas. A Lenley	FULL MAIDEN NAME	Sarah Virgin.
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	38.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6. Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) J. A. Shupe

(Physician or Midwife)

Address Fruitvale Ida.

Filed Aug 10 19 1[illegible] Ray M Hicks Registrar

, 19....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-213 22-32

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 7532

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 486

Hospital

FULL NAME OF CHILD Not named Opal Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F.			Yes.	June 13 (Month) (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME	James Albert Brown	FULL MAIDEN NAME Emma Josephine Esto
RESIDENCE	Teton	RESIDENCE Teton
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	34 (Years)	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Kimpe

(Physician or Midwife)

Address Teton City

Given name added from a supplemental report

..... 19.....

Filed Aug. 10 19 12

Ray W. Parker Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form U. S. No. 11—100-6-27

STATE OF IDAHO

PLACE OF BIRTH

1932

cc 4/2/41 RMF

864-110-02-315

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 12—Rev. 6-30-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont Amended 5/25/77

City of Sugar

Registration District No. 9

File No. 7533

No. ..... St.

Primary Registration District No. 2039

Registered No. 485

Hospital .....

FULL NAME OF CHILD David Franklin Hodge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	June 10 19 12

FATHER		MOTHER	
FULL NAME	David Hodge	FULL MAIDEN NAME	Mary Tanner
RESIDENCE	Sugar,	RESIDENCE	Sugar City
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Foreman Sugar Factory	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3a, M. on the date above stated.

(Signature) J. P. Thorpe

(Physician or Midwife)

Address Sugar City, Ida.

Filed Aug 10 19 12 Ray Hinkley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 3 10 37 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 7533

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hodge (Name on Original Certificate) who was born (Was Born or Died) on June 10, 1912 (Date of Event)

in Sugar (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	David Franklin Hodge
		David Franklin Hodge

WASHINGTON D.C.

Subscribed and sworn to before me this 22nd day of April, 1977

Notary Public, residing at WASH. INGTON D.C

My commission expires 4/30/79

(Seal)

Signed x Isabelle H. Greer
(Signature of ~~Parent or~~ Attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) SISTER

x Kenwood, Md 20034
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of D.C. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of April, 1977

Notary Public, residing at WASH. INGTON D.C.

My commission expires 4/30/79

(Seal)

Signed x J. Roscoe Greer (Signature of Any Credible Person) BROTHER IN LAW

Kenwood, Md. 20034
(Street Address, City, State)

FORM DH 60-155

Correction corresp. (H) 2-25-77 $1.00 ret.

U.S. Passport gives name as David Franklin Hodge born June 10, 1912 in Idaho — viewed by V. S.

MAY 25 1977

Internationla Ceritictes of Vaccination gives name as David Franklin Hodge of Potomas, Maryland. born June 10, 1912., dated Sept 16, 1970. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-209-022-463

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 7534

Primary Registration District No. 2039 — Registered No. 484

FULL NAME OF CHILD Susie Belle Marlow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Aug. 9, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Marlow	Myrtle Mack
RESIDENCE	Rexburg,	Rexburg,
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	36	22
BIRTHPLACE	Ohio	Oklahoma
OCCUPATION	Teamster.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn), at 1:40 P. M. on the date above stated.

(Signature) R. A. Kneeman

(Physician or Midwife)

Address Rexburg

Filed Aug 10 19 17 — Katy [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF DIRTH

PLACE OF BIRTH

County of

719-110-022-867

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 7535

Primary Registration District No. 2039 Registered No. 483

FULL NAME OF CHILD Not Named.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	June 10, 191.7

FATHER		MOTHER	
FULL NAME	LeRoy Gomez.	FULL MAIDEN NAME	Mary Hope.
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 4:0, M. on the date above stated.

(Signature) J. R. Shupe.

(Physician or Midwife)

Address Sugar City

Filed Aug 10 19 7 Ray D. Fuller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

236-18-022-313

PLACE OF BIRTH

Form V. S. No. 11—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

Registration District No. 9

File No. 7536

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 482

Hospital ____

FULL NAME OF CHILD No name yet

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes,	July 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Stock	Mary Calaway
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuper

(Physician or Midwife)

Address Sugar City

Given name added from a supplemental report

....., 19.....

Registrar

Filed Aug 10 19 12 Ray H. Finley M.D.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

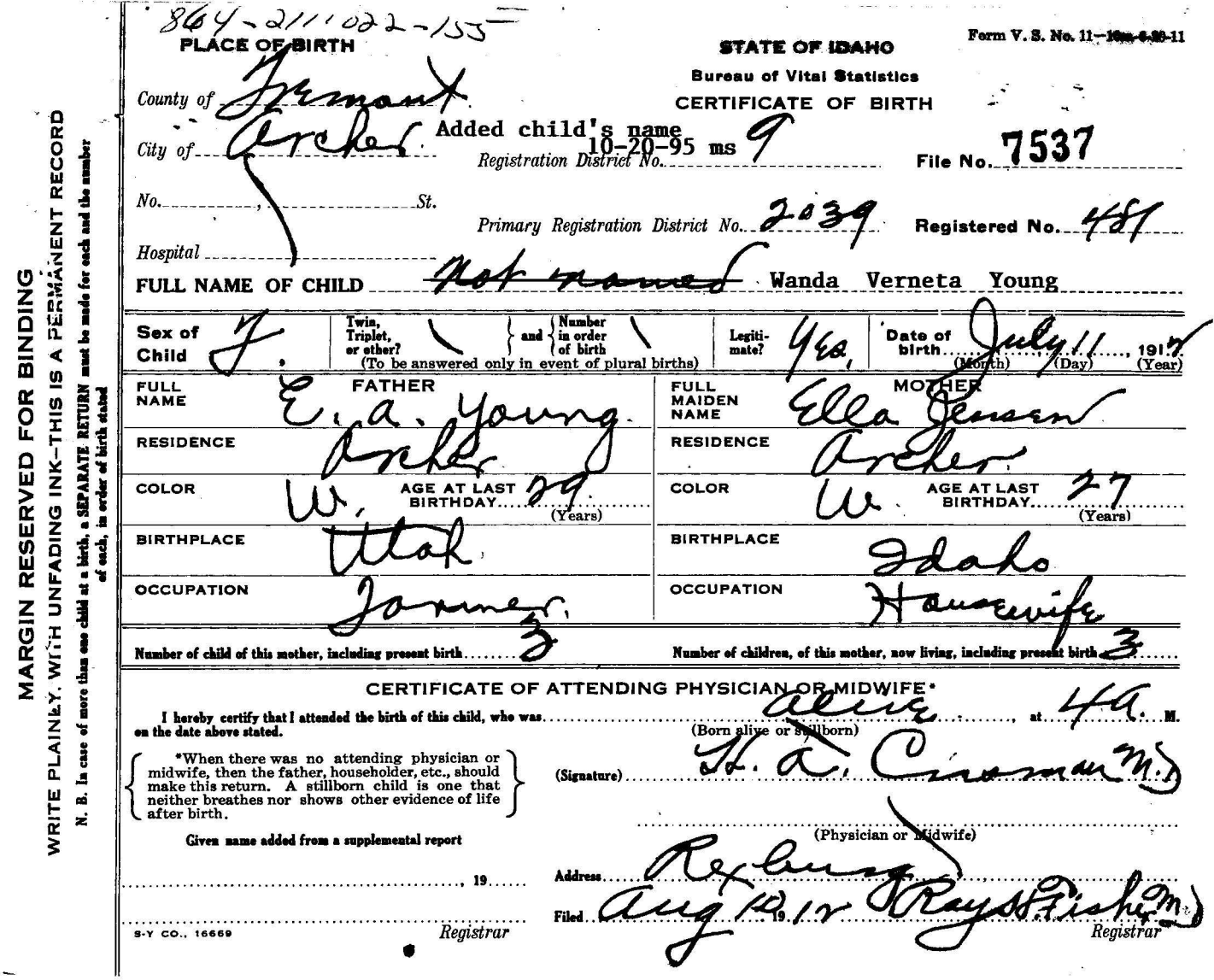
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—100m-6



864-211022-155

PLACE OF BIRTH

County of Fremont

City of Archer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-30-11

CERTIFICATE OF BIRTH

Added child's name 10-20-95 ms 9

Registration District No. ____ File No. 7537

Primary Registration District No. 2039 Registered No. 481

FULL NAME OF CHILD ~~Not named~~ Wanda Verneta Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	July 11, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. A. Young	Ella Jensen
RESIDENCE	Archer	Archer
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 29	W. 27
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) H. L. Cinnamon M.D.

(Physician or Midwife)

Address Rexburg

Filed Aug 12 1917 Ray St. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 25 1972

9/15/95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 10 1995
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 7537
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed (female) Young (Name on Original Certificate) who was born (Was Born, Died, etc.) on july 11, 1912 (Date of Event)
in Archer, Idaho ~~(Madison Co.)~~ (Place of Event) FREMONT CO. are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Wanda Verneta Young

Subscribed and sworn to before me this 5 day of October, 19 95
Notary Public, Valerie J Middlemas
Residing at Fairfield
My commission expires Sept 10, 1996
(Seal)

x Wanda Verneta Young
Signature of Applicant
x Evelyn Thompson, Foster Home
Street Address, City, State
Box 6 Townsend, Mtt. 59644

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

OCT 2 0 1995

Marriage certificate State of Idaho County of Fremont shows John William Welch and Wanda Verneta Young were married Sept. 30, 1929 in St. Anthony (Fremont) ID viewed VS.

State of Idaho Certificate of Birth shows Gordon Welch born Feb. 6, 1938 in Rexburg (Madison) to Jack William Welch and Wanda Verneta Young viewed VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613 126 022 9 19

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—Rev-6-20-11

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 1538

Registered No. 477

FULL NAME OF CHILD Elden M. Watson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M.			Yes.	July 30 (Month) (Day) 191X (Year)

	FATHER	MOTHER
FULL NAME	R. S. Watson	FULL MAIDEN NAME Mary Rozelia
RESIDENCE	Teton.	RESIDENCE Teton
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY (Years)	36	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eley

(Physician or Midwife)

Address Tetonia, Ida.

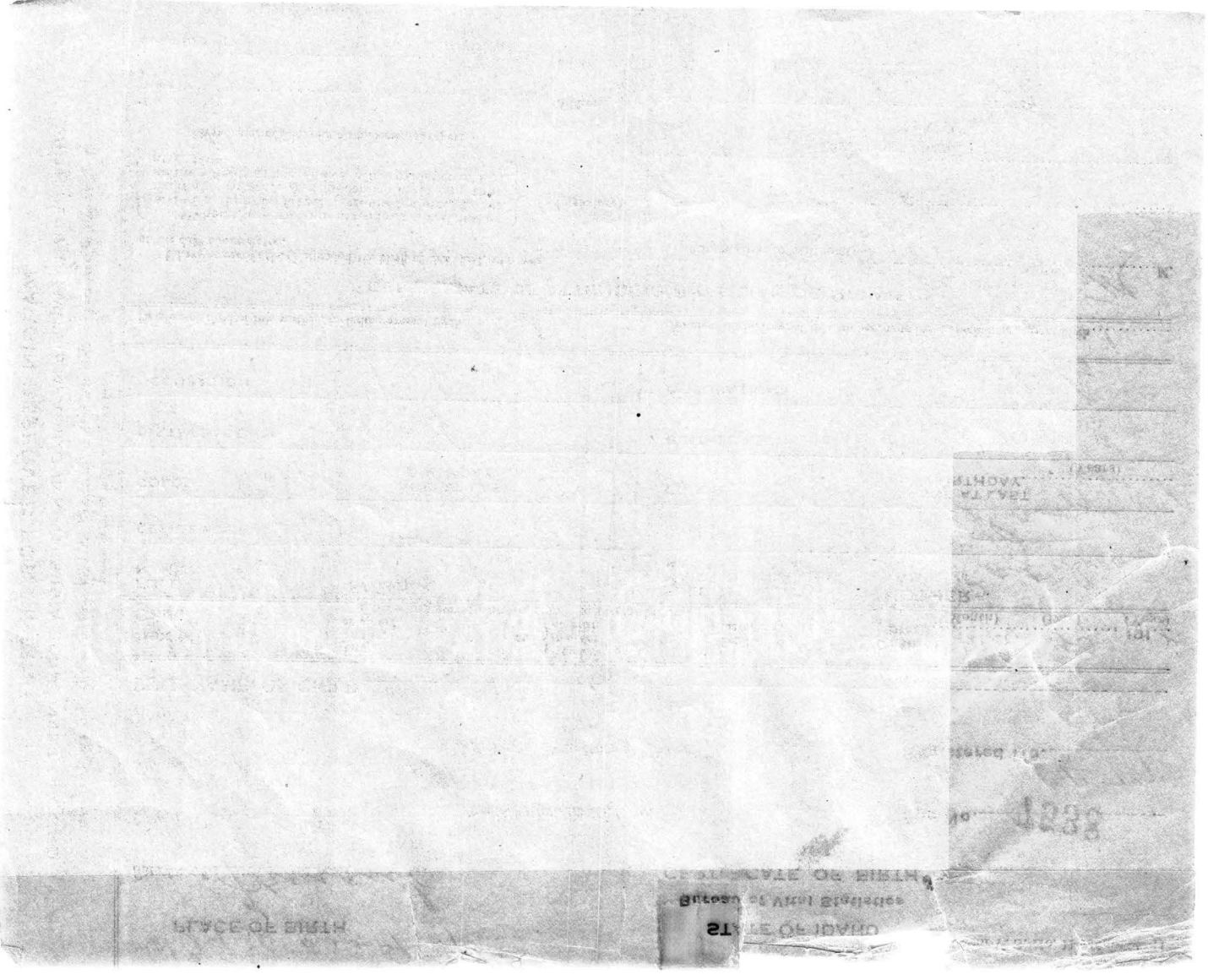
Given name added from a supplemental report

....., 19.....

Filed Aug. 10, 19 1X Ray Hicks M.D.
Registrar

.....
Registrar

S-Y CO., 16669



299-107-022-365

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont,

City of Rexburg. Registration District No. 9 File No. 7539

No. ____, ____ St. Primary Registration District No. 2039 Registered No. 479

Hospital ____

FULL NAME OF CHILD John William Brian

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	July 7 1915

FATHER		MOTHER	
FULL NAME	Wm. J. Brian	FULL MAIDEN NAME	Leah Pearl Long
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Crismon MD

(Physician or Midwife)

Address Rexburg, Idaho

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Aug 10 19 15 Ray A. Fisher Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

815-214-022-155

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Independence Registration District No. 9 File No. 7540

No. ____, ____ St. Primary Registration District No. 3039 Registered No. 480

Hospital ____

FULL NAME OF CHILD Cleo Leora Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 14, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans M. Hansen	Emma Jensen
RESIDENCE	Independence	Independence
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	32
BIRTHPLACE	Denmark	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Cressman MD

(Physician or Midwife)

Address Rexburg Idaho

Given name added from a supplemental report

....., 19.....

Filed Aug 10 1917

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

367-1141 640-755

[redacted]

STATE OF IDAHO

CERTIFICATE OF BIRTH

7541

Wardner

Registration District No. 25 File No.

No. St.

Primary Registration District No. 2106 Registered No.

Hospital

FULL NAME OF CHILD David Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		4	yes	7 14 1912

FATHER	MOTHER
FULL NAME Chas S. Cox	FULL MAIDEN NAME Gertrude Penny
RESIDENCE Wardner. Idaho	RESIDENCE Wardner. Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Utah
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed July 22 1912 Dr. Chas. A. Pittman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1942

105 006-814

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 39 File No. 7542

Primary Registration District No. 2162 Registered No. 45

FULL NAME OF CHILD Joseph Darald Jayson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	7 — 5 — 1912

FATHER	MOTHER
FULL NAME: Henry C. Jayson	FULL MAIDEN NAME: Irene A. Hammon
RESIDENCE: Woodville	RESIDENCE: Woodville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Male (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

Physician (Physician or midwife)

Address Shelley, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1 19 12 Edwin Cutler M.D. per K Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

PLACE OF BIRTH

462-220-pob-613

PLACE OF BIRTH

County of Bingham

City of Woodville

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7543

Primary Registration District No. 2152 Registered No. 46

FULL NAME OF CHILD. Alton Moses

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	7 — 20 — 1912

FATHER		MOTHER	
FULL NAME	Geo. R. Moses	FULL MAIDEN NAME	Mary Wallace
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler Jr. D.

Physician (Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Aug 31 19 12 Edward Cutler Jr. Registrar per A.

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 4 1965

849-215-1006-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7544

Primary Registration District No. 21 5-2 Registered No. 47

FULL NAME OF CHILD Eva Larena Hurst

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	9 — 15 — 1912

FATHER

FULL NAME Draughton Hurst

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E. Mitchell

RESIDENCE Shelley

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Idaho

OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Physician (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Aug 2nd 1912 Edwin Cutler M.D. per A. Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of .....

City of .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

SEP 2 1941

Certificate No. 7544
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for (no name) Hurst (Name on original certificate) who was born (Was born or died) on July 15, 1912 (Date of event)
in Shelley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Cert. of Baptism (Bible record, insurance policy, etc.) prepared on Sept. 5, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	no name given	~~Iva Hurst~~
		Iva Larena Hurst

Subscribed and sworn to before me this 29th day of August, 19 41

Notary Public, residing at Probate Judge of Cassia Co.

My commission expires

[SEAL]

Signed Mary Mitchell Hurst
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

202 No. Almo St. Burley, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Cassia }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August, 19 41

Notary Public, residing at Burley Ida

My commission expires June 1, 1942

[SEAL]

Signed Velma Norton Hurst
(Signature of any credible person other than the previous affiant)

Burley Ida R. I
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

APR 24 1970

MAY 7 1953

193-125-1006-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Tailor

No. ..... St.

Registration District No. 33

File No. 7545

Primary Registration District No. 2152

Registered No. 48

Hospital .....

FULL NAME OF CHILD Wayne David Dick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 25 1912

FATHER		MOTHER	
FULL NAME	David S. Dick	FULL MAIDEN NAME	Mary Lyon
RESIDENCE	Tailor	RESIDENCE	Tailor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Edwin Cutler M. D.

Physician

(Physician or midwife)

Address Shelley, Idaho

Filed Aug 1st 1912 Edwin Cutler M.D. Registrar per A.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-22-0006-384

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 33 File No. 7546

Primary Registration District No. 215-2 Registered No. 47

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 — 22 — 1913

FATHER		MOTHER	
FULL NAME	Wm C. Mangum	FULL MAIDEN NAME	Lavina Louisa Thurston
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Physician (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Aug 1st 1913 Edwin Cutler M.D. per A.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

266-213-006-293

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7547

Primary Registration District No. 2152 Registered No. 60

FULL NAME OF CHILD Violet Koors

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	7 — 13 — 1912

FATHER	MOTHER
FULL NAME: Elmer J. Koors	FULL MAIDEN NAME: Elizabeth Bittman
RESIDENCE: Basalt	RESIDENCE: Basalt
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Germany
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

(Signature) Edwin Quilter M.D.

Physician (Physician or midwife)

Address Shelley, Idaho

Filed Aug 1st 1912 Edwin Quilter M.D. Registrar

per A.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-G—Rev-2-11-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 29 1972

NOV 22 1974

844-118-006-386

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7548

Primary Registration District No. 215-2 Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			7 — 18 1912

FATHER		MOTHER	
FULL NAME	George W. Humpherys	FULL MAIDEN NAME	Nellie Thomas
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Physician (Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1st 19 12 Edwin Cutler M.D. per X. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

345-131-006-291

Form V. S. No. 11 3—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Registration District No. ..... File No. 7549

Primary Registration District No. ..... Registered No. 32

Hospital .....

FULL NAME OF CHILD Paul H. Lundblade

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 — 31 — 1912

FATHER	MOTHER
FULL NAME Chas F Lundblade	FULL MAIDEN NAME Emma Bradenburg
RESIDENCE Woodville	RESIDENCE Woodville
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Carpenter	OCCUPATION Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 M. on the date above stated.

(Signature) Edwin Custerson M.D.

Physician

(Physician or midwife)

Address Shelley, Idaho

Filed Aug 1st 1912 Edwin Custerson Registrar

per X.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 1976

81-108-006-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7550

Primary Registration District No. 2152 Registered No. 63

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	7 — 8 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Hammer	Florence Eliza Hope
RESIDENCE	Woodville	Woodville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Day Laborer	House Keeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Physician (Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1st 1912 Edwin Cutler M. D. Registrar

Per A.

S-Y CO. 20174

Form V. S. No. 11-C—Jan. 8-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

399-229-006-812

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7551

Primary Registration District No. 2152 Registered No. 54

FULL NAME OF CHILD Bessie Habbeshaw Criddle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	7 29 1912

FATHER		MOTHER	
FULL NAME	Chas Criddle	FULL MAIDEN NAME	Harriet Habbeshaw
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Poultry business	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Physician (Physician or midwife)

Address Shelley, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 1st 1912 Edwin Cutler M. D.

Registrar

S-Y CO. 20174

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 20 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 7551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Criddle (female child) (Name on Original Certificate) who was born (Was Born or Died) on July 29, 1912 (Date of Event)
in Basalt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 1st 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bessie Habbeshaw Criddle

Subscribed and sworn to before me this 16th day of August, 1965

Notary Public, residing at Shelley, Idaho
My commission expires Oct. 24, 1966
(Seal)

Signed Mrs Betsy Teeples
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

305 J St, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of August, 1965

Notary Public, residing at Shelley, Idaho
My commission expires Oct. 24 1966
(Seal)

Signed Mrs Vida Christensen
(Signature of Any Credible Person)

Route 2, Shelley Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-23-65. one copy pd. rec. #17365.

L.D.S. Church Cert. of Blessing, Sept. 1, 1912 gives full name as Bessie Habbeshaw Criddle, daughter of Charles Criddle and Harriet Habbeshaw, born July 29, 1912 at Basalt, Idaho - viewed by V.S.

OCT 1 1965

Hospital Birth Cert., Idaho Falls L.D.S. Hospital, Idaho Falls, Idaho, gives full name as Eddie (Edward C.) Miller, born Friday 23, July, 1937 at 5:43 P.M. gives full name of parents as Edward J. Miller and Bessie H. Criddle - viewed by V.S.

Marriage Certificate, State of Utah, County of Cache, married July 11, 1940 and Sealed at Logan, Utah - previously legally married May 18, 1936 at Basalt, Idaho gives full name of groom as Edward Julius Miller and Bessie Habbeshaw Criddle - viewed by V.S.

452.104.006-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7552

Primary Registration District No. 2152 Registered No. 66

FULL NAME OF CHILD William Robert Messick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 4 1912

FATHER		MOTHER	
FULL NAME	W. R. Messick	FULL MAIDEN NAME	Emma A. Bragg
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Basalt

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 1st 1912 E. Catherine Cutler Dep. Registrar

S-Y CO. 20174

MAR 5 1956

433-25-0006-336

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 33 **File No.** 7553

Primary Registration District No. 2152 **Registered No.** 58

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. Meconnel	Mari Clove
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	40
BIRTHPLACE	Nephi Utah	Panguitch Utah
OCCUPATION	Day Laborer	Housekeeper

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 1st 1912 Edwin Cutler M.D. Per A

..... Registrar

5-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

.169-230-006-769

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. R. R. no 2 Shelley

Registration District No. 33 File No. 7554

Primary Registration District No. 2152 Registered No. 56

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	yes	First Born	yes	July 30 1912

FATHER		MOTHER	
FULL NAME	Enos Jorgesen	FULL MAIDEN NAME	Lillie Porter
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Grenola Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleyel

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug 1st 1912 Edwin Cutler Asst
Registrar
per A.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 7555
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Earl + Merl Jorgensen (Name on original certificate) who were born (Was born or died) on July 30 - 1912 (Date of event)
in Basalt (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family record (Bible record, insurance policy, etc.) prepared on July 30th - 1912 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Earl Jorgensen	Not Given	(Original date July 25) to July 30-19
Merl Jorgensen	1st Twin	" " " 25th) Corrected 7-30-1912

Subscribed and sworn to before me this 18th day of August 1941

J. E. Clark
Notary Public, residing at Pocatello Ida.
My commission expires May 15th - 1944.
[SEAL]

Signed Edwin Cutler M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Shelley, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August 1941

J. E. Clark
Notary Public, residing at Pocatello
My commission expires May 15 - 1944.
[SEAL]

Signed Anny P. Hansen
(Signature of any credible person other than the previous affiant)
610 N. 14th ave., Pocatello, Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

169-130-006-769.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 7555

Primary Registration District No. 2152 Registered No. 57

FULL NAME OF CHILD MERL and EARL JORGENSEN

Sex of Child: female male

Twin or Triplet or other? twin 1 and 2 (To be answered only in event of plural births)

Number in order of birth: female 1st male 1st

Legitimate? yes

Date of Birth: July (Month) 30 (Day) 1912 (Year)

FATHER

FULL NAME: Ove Jorgensen

RESIDENCE: Basalt

COLOR: white

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lillie Porter

RESIDENCE: Basalt

COLOR: white

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed August 19 12 Edwin Cutler per X Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 7555
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Earl + Merl Jorgensen (Name on original certificate) who were born (Was born or died) on July 30 - 1912 (Date of event)
in Basalt (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by family record (Bible record, insurance policy, etc.) prepared on July 30th - 1912 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Earl Jorgensen	2nd Name	(Original data July 25) to July 30-1912
Merl Jorgensen	1st Name	" " " 25th) Corrected 30-1912

Subscribed and sworn to before me this 18th day of August 1944

L. L. Clark
Notary Public, residing at Pocatello Ida

My commission expires May 15th - 1944.
[SEAL]

Signed Edwin Cutler M.D
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Shelley, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of August 1944

L. L. Clark
Notary Public, residing at Pocatello

My commission expires May 15 - 1944.
[SEAL]

Signed Amy P. Hansen
(Signature of any credible person other than the previous affiant)

610 N. 14th Ave., Pocatello, Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

813-[redacted]32-599

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of [redacted]

No. [redacted], [redacted] St.

Hospital

Registration District No. 29

File No. 7556

Primary Registration District No. 2102

Registered No. 40

FULL NAME OF CHILD Roy Howard Halverson

Sex of Child: M

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth July 21, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John Halverson	FULL MAIDEN NAME Lena Erickson
RESIDENCE Heyburn Ida	RESIDENCE Heyburn
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Thompson MD

(Physician or Midwife)

Address Heyburn Ida

Given names added from a supplemental report

....., 19.....

Filed Aug 11 1912 V. P. Killam

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF
Bureau of Vit
CERTIFICATE

249-125-032-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Heyburn

No. ..... St.

Hospital Rearden

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 29 File No. 7557

Primary Registration District No 2102 Registered No. 39

FULL NAME OF CHILD Charles Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	June 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burt John Bradley	Bessie Edith Smith
RESIDENCE	Heyburn	Heyburn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	St Lawrence Co New York	Ada Co Idaho
OCCUPATION	Lumberman	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) J. M. Minter

(Physician or Midwife)

Address Burley Idaho

Filed Aug 11 1912 V. R. Kilburn

Registrar

Registrar

SYMS - YORK CO., PTHS. & BDRS. 17326

Dup'd 1912-316942

365 / 29 1032-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of

No. , St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 7558

Primary Registration District No. 2102 Registered No. 41

FULL NAME OF CHILD Geo Roy Le Long

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	July 29, 1912

FATHER		MOTHER	
FULL NAME	Robt Le Long	FULL MAIDEN NAME	Helen L Ellis
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sprucevale NY	BIRTHPLACE	Texarkana Tex.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Thompson M.D.

(Physician or Midwife)

Address Heyburn Idy

Given names added from a supplemental report

, 19

Registrar

Filed Aug 11 1912 V. R. Killeen

Registrar

S-Y CO., 16670

DEC 31 1942

2/3/41 L. B.

766-106-034-546

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 29 File No. 7560

Primary Registration District No. 2015 Registered No. 44

FULL NAME OF CHILD ~~X~~ Unnamed Roy G. Powers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert J. Powers	Edgar Edwards
RESIDENCE	Rupert Ida	Rupert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	+33	+26
BIRTHPLACE	Spee's Ferry + Virginia	Mineral Point + Wisconsin
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Scott M.D.

Rupert Ida

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 21 1912 V. R. Killeen

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 8 1971

465-105-034-213

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 29 File No. 7561

Primary Registration District No. 2015 Registered No. 43

FULL NAME OF CHILD Sheldon Oliver Deno

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 5 1912

FATHER		MOTHER	
FULL NAME	Ed Deno	FULL MAIDEN NAME	Eleanor L. Backman
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33	COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Clerk, Office	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M.D.

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 21 1912 V. R. Killen

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 27 1948

SEP 21 1948

464222.034-219

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 29 File No. 7562

Primary Registration District No. 2015 Registered No. 45

FULL NAME OF CHILD + Emma Cordelia Douglas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. L. Douglas	M. Martina Baily
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	X30	27
BIRTHPLACE	Wisconsin	Nebraska
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Scott M.D.

Rupert Ida (Physician ~~or Midwife~~)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 21 1912 W. R. Killen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 3 1942

JAN 2 8 1976

553-101-034418

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 7563

Primary Registration District No. 2015 Registered No. 42

FULL NAME OF CHILD Dale E. Nelson

Sex of Child: Male | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July (Month) 1 (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME: Fred Nelson	FULL MAIDEN NAME: Valeria Mayne
RESIDENCE: Rupert.	RESIDENCE: Rupert.
COLOR: White	AGE AT LAST BIRTHDAY: 32 (Years)
	COLOR: White
	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Penn
OCCUPATION: Lumber Merchant.	OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) on the date above stated, at 5 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Scott M. D.

Rupert Ida

(Physician ~~or Midwife~~)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Aug 21 1912 V. R. Tillen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 9 1942

APR 3 3 1976

19541 1034

PLACE OF BIRTH

Form V. S. No. D.C.

[redacted] BIRTH

County of Minidoka

City of Near Rupert Registration District No. 29 File No. 7564

No. ____, ____ St. Primary Registration District No. 2015 Registered No. 46

Hospital ____

FULL NAME OF CHILD JOHN LUTHER AGEE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	July 18, 1912

FATHER		MOTHER	
FULL NAME	Davis Agee	FULL MAIDEN NAME	Hazel Long
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Oregon	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Kentucky
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Scott M. D.

Rupert, Ida

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Aug 21 1912 V. R. Killeen Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

7564

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { *City*.....
Street and House No......
County.....

Registered Number 546
Registration District No. 29

Sex of Child Male

Date of Birth, July (Month) 18 (Day) 1912 (Year)

Full Name Father Irvin Agee

Full Maiden Name Mother Hassie Long

I HEREBY CERTIFY that the child described herein has been named:

~~Boy~~ John Luther Agee
(Given name in full) (Surname)

as reported by Irvin Agee
(Father or Mother)

E. P. Kellam
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JUL 13 1942